

# PREA Facility Audit Report: Final

**Name of Facility:** Hartford Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/23/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Darla P. O'Connor	<b>Date of Signature:</b> 06/23/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	OConnor, Darla
<b>Email:</b>	doconnor@strategicjusticesolutions.com
<b>Start Date of On-Site Audit:</b>	04/07/2025
<b>End Date of On-Site Audit:</b>	04/09/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Hartford Correctional Center
<b>Facility physical address:</b>	177 Weston Street , Hartford , Connecticut - 06120
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Chad Green
<b>Email Address:</b>	chad.green@ct.gov
<b>Telephone Number:</b>	(959) 200-3040

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Devonia Long
<b>Email Address:</b>	devonia.long@ct.gov
<b>Telephone Number:</b>	(959) 200-3003

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Damian Doran
<b>Email Address:</b>	Damian.Doran@ct.gov
<b>Telephone Number:</b>	959-200-3082
<b>Name:</b>	Chad Green
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<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Cosmas Nyabadza
<b>Email Address:</b>	Cosmas.Nyabadza@ct.gov
<b>Telephone Number:</b>	(959) 200-3033

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1124
<b>Current population of facility:</b>	970
<b>Average daily population for the past 12 months:</b>	931

<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-74 years old
<b>Facility security levels/inmate custody levels:</b>	Level 1 = 15, Level 2 = 41, Level 3 = 233, Level 4 = 652
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	386
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	10
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	51

## AGENCY INFORMATION

<b>Name of agency:</b>	Connecticut Department of Correction
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	24 Wolcott Hill Road , Wethersfield, Connecticut - 06109
<b>Mailing Address:</b>	

<b>Telephone number:</b>	
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<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	David McNeil	<b>Email Address:</b>	David.mcneil@ct.gov

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
1	<ul style="list-style-type: none"> <li>• 115.31 - Employee training</li> </ul>
<b>Number of standards met:</b>	
44	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-07
2. End date of the onsite portion of the audit:	2025-04-09

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**a. Identify the community-based organization(s) or victim advocates with whom you communicated:**

**Community Partnerships and Victim Support Services**

As part of the audit process, outreach was conducted to **Just Detention International (JDI)**, a nationally recognized organization dedicated to ending sexual abuse in all forms of detention. In its response, JDI indicated that it had no records of contact or communication from York Correctional Institution or any individuals incarcerated there. This absence of contact suggests that during the audit review period, neither facility personnel nor the incarcerated population accessed JDI's services or engaged with the organization's support mechanisms.

In contrast, **Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS)** confirmed an active and ongoing Memorandum of Understanding (MOU) with the Connecticut Department of Correction (CDOC). This formal agreement applies system-wide and extends to all CDOC-operated institutions, including York Correctional Institution. Through this MOU, CONNSACS provides critical victim advocacy and support services to incarcerated survivors of sexual abuse. Key elements of this partnership include:

- 1. Access to Victim Advocates**  
CONNSACS deploys trained, trauma-informed victim advocates who are available to assist incarcerated survivors before, during, and after any forensic medical examination. This continuous presence ensures that survivors receive emotional reassurance and informational support throughout the aftermath of a reported assault.
- 2. Holistic and Comprehensive Services**  
Advocates deliver a full continuum of services, including immediate emotional support, crisis counseling, referrals to external community resources, and ongoing follow-up care to aid in the survivor's healing and

recovery. These services are offered regardless of the survivor's engagement in any formal investigative or legal process.

3. **Informed Consent and Confidentiality Practices**

Advocates ensure that survivors understand the scope and limits of confidentiality, particularly as mandated by reporting laws. This transparency enables survivors to make fully informed choices about whether and how to engage with available support options, while still receiving empathetic and nonjudgmental care.

4. **Unconditional Emotional Support**

Advocates are committed to serving all survivors of sexual abuse, regardless of when or where the incident occurred. Support is not contingent upon the survivor's willingness to report the abuse or participate in an investigation, ensuring equitable care for individuals coping with both recent and historical trauma.

The collaboration between CDOC and CONNSACS reinforces the agency's commitment to providing incarcerated individuals with access to survivor-centered, trauma-responsive services. These efforts reflect compliance with PREA standards and underscore best practices in institutional responses to sexual abuse in confinement settings.

**AUDITED FACILITY INFORMATION**

**14. Designated facility capacity:**

1124

**15. Average daily population for the past 12 months:**

931

<b>16. Number of inmate/resident/detainee housing units:</b>	8
<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	918
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1



<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>As of the first day of the onsite portion of the audit, the facility housed a population that was demographically diverse in terms of age, race, ethnicity, and length of incarceration. The inmate population included individuals with a range of medical, mental health, and behavioral needs. A portion of the population was classified as physically disabled, cognitively disabled, hearing impaired, and visually impaired.</p> <p>The facility maintains a data systems to track inmates who may be particularly vulnerable under PREA standards, including individuals who identify as transgender, intersex as well as those with a history of prior sexual victimization or perpetration and those with limited English proficiency. While efforts have been made to improve tracking and documentation of these populations, some challenges remain, particularly in consistently capturing self-reported sexual orientation and gender identity information during intake and screening processes. This is often due to inmates' reluctance to disclose sensitive personal information or mistrust of how the information will be used.</p> <p>The facility continues to explore ways to enhance its screening tools and staff training to more accurately identify and support these populations.</p> <p>Overall, the facility demonstrates an ongoing commitment to ensuring that vulnerable inmates are identified and provided appropriate protections under PREA, including through its risk screening, housing, and monitoring practices.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>386</p>

<b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	51
<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	10
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>At the time of the onsite audit, the facility employed a workforce comprised of staff, volunteers, and contractors with varying levels of experience, representing a broad spectrum of ages and genders. No individuals were identified as having disabilities—such as visual impairments—or limited English proficiency that would interfere with effective communication or the ability to perform duties in alignment with PREA requirements. All personnel present during the audit had completed the PREA training mandated for their specific positions and responsibilities. The facility reported no issues related to the identification, documentation, or accommodation of any staff, volunteer, or contractor characteristics that would impact PREA compliance. The agency demonstrated consistent adherence to policies that ensure all personnel are equipped to support a safe and responsive environment in accordance with the PREA standards.</p>
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	17

<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>To promote geographic representation among those selected for interviews, inmates were chosen from a broad range of housing locations within the facility. This included individuals assigned to different custody levels, living units, and dormitory-style settings, where applicable. The auditor worked closely with facility staff to review the most current facility map and population list. Using this information, a stratified random sampling method was applied to ensure a diverse and balanced pool of interviewees. This process ensured that individuals selected for interviews reflected the overall population distribution and were not disproportionately drawn from any single unit or housing area.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

At the time of the onsite audit, the facility reported housing a total of 918 incarcerated individuals. In accordance with guidance set forth in the PREA Auditor Handbook, a facility of this size must include, at a minimum, fifteen random inmate interviews in addition to fifteen targeted interviews. These interviews are critical to evaluating the facility's compliance with PREA standards and to understanding the institutional culture surrounding sexual safety.

To exceed this minimum threshold and enhance the depth and credibility of the findings, the Auditor conducted seventeen random interviews with residents who were not selected based on any pre-determined risk factors or classification categories. The purpose of this approach was to capture candid, unbiased feedback from a diverse cross-section of the facility's general population.

Facility staff assisted in providing current, alphabetized rosters by housing unit. The Auditor used these rosters to facilitate a randomized selection process that ensured residents were drawn from various housing units and custody levels. Attention was given to ensuring demographic diversity among those selected, with consideration for factors such as race, ethnicity, age, housing assignment, and duration of incarceration. This method allowed for a representative sample reflective of the broader resident population.

Beyond the formal interview process, the Auditor also conducted impromptu, conversational discussions with multiple inmates encountered during the facility tour. These informal exchanges took place in common areas such as housing dayrooms, program rooms, and facility corridors. Residents were invited to share their experiences and perceptions related to PREA, including their understanding of reporting options, treatment by staff, availability of victim services, and overall feelings of safety. These interactions offered valuable

supplemental context and served to confirm or contrast information obtained during formal interviews.

Each official interview began with the Auditor introducing herself and providing a clear explanation of her role as a certified PREA Auditor. Residents were informed of the voluntary nature of participation, the confidentiality of the interview, and their right to decline or withdraw at any point without consequence. Only after receiving verbal consent did the Auditor proceed with the structured PREA interview.

The Auditor documented each interview by hand using standardized PREA interview protocols to ensure consistency and accuracy. All seventeen residents selected for random interviews agreed to participate and were cooperative, engaged, and forthcoming in sharing their experiences.

The feedback gathered from these residents revealed a widespread awareness of the facility's PREA policies and procedures. Many demonstrated a solid understanding of their rights and the available protections under PREA, including:

- The institution's zero-tolerance stance on sexual abuse and harassment;
- Multiple avenues for reporting incidents, including confidential and third-party reporting mechanisms;
- Protections against retaliation for reporting or participating in investigations;
- Access to post-incident medical, mental health, and advocacy services.

No interviewees reported having experienced or witnessed sexual abuse or harassment within the facility, and none expressed feeling unsafe at the time of the interview. Overall, resident responses were positive and reflected a general sense of confidence in staff responsiveness, reporting processes, and the availability of support services. Several residents acknowledged the facility's ongoing efforts to inform them about PREA and to

promote a culture of safety and accountability.  
 The combination of structured interviews and organic dialogue allowed for a holistic understanding of the facility's climate regarding sexual safety and PREA implementation. This comprehensive engagement strategy supported the Auditor's assessment of the institution's commitment to upholding PREA standards and fostering a safe and respectful living environment for all incarcerated individuals.

**Targeted Inmate/Resident/Detainee Interviews**

<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>16</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>5</p>
<p><b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>

<p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



**45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).**

As part of the audit process, the Auditor employed a multi-faceted approach to determine whether a population of individuals who identify as gay or bisexual exists within the facility. This strategy aligns with the PREA Auditor Handbook and ensures that all populations potentially vulnerable to sexual abuse are appropriately considered during the compliance assessment.

**1. Review of the Pre-Audit Questionnaire (PAQ):**

The Auditor began by examining the information submitted in the Pre-Audit Questionnaire. The PAQ includes demographic data as well as screening information that addresses sexual orientation and gender identity as part of the facility's intake and classification procedures. The PAQ confirmed that the facility conducts risk screening upon intake to identify residents who may be at risk for sexual victimization, including those who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.

**2. Staff Interviews:**

The Auditor conducted interviews with intake, classification, and housing staff to determine how information related to sexual orientation is collected, protected, and used to inform placement decisions. Staff members demonstrated an understanding of the importance of identifying and supporting individuals who identify as gay or bisexual. Staff affirmed that such individuals are not housed solely based on identity, but that their self-identification, along with other relevant factors such as risk level and vulnerability, are considered when making housing and program assignments.

**3. Inmate Interviews (Random and Targeted):**

Through both random and targeted interviews with inmates, the Auditor was able to gather additional insight into the presence and treatment of gay or bisexual residents. Several residents acknowledged that individuals who identify as gay or bisexual are

	<p>housed in the facility and indicated that these individuals are generally treated with respect by staff and peers. No reports of mistreatment, abuse, or neglect related to sexual orientation were disclosed during the interviews. Interviewees were also able to articulate the facility's zero-tolerance policy and available methods for reporting abuse or harassment, including those related to sexual orientation.</p> <p><b>4. Observations During Facility Tour:</b> While touring housing units, common areas, and program spaces, the Auditor engaged in informal conversations with residents and staff. These interactions supported the information gathered through interviews and documentation review. The facility's culture appeared to be generally respectful and inclusive, with no observed behaviors or environmental indicators suggesting discrimination or harassment based on sexual orientation.</p>
<p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>1</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

**49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).**

To evaluate whether any individuals currently incarcerated at the facility had been placed in segregated housing or subject to administrative separation due to information obtained through PREA risk screenings or incidents, the Auditor conducted a comprehensive examination of relevant documentation and operational practices. This included an in-depth review of classification records, housing logs, and PREA-related screening forms to identify any instances where placement decisions may have been influenced by a resident's risk of sexual victimization, abusiveness, or involvement in a PREA investigation.

Interviews were held with the Facility Head, PREA Compliance Manager (PCM), and staff responsible for classification and housing decisions. These interviews focused on determining whether any resident had been removed from the general population and placed in restrictive housing for their protection or due to their involvement—as either an alleged victim or perpetrator—in a sexual abuse allegation or investigation. The Auditor specifically examined whether the facility had used involuntary segregation as a protective measure when no immediate alternative housing option was available. In accordance with PREA Standard §115.43, the facility's policy explicitly limits the use of segregated or restrictive housing for PREA-related reasons. When such placements are deemed absolutely necessary, the policy requires that:

- The facility document the basis for the decision;
- The placement be reviewed at regular intervals;
- The individual continues to receive access to programs, education, and services to the fullest extent possible;
- Alternatives be continuously explored to reduce reliance on restrictive conditions.

Following a detailed review of all available

records and in-depth discussions with facility personnel, the Auditor found no evidence that any incarcerated individual was currently housed in segregation or had been placed in involuntary separation due to PREA-related risk assessments or incidents. Furthermore, staff confirmed that no such placements had occurred during the preceding 12-month period.

The facility demonstrated a clear commitment to the principles outlined in the PREA standards by prioritizing the least restrictive means of managing residents identified as vulnerable or high-risk. Housing, classification, and program access decisions were consistently made in a manner that balanced resident safety with the preservation of individual rights and access to facility services and opportunities.

This finding reflects the facility's adherence to best practices in managing residents identified through the PREA screening process and underscores its efforts to avoid the use of segregation except as a last resort, in alignment with federal guidance.

**50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):**

As part of the comprehensive PREA audit process, the Auditor formally requested and received from facility staff a detailed roster of inmates who met the criteria for targeted interviews as outlined in the PREA Audit Instrument. This roster identified individuals from specific vulnerable or high-risk populations within the facility. Due to the relatively small number of targeted residents identified, the Auditor conducted interviews with every inmate listed on the roster to ensure thorough coverage and representation of these populations.

**Breakdown of Targeted Inmate Interviews Conducted:**

- Transgender or Intersex: 2
- Gay or Bisexual: 0
- Physically Disabled: 5
- Cognitively Disabled: 3
- Hearing Impaired: 1
- Visually Impaired: 1
- Limited English Proficiency (LEP): 2
- Reported Sexual Abuse: 1
- Disclosed Sexual Abuse During Intake Screening: 1
- Inmates Housed in Segregated Housing for PREA-Related Reasons: 0
- Youthful Inmates (under age 18): 0

Each interview began with the Auditor introducing herself and clearly explaining her role as a Department of Justice-certified PREA Auditor. The Auditor provided a clear overview of the purpose of the audit, emphasizing that the visit was to assess the facility's compliance with the Prison Rape Elimination Act standards. She explained that confidential interviews with individuals from various populations were an essential component of this process.

Inmates were informed that their participation was entirely voluntary. They were assured that they could decline to answer any questions or terminate the interview at any time without any fear of retaliation, punishment, or negative consequences. Verbal consent was obtained from each inmate prior to proceeding with the

interviews, ensuring that participation was fully informed and consensual. The interviews adhered closely to the standardized PREA audit protocols. They started with general questions designed to build comfort and rapport before transitioning into questions specifically tailored to the inmate's identified targeted category. All inmate responses were carefully documented in real-time on the standardized protocol forms to maintain accuracy, consistency, and integrity throughout the audit process. Throughout the interviews, inmates responded openly, respectfully, and thoughtfully. When asked about their personal sense of safety within the facility, all individuals reported feeling safe from sexual harassment and sexual abuse at the time of the interview. There were no disclosures of concerns or allegations related to staff or inmate behavior. Several inmates expressed gratitude for the opportunity to confidentially share their experiences, highlighting the importance of having a trusted environment where their voices could be heard without fear or hesitation. This thorough interview process provided valuable insights into the facility's PREA culture, particularly regarding the treatment and safety of vulnerable populations, and supported the facility's efforts to maintain a safe and respectful environment for all residents.

**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>18</p>
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<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



**54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

To obtain a representative sample of general staff perspectives on the facility's implementation of PREA standards, the Auditor conducted formal interviews with randomly selected employees who were present on-site during the audit. These individuals were not chosen for specialized roles in the audit, which ensured that the responses captured reflected the everyday experiences and awareness levels of typical facility staff. The random selection process helped ensure an unbiased and balanced overview of PREA knowledge and practices among non-specialized personnel.

In addition to formal interviews, the Auditor engaged in numerous informal, spontaneous conversations with staff encountered throughout the facility during the on-site tour. These unstructured discussions occurred across a variety of work settings—including housing units, support areas, program spaces, and administrative offices—and provided valuable supplementary insight. Topics discussed during these interactions included staff training on PREA, understanding of reporting mechanisms, how staff interact with residents concerning safety concerns, and their responsibilities in response to allegations of sexual abuse or harassment. These real-time observations helped validate the information gathered through formal interviews and written documentation.

Over the course of the audit, the Auditor conducted a total of 18 formal interviews with staff selected at random. Despite the audit announcement being posted in advance in accordance with PREA notification requirements, no facility staff submitted any requests to speak with the Auditor or provided unsolicited feedback before or during the audit process.

At the beginning of each interview, the Auditor provided a clear introduction, stating her role as a certified PREA Auditor, outlining the scope and purpose of the audit, and emphasizing the voluntary nature of participation. Each staff member was advised

that while their input was appreciated and valuable, they were under no obligation to participate. All interviewees were informed that they could choose not to answer any questions and could end the interview at any time without consequence. Upon obtaining verbal consent, the Auditor conducted the interviews using the standardized PREA interview protocols.

All 18 randomly selected employees who were approached for interviews agreed to participate willingly and without hesitation. Responses were documented in real-time using the official PREA protocol forms to ensure consistency and accuracy.

Throughout the interviews, staff consistently demonstrated a clear understanding of the facility's zero-tolerance stance on sexual abuse and sexual harassment. Interviewees were familiar with the reporting mechanisms available to both residents and staff, including verbal disclosures, written reports, and third-party reporting options. Staff uniformly confirmed that they would take immediate action upon receiving a verbal report from a resident and understood their obligation to document and report such allegations without delay.

Moreover, all staff interviewed acknowledged the importance of protecting individuals—both residents and fellow employees—from retaliation following a report of sexual abuse or harassment. Interviewees expressed confidence that the agency and facility administration respond to PREA allegations seriously and appropriately. In summary, the information gathered through both structured and informal staff engagement indicated a strong institutional commitment to PREA compliance and sexual safety. The staff's consistent awareness of reporting procedures, their ability to articulate PREA policies, and their willingness to speak openly with the Auditor reinforced the impression of a facility culture that prioritizes prevention, accountability, and resident protection.

**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	18
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

**63. Provide any additional comments regarding selecting or interviewing specialized staff.**

The Auditor utilized the facility's specialized staff roster to identify appropriate personnel for interviews that aligned with their specific PREA-related duties and responsibilities. Each selected staff member participated in interviews that adhered to the Department of Justice's standardized PREA interview protocols, with questions tailored to reflect their assigned roles within the institution. Given the limited size of the facility's staffing structure, it became evident that many personnel fulfill multiple operational and supervisory functions. Consequently, some individuals were interviewed under more than one specialized category to ensure comprehensive coverage of their intersecting responsibilities and to fully evaluate compliance with relevant PREA standards. Throughout these in-depth interviews, the Auditor was able to confirm a well-established understanding among staff regarding the various mechanisms by which sexual abuse and sexual harassment allegations can be reported and investigated. Staff explained that incidents may be reported and acted upon through a range of confidential and accessible channels, including but not limited to:

- Confidential correspondence sent to external parties outside the institution;
- Direct communication with the facility's PREA Coordinator or the agency's PREA Director;
- Written communications discreetly passed to trusted staff members;
- Verbal disclosures made to any staff person at any time;
- Reports initiated by third parties, including family members, legal representatives, or advocacy organizations.

In addition to these direct methods, the facility maintains a system of secure communication boxes located throughout housing units and common areas. These

locked boxes serve multiple purposes and are labeled for grievances, legal mail, and general correspondence. Inmates and staff alike may use these boxes to submit written concerns or disclosures.

Staff universally confirmed that if any PREA-related complaint or disclosure is identified within these locked communication boxes—regardless of the box in which it appears—the material is promptly collected and turned over to the facility’s PREA Compliance Manager. Upon receipt, the Compliance Manager logs the report and initiates the appropriate response in alignment with agency policy and PREA regulatory requirements.

This layered reporting structure reflects the facility’s overarching commitment to providing a safe, supportive environment where individuals can report sexual abuse or harassment without fear of retaliation. It ensures multiple, confidential avenues for both inmates and staff to raise concerns and facilitates timely, consistent institutional responses to all allegations of sexual misconduct.

## **SITE REVIEW AND DOCUMENTATION SAMPLING**

### **Site Review**

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**64. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No



**69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The on-site review of the facility was conducted in a thorough and systematic manner, with the full cooperation of facility leadership and staff. The Auditor was granted unrestricted access to all areas of the institution, including housing units, intake and medical areas, mental health offices, program spaces, recreational yards, administrative offices, kitchens, storage rooms, and other operational areas. At no time were access limitations imposed, and staff were consistently available to answer questions or provide clarification during the tour. Throughout the site review, the Auditor made detailed observations related to physical plant design, camera placement and blind spots, staff supervision patterns, availability of PREA-related signage, and the accessibility of reporting tools such as phones, grievance forms, and locked drop boxes. Special attention was paid to identifying areas that might present increased risk for sexual victimization due to limited visibility or infrequent staff presence.

The Auditor also conducted informal functional tests of key PREA-related systems, such as dialing the external sexual abuse reporting hotline from inmate phones and verifying the presence and legibility of PREA posters and informational materials in multiple languages. These spot checks helped confirm that critical reporting mechanisms were operational, visible, and understood by the population.

During the walkthrough, the Auditor engaged in spontaneous, informal conversations with both staff and incarcerated individuals across multiple posts and housing units. These discussions provided valuable insight into the day-to-day implementation of PREA policies and practices and supplemented formal interviews by offering unfiltered perspectives on topics such as staff responsiveness, safety concerns, access to medical and mental health care, and the general culture surrounding sexual safety in the facility. The site review confirmed that the facility has

made significant efforts to comply with PREA standards through infrastructure design, staff training, and the promotion of a safe and respectful environment. Observations made during the tour were consistent with documentation and interviews, reinforcing confidence in the facility's commitment to sexual safety and PREA compliance.

### **Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

**70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No

**71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

### **Personnel and Training Files**

The Pre-Audit Questionnaire (PAQ) indicates that the facility employs a total of 386 staff members. A comprehensive review of personnel files and training records was conducted as part of the audit process.

#### **PREA Education:**

A total of 386 staff personnel files were reviewed to assess compliance with PREA education requirements. All files demonstrated that staff had successfully completed the required PREA training within the past twelve months. This represents 100% compliance. The training included information regarding the agency's zero-tolerance policy, staff responsibilities under PREA, and procedures for detecting, preventing, and responding to sexual abuse and harassment.

#### **Criminal Background Checks:**

Fifty (50) criminal background checks were reviewed. All checks were found to be current, complete, and conducted in a timely manner. This indicates full compliance with the PREA standard requiring criminal history background checks upon hire and at least every five years thereafter, or otherwise consistent with agency policy.

#### **Administrative Adjudication Questions:**

Fifty (50) personnel files were reviewed to determine if staff had answered the three PREA-mandated administrative adjudication questions (related to prior misconduct or allegations of sexual abuse). All 50 files included completed responses to these questions, reflecting full compliance with the standard.

### **Inmate Records**

On the first day of the audit, the facility housed 918 inmates. The Auditor reviewed a sample of inmate records for compliance with PREA requirements related to risk screening and education.

#### **Risk Screening - Initial and Reassessment:**

A total of 44 inmate records were reviewed regarding the 72-hour initial risk screening

and 30-day reassessment. All records reviewed demonstrated that the initial PREA risk screening was completed within 72 hours of the inmate's arrival, and that a reassessment was completed within 30 days, in accordance with PREA Standard §115.41.

**PREA Education for Inmates:**

Fifty inmate files were reviewed to evaluate compliance with PREA education requirements. Documentation in each file confirmed that inmates received comprehensive PREA education upon admission. Education included information on the facility's zero-tolerance policy, how to report incidents of sexual abuse or harassment, and available support services. This represents 100% compliance with inmate education standards.

**Sexual Abuse and Sexual Harassment Allegations**

According to the PAQ and documentation provided during the audit, the facility reported six allegations of sexual abuse and three allegations of sexual harassment within the past twelve months.

**Investigative Review:**

The Auditor was provided with all PREA investigative files related to these allegations. Each file was reviewed using the PREA Audit Investigative Records Review Tool. Information recorded for each case included:

Case/ID Number

Date of Allegation

Date the Investigation Was Initiated

Type of Allegation (Inmate-on-Inmate or Staff-on-Inmate)

Final Disposition (Substantiated, Unsubstantiated, or Unfounded)

Justification of Disposition

Names of Investigating Officers

Documentation of Victim Notification

**Sexual Abuse Allegations:**

Of the 6 sexual abuse allegations:

6 were inmate-on-inmate.

0 were substantiated

2 were unsubstantiated

2 was unfounded

2 remained open at the time of the on-site audit

5 of these cases were referred for criminal investigation

0 case was referred for prosecution

0 were staff-on-inmate.

There were zero forensic (SANE) examinations conducted during the review period. All substantiated and unsubstantiated sexual abuse allegations were subjected to a Sexual Abuse Incident Review (SAIR), as required. Unfounded cases were excluded from SAIRs, in accordance with PREA standards.

**Sexual Harassment Allegations:**

All 3 allegations of sexual harassment were inmate-on-inmate:

1 was unfounded

1 were unsubstantiated

1 remained open at the time of the audit

All were investigated administratively, and no referrals were made for criminal investigation.

**Victim Services:**

In all sexual abuse cases, alleged victims were offered medical and mental health services. Notification of the outcome of the investigations was documented in all cases, demonstrating compliance with victim notification requirements.

**Audit Sample:**

The Auditor conducted a detailed review of all 6 sexual abuse files and 3 sexual harassment files. The investigations were generally thorough and timely, with documentation indicating that appropriate steps were taken in each case.

**General Observations**

Throughout the on-site audit, facility staff displayed a professional, respectful, and cooperative demeanor. Staff interactions, responsiveness to the audit process, and general conduct reflected a facility culture committed to the principles of sexual safety, transparency, and accountability. Staff were well-informed of PREA standards and displayed an understanding of their

responsibilities in protecting inmates from sexual abuse and harassment.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

#### **72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	6	5	6	5
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	6	5	6	5

**73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	3	0	3	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	2	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	2	0	0	0	0

**75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	2	2	2	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	2	2	2	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.



**76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	1	1	1	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	1	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	6
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<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>6</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

**Staff-on-inmate sexual harassment investigation files**

**91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

0

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

To evaluate the facility's compliance with PREA standards related to the investigation of sexual abuse and harassment allegations, the Auditor selected investigative files based on the total number of reported incidents as outlined in the Pre-Audit Questionnaire (PAQ) and confirmed during the on-site audit. The facility provided full access to all requested documentation, including complete investigative records for every sexual abuse and sexual harassment allegation reported during the past twelve-month period.

In alignment with PREA auditing protocols, priority was placed on the review of sexual abuse cases due to their gravity and the more extensive procedural requirements involved. A total of six sexual abuse investigation files were examined in depth. The sample was intentionally diverse and included both inmate-on-inmate allegations and cases with various dispositions, including unsubstantiated, unfounded, and open investigations. This approach enabled a balanced and comprehensive evaluation of the facility's handling of these critical incidents.

Additionally, the Auditor reviewed three investigative files related to allegations of sexual harassment. While the procedural demands may differ slightly from abuse cases, these reviews were essential in determining whether the facility adheres to its internal protocols and responds to harassment complaints in a timely, fair, and effective manner.

The Auditor utilized the PREA Audit Investigative Records Review Tool to guide the analysis and ensure consistency across all files reviewed. Special focus was given to evaluating the following key elements:

1. Timeliness and thoroughness of the investigation process
2. Proper documentation of interviews, findings, and collected evidence
3. Clear articulation of the rationale for case dispositions

4. Notifications to victims regarding case outcomes
5. Whether cases were appropriately referred for administrative or criminal investigation
6. Inclusion and quality of Sexual Abuse Incident Reviews (SAIRs), where applicable
7. Implementation of corrective actions, when identified

Throughout the review, the Auditor assessed not only compliance with procedural requirements but also the facility's responsiveness to the safety, confidentiality, and support needs of the individuals involved. The presence of well-documented SAIRs in applicable cases, along with documented follow-up and accountability measures, reinforced the impression of a facility actively engaged in continuous quality improvement. The investigative files presented for audit were organized, complete, and demonstrated adherence to both agency policy and PREA mandates. The findings reflected a structured, policy-informed approach to handling allegations and suggested a facility culture committed to addressing sexual misconduct allegations with the seriousness and attention they require.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

<b>Non-certified Support Staff</b>	
<p><b>96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p>	<p>1</p>
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
<p><b>97. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p><b>Identify the name of the third-party auditing entity</b></p>	<p>Diversified Correctional Services</p>

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li>   <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li>   <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPOORTING DOCUMENTATION</u></b></p> <p>To assess compliance with this standard, the Auditor reviewed the following documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and accompanying documentation</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 (19 pages)</li> <li>3. CDOC Family and Friends Handbook, dated June 26, 2013</li> <li>4. Employee PREA Training Curriculum, including presentation materials and sign-in sheets</li> <li>5. CDOC Inmate Handbook</li> <li>6. CDOC Agency Organizational Chart</li> <li>7. CDOC Institutional Organizational Chart</li> </ol>



## **INTERVIEWS CONDUCTED**

### **Institutional PREA Compliance Manager (IPCM):**

The IPCM affirmed that they are provided with sufficient time, authority, and resources to carry out responsibilities related to PREA compliance. These duties include overseeing the implementation of standards at the facility level and coordinating any required corrective actions.

### **Agency PREA Director (PD):**

The PD reported full-time responsibility for overseeing PREA compliance across the CDOC. She confirmed that Institutional PREA Compliance Managers (PCMs) at each facility are empowered to implement PREA standards and initiate necessary actions to maintain compliance. The PD also indicated she has the executive-level support and access to resources needed to fulfill her duties effectively.

## **PROVISIONS**

### **Provision (a): Zero Tolerance Policy**

The Pre-Audit Questionnaire confirmed that the facility enforces a comprehensive zero-tolerance policy toward all forms of sexual abuse and sexual harassment. This policy applies not only to staff and inmates but also to volunteers, contractors, and any outside agencies operating within the facility.

The policy is articulated in CDOC Administrative Directive 6.12, which outlines the agency's procedures for the prevention, detection, reporting, investigation, and response to incidents of sexual abuse and harassment. The directive clearly defines prohibited conduct and prescribes appropriate disciplinary actions for substantiated violations.

The Auditor's review of policy materials confirmed that CDOC maintains a clear and structured framework for addressing sexual abuse and harassment, consistent with PREA standards and emphasizing the agency's systemic commitment to a safe and respectful correctional environment.

### **Provision (b): Agency-Wide PREA Coordinator**

Per CDOC Administrative Directive 6.12, the Commissioner of Correction appoints a PREA Coordinator (also referred to as the PREA Unit Director) who operates at the executive level and reports directly to the Commissioner. This was corroborated by the CDOC agency organizational chart.

The Auditor confirmed through documentation and interviews that the agency's PREA Coordinator holds a full-time, dedicated position with overarching responsibility for PREA compliance. The PREA Director stated that she has sufficient authority, access to leadership, and institutional support to oversee and monitor compliance efforts across all facilities within the CDOC.

### **Provision (c): Facility-Level PREA Compliance Managers**

Administrative Directive 6.12 also mandates that each facility designate a PREA

	<p>Compliance Manager (PCM) who reports directly to the facility’s Deputy Warden. This structure ensures that compliance is addressed at the institutional level by an individual with appropriate authority and responsibility.</p> <p>The institutional organizational chart confirmed this chain of command. Interviews with the IPCM and PD affirmed that the PCM is responsible for overseeing PREA implementation within the facility, coordinating staff training, facilitating audits, and initiating corrective actions when necessary.</p> <p>The facility's PREA compliance structure demonstrates a strong commitment to upholding the standard, ensuring institutional responsiveness, and maintaining active oversight at both the agency and facility levels.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a comprehensive review of the Pre-Audit Questionnaire, relevant policies and procedures, organizational charts, and interviews with agency and facility leadership, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.</p> <p>The agency demonstrates a robust, well-integrated approach to preventing and addressing sexual abuse and harassment. With clearly defined roles, dedicated leadership, and adequate resources, CDOC maintains a strong infrastructure to support effective PREA implementation and ensure ongoing compliance.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>The Auditor reviewed the Pre-Audit Questionnaire (PAQ) along with all associated supporting documentation submitted by the agency. Particular focus was placed on contractual agreements and agency policies governing the use of external entities for the confinement of inmates.</p> <p>A key document reviewed was the Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. This directive outlines the agency’s policies and procedures for preventing, detecting, and responding to sexual abuse and sexual harassment. Importantly, page 4 of the directive, under the section titled Community Confinement, directly references PREA Standard §115.12 and mandates that all new and renewed contracts with community confinement providers include a requirement for full compliance with PREA and CDOC policies.</p>

The documentation provided clearly demonstrates that CDOC maintains a systematic and centralized process for ensuring that all contracted entities adhere to PREA standards. The PREA compliance mandate is embedded into the agency's contracting protocols, ensuring consistency and accountability across all external confinement settings.

## **INTERVIEW**

### **Agency Contract Administrator**

The Agency Contract Administrator confirmed that PREA compliance is a non-negotiable condition in any contractual agreement for the confinement of inmates. The administrator emphasized that no contract is executed unless the entity demonstrates an ability and commitment to comply fully with PREA standards. The interview confirmed that:

1. PREA-specific language is included in all contracts involving inmate housing services.
2. Contractors are required to adopt and follow PREA standards and CDOC policies as a condition of the agreement.
3. CDOC contract managers are tasked with monitoring compliance, including site visits, documentation review, and communication with facility leadership.
4. Contractors are required to report all sexual abuse and harassment allegations to CDOC, including documentation of the incident, investigative steps taken, and final outcomes.

This structure ensures that the agency retains oversight and accountability for PREA-related incidents, even when confinement is provided by an external entity.

## **PROVISIONS**

### **Provision (a): Contract Language and Enforcement**

The PAQ and documentation confirmed that CDOC requires all contracted entities to adopt and comply with PREA standards. This requirement is clearly articulated in Administrative Directive 6.12, which mandates that any contract or renewal for the confinement of inmates must include language requiring PREA compliance. This includes compliance with CDOC's internal policies and procedures that reflect federal PREA requirements.

As clarified in the interview, facilities themselves do not enter into contracts; all contractual agreements are executed and managed at the agency level. CDOC's contract managers are responsible for ensuring that contractual terms, including PREA compliance provisions, are upheld and enforced. Failure to meet these requirements may result in denial of contract approval or termination of the agreement.

### **Provision (b): Oversight and Reporting Requirements**

	<p>The Agency Contract Administrator confirmed that before finalizing any agreement, CDOC performs a pre-contract review of the potential contractor’s policies, procedures, and PREA implementation practices. This review ensures that the contractor has established mechanisms to prevent, detect, and respond to sexual abuse and harassment in accordance with PREA standards.</p> <p>Contractors are also required to submit all PREA-related reports and investigation outcomes to the CDOC PREA Coordinator, thereby maintaining centralized oversight at the agency level. This requirement strengthens the agency’s ability to track, monitor, and respond to incidents, regardless of whether the facility is directly operated by CDOC or through a contracted partner.</p> <p><b>CONCLUSION</b></p> <p>Based on a comprehensive review of documentation, agency policies, and the interview with the Agency Contract Administrator, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.12 – Contracting with Other Entities for the Confinement of Inmates.</p> <p>The agency has implemented a robust, well-structured process to ensure that all contracted facilities are held to the same PREA compliance standards as CDOC-operated institutions. Through clearly written contractual obligations, proactive policy enforcement, and centralized oversight, CDOC demonstrates a strong commitment to maintaining PREA compliance across all confinement settings. All provisions of the standard have been met.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>SUPPORTING DOCUMENTS</b></p> <p>To evaluate compliance with PREA Standard §115.13, the Auditor reviewed a broad range of documents, including:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the agency;</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;</li> </ol>

3. Directive 6.12, Section 4 (p.3) – Staffing Plan, outlining facility staffing requirements and use of video monitoring;
4. Directive 6.12, Section 13 (p.10) – Staff Monitoring and Intervention, detailing unannounced supervisory rounds and oversight procedures;
5. Administrative Directive 2.15 – Hazardous Duty Staff Deployment, Section 5, addressing minimum staffing guidelines;
6. Administrative Directive 6.1 – Tours and Inspections, Sections 4 and 5, which define the facility’s routine supervision practices;
7. Facility-specific post plans, which provide detailed staff coverage across all operational areas;
8. Housing unit logbooks documenting supervisory unannounced rounds across shifts.

These documents were reviewed to determine whether the institution has implemented appropriate measures related to staffing plans, video surveillance, supervisory oversight, and mechanisms that support a PREA-compliant environment.

### **INTERVIEWS**

Interviews with key staff and inmates further validated institutional practices related to supervision and monitoring:

#### **Facility Head:**

Described a comprehensive supervision strategy, including how staffing levels relate to inmate access to programming and institutional safety. He also discussed the strategic use of video surveillance, inmate population characteristics, and facility layout in deployment decisions.

#### **Institutional PREA Compliance Manager (IPCM):**

Emphasized the critical role of staffing in maintaining a safe environment and confirmed that staffing plans are reviewed regularly. The IPCM also affirmed that surveillance systems are routinely assessed and enhanced as needed.

#### **Intermediate- or Higher-Level Supervisory Staff:**

Confirmed that unannounced rounds are conducted on every shift as required by CDOC policy. They understood that advance notice is strictly prohibited unless necessary for safety, and violations are subject to disciplinary action.

#### **Random Staff:**

Reported that unannounced rounds occur routinely and without prior notification. Staff were knowledgeable about the purpose of these rounds and their importance in detecting and deterring sexual abuse.

#### **Random Inmates:**

Consistently noted that supervisors and the IPCM were visible and accessible within housing units. Several inmates indicated that the regular presence of staff contributes positively to their sense of safety.

### **PROVISIONS**

**Provision (a): Staffing Plan**

The facility maintains a formal staffing plan that addresses all thirteen elements required by the standard, including staffing ratios, physical plant considerations, inmate demographics, video monitoring, and institutional incident history. The plan is based on an average daily population of 874 inmates.

Per CDOC Administrative Directive 6.12 (Section 4), the plan:

1. Provides for adequate staffing levels and surveillance coverage;
2. Requires documentation and justification of deviations;
3. Undergoes an annual review with input from the PREA Coordinator and facility leadership;
4. Takes into account physical layout, population needs, and staffing patterns.

The Auditor reviewed the most recent Annual Staffing Plan Review and verified that it was thorough, PREA-compliant, and used to inform institutional decision-making. Annual quality assurance audits are conducted to monitor adherence and address identified gaps.

**Provision (b): Staffing Deviations and Unannounced Rounds**

The facility operates with clearly defined minimum staffing levels. Vacant mandatory posts are filled using overtime or reassigned personnel. Deviations are appropriately documented and commonly attributed to factors such as staff illness, emergency situations, or scheduling errors.

Directives 6.12 (Section 13) and 6.1 require unannounced rounds on all shifts. Staff are strictly prohibited from alerting others about the timing of these rounds, unless justified for operational security. Policy violations are addressed through disciplinary action (PD-22).

The Auditor reviewed housing unit logbooks, which documented consistent implementation of unannounced rounds. Staff and supervisory interviews reinforced the facility's compliance with this requirement.

**Provision (c): Annual Staffing Plan Review**

The Annual Staffing Plan Review is conducted collaboratively with the PREA Coordinator and institutional leadership. It includes evaluation of:

1. Staffing adequacy based on current needs and population;
2. Surveillance coverage and video monitoring effectiveness;
3. Identification and mitigation of blind spots;
4. Recommendations for adjustments to staffing or infrastructure

The review process was substantiated through documentation, including staffing reports and video monitoring assessments. Mandatory posts were consistently staffed, and the facility had strategically placed security cameras and convex mirrors to improve visibility. Video surveillance is active 24/7 and monitored by trained staff.

	<p><b>Provision (d): Unannounced Supervisory Rounds</b></p> <p>Administrative Directive 6.12 mandates documented unannounced supervisory rounds on all shifts. These are intended to deter and detect sexual abuse and to ensure staff accountability.</p> <p>The Auditor verified this practice through a review of multiple housing unit logbooks, which confirmed rounds were properly documented and conducted routinely. Observations during the site visit further confirmed supervisory visibility. Inmates and staff both affirmed that these rounds occur regularly and enhance safety.</p> <p><b>CONCLUSION</b></p> <p>Based on a thorough review of policies, institutional documentation, interview data, and direct observations during the on-site audit, the Auditor concludes that the facility is in full compliance with PREA Standard §115.13 – Supervision and Monitoring.</p> <p>The institution has implemented a comprehensive and well-documented staffing and oversight structure that reflects a strong commitment to sexual safety. The coordination between leadership, compliance staff, and line personnel supports a safe, well-monitored, and PREA-compliant environment.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>SUPPORTING DOCUMENTS</b></p> <p>The Auditor examined the Pre-Audit Questionnaire (PAQ) along with all submitted supporting documentation. Included in the review was the Connecticut Department of Correction (CDOC) Administrative Directive 6.12, titled Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, which has been in effect since July 20, 2015.</p> <p><b>OBSERVATIONS</b></p> <p>During the facility walkthrough conducted as part of the on-site review, the Auditor did not observe any individuals who appeared to be youthful inmates. No areas were identified as being designated for youthful offender housing.</p> <p><b>INTERVIEWS</b></p> <p><b>Facility Head</b></p> <p>The Facility Head confirmed the facility does not house youthful inmates.</p> <p><b>PREA Compliance Manager (PCM)</b></p> <p>The PREA Compliance Manager confirmed unequivocally that the facility does not</p>

house youthful inmates under any circumstances.

**Provision (a)**

According to the Pre-Audit Questionnaire, the facility reported that it does not house youthful inmates. This was corroborated through interviews with the Warden and PREA Compliance Manager, who reiterated that the population does not include youthful individuals. Furthermore, a review of the inmate roster revealed no individuals with birthdates indicating an age that would qualify them as youthful inmates (i.e., no inmates born in 2006 or later).

**Provision (b)**

This provision is not applicable, as the facility does not house youthful inmates.

**Provision (c)**

This provision is also not applicable, given that youthful inmates are not housed at the facility.

**Conclusion**

After a thorough review of all relevant documentation, on-site observations, and interviews with key facility personnel, the Auditor concludes that the facility meets the requirements of the PREA standard related to youthful inmates. The facility does not house youthful inmates, and therefore, the provisions of this standard are not applicable beyond confirming that fact.

**115.15 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

To evaluate compliance with PREA Standard §115.15, the Auditor reviewed the following documents:

1. Pre-Audit Questionnaire (PAQ) and supporting documentation
2. CDOC Administrative Directive 6.12 - Inmate Sexual Assault Prevention Policy, effective July 20, 2015
3. CDOC Administrative Directive 6.7 - Searches Conducted in Correctional Facilities
4. CDOC Administrative Directive 6.6 - Reporting of Incidents
5. CDOC Administrative Directive 9.7 - Offender Management
6. CDOC Administrative Directive 10.2 - Inmate Education
7. CDOC Post Orders 6.2.01 - General Post Orders
8. Facility-specific CI Post Orders and Administrative Directives
9. 2024 In-Person Annual PREA Training Documentation for Facility Staff



## **OBSERVATIONS**

During the on-site facility tour, the Auditor observed that when opposite-gender staff entered inmate housing units, verbal announcements were made to alert inmates. In addition, facility staff appropriately announced the presence of the opposite-gender Auditor prior to entering housing or restroom areas, in accordance with agency policy and PREA standards.

## **INTERVIEWS**

### **Random Staff**

Staff interviewed confirmed receiving specific PREA training on conducting searches, including those involving cross-gender and transgender or intersex inmates. Each staff member stated unequivocally that cross-gender strip searches or visual body cavity searches do not occur at the facility. They affirmed that if such a search were ever necessary, there are always male staff available to conduct the search, and female staff would defer to male staff in these situations. All reported understanding that such searches are only permitted in exigent circumstances and must be documented accordingly.

### **Random Inmates**

All inmates interviewed reported they had never been subject to a cross-gender strip, pat, or visual body cavity search. Most also confirmed that female staff consistently announce their presence before entering housing or bathroom areas.

### **Transgender Inmate**

Transgender inmates reported they were:

- Given the opportunity to shower privately;
- Never searched for the sole purpose of determining genital status;
- Treated respectfully and allowed input in matters such as shower scheduling or privacy accommodations.

## **PROVISIONS**

### **Provision (a)**

CDOC Administrative Directive 6.12 and 6.7 explicitly prohibit cross-gender strip and visual body cavity searches except in exigent circumstances or when performed by qualified medical staff. These policies are consistent with PREA standards and affirm that searches are conducted only by staff of the same gender unless an emergency dictates otherwise. The policies emphasize appropriate procedures and

documentation for any such occurrence.

**Provision (b)**

All interviewed staff affirmed that cross-gender searches are not conducted, and there are always sufficient male staff available to perform necessary searches of male inmates. Staff consistently stated they had received training regarding opposite-gender search procedures and understood the prohibition against cross-gender strip and body cavity searches.

**Provision (c)**

The PAQ and staff interviews confirmed that there were no instances of cross-gender strip or visual body cavity searches within the past 12 months. This aligns with the facility's compliance history and policies outlined in CDOC Administrative Directive 6.7.

**Provision (d)**

The PAQ and interviews affirmed that the facility ensures inmates can shower, use the restroom, and change clothes without being viewed by staff of the opposite gender, except during exigent circumstances or when such viewing is incidental to routine cell checks. Opposite-gender staff are required to announce their presence prior to entering inmate housing units. All staff and inmates confirmed this practice is routinely followed. Additionally, showers are individual stalls that provide privacy to all inmates, including those who are transgender or intersex.

Staff also noted that transgender and intersex inmates are consulted in decisions regarding privacy accommodations, such as alternative shower times, and their input is taken seriously in the process.

**Provision (e)**

CDOC policy prohibits searches of transgender or intersex inmates solely to determine their genital status. Staff interviews verified that they were well aware of this policy and affirmed that no such searches are conducted. Transgender inmates independently confirmed that they had never been subjected to a genital status search.

**Provision (f)**

The Auditor reviewed training materials from the facility's 2024 Annual PREA Training, which covered cross-gender pat searches, searches involving transgender and intersex inmates, documentation requirements, and appropriate procedures. Staff rosters and training sign-in sheets confirmed all staff received the training, and

	<p>participants acknowledged their understanding of the material.</p> <p>Inmate interviews reflected that opposite-gender staff regularly announce their presence upon entering housing or bathroom areas. Observations during the tour validated this practice. Staff reiterated that cross-gender strip or body cavity searches are not performed, and training has emphasized the importance of compliance with PREA standards on this issue.</p> <p><b><u>CONCLUSION</u></b></p> <p>Based on a comprehensive review of agency policies, staff training records, on-site observations, and interviews with both staff and inmates, the Auditor concludes that the facility is in full compliance with all provisions of PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches. All practices observed and reported reflect strong adherence to the standard’s intent to preserve inmate dignity and prevent sexual abuse or harassment through inappropriate searches or viewing.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To assess compliance with PREA Standard §115.16, the Auditor reviewed the following materials:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all accompanying documentation</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Administrative Directive 10.12 – Inmate Orientation</li> <li>4. CDOC Administrative Directive 10.19 – Americans with Disabilities</li> <li>5. Inmate Orientation Materials, including PREA education protocols</li> <li>6. PREA Brochures and Posters (English and Spanish)</li> <li>7. Inmate Handbooks in both English and Spanish</li> <li>8. American Sign Language (ASL) Interpreting Services Information</li> </ol> <p><b><u>OBSERVATIONS</u></b></p>

During the facility walkthrough, the Auditor observed PREA informational posters prominently displayed in key inmate-accessible areas, including housing units, corridors, work areas, the visitation room, and other common spaces. These posters were available in both English and Spanish. In addition to signage, facility staff provided written educational materials, including PREA brochures and handbooks, also available in English and Spanish.

## **INTERVIEWS**

### **Facility Head**

The Facility Head reported that procedures are in place to ensure all inmates, regardless of disability or language proficiency, have equal access to PREA education and reporting. This includes the use of staff interpreters, accessible printed materials, and written communication tools.

### **Inmates with Disabilities**

Inmates with disabilities interviewed during the audit stated they felt safe and did not feel vulnerable because of their disability. They affirmed that PREA education and reporting procedures were presented in ways they could understand. When asked directly if they understood their rights and how to report sexual abuse or harassment, all responded affirmatively.

### **Random Staff**

Staff members confirmed that if interpretation or translation were needed, they would first attempt to utilize bilingual staff or approved interpretation services. Staff demonstrated knowledge of policies that prohibit the use of other inmates as interpreters for PREA-related matters.

### **Provision (a)**

The Pre-Audit Questionnaire indicates the facility has established procedures to ensure inmates with disabilities or those with limited English proficiency (LEP) have equal access to participate in and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment.

CDOC Administrative Directive 10.19 outlines the agency's responsibilities for ensuring that inmates with disabilities receive reasonable accommodations and that communication barriers are removed. Section 6.A.1 specifies:

Inmates with significant disabilities (e.g., blind, deaf, or physically impaired) shall be transferred within 72 hours to an appropriate facility for assessment and classification.

During this process, inmates receive the ADA Notice of Rights and the Request for Reasonable Accommodations form. Deaf or hard-of-hearing inmates who use sign language are to be provided a qualified interpreter.

### **Provision (b)**

Administrative Directive 6.12 mandates that all inmates receive both verbal and written information on the agency’s sexual abuse prevention and intervention policies. This education includes topics such as the prevention of sexual abuse, methods for self-protection, reporting procedures, and the availability of treatment and counseling services. The directive ensures this information is delivered in a manner that is accessible to all inmates, including those with disabilities and those who are LEP.

**Provision (c)**

According to the PAQ, the facility did not use inmate interpreters or assistants in the past twelve months. CDOC Administrative Directive 10.12 strictly prohibits the use of inmate interpreters, readers, or translators for PREA-related matters unless an emergency exists where a delay would pose a safety risk or compromise the response or investigation.

The policy states that only qualified professional interpreters or appropriate translation services are to be used to help inmates understand PREA-related information or participate in investigations. Inmate, staff, or family member interpreters are not permitted unless exigent circumstances apply.

**CONCLUSION**

Based on the review of agency policies, on-site observations, and interviews with staff and inmates, the Auditor concludes that the facility is in full compliance with PREA Standard §115.16. The facility has taken appropriate steps to ensure that inmates with disabilities and those with limited English proficiency are provided equal access to PREA education, services, and protections. Procedures are in place to ensure communication barriers do not impede an inmate’s ability to report or seek help related to sexual abuse or harassment.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SUPPORTING DOCUMENTS</p> <p>To assess compliance with PREA Standard §115.17, the Auditor reviewed the following materials:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all supporting documentation</li> </ol>

2. CDOC Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. CDOC Administrative Directive 2.3 - Employee Selection, Transfer and Promotion, effective September 26, 2014
4. CDOC Policy 10.4 - Volunteer and Recreation Services, effective June 29, 2018

## **INTERVIEWS**

### **Human Resource Manager (HRM)**

The Auditor interviewed the Human Resource Manager regarding agency hiring and promotion practices related to PREA compliance. The HRM explained that all applicants complete a set of personnel forms which include required disclosures regarding sexual misconduct. The HRM emphasized that CDOC has developed a robust system to track and monitor compliance with PREA standards for all new hires, promotions, and five-year background checks.

The HRM confirmed that background checks are conducted:

1. Prior to hiring or promotion;
2. On all contractors who may have contact with inmates; and
3. Every five years for existing staff.

A centralized tracking database is used to monitor due dates and completions of all background checks. The HRM also confirmed that staff are required to report any arrest activity, and that substantiated allegations of sexual abuse or harassment involving former employees are shared with institutional employers upon request, unless prohibited by law.

## **PROVISIONS**

### **Provision (a)**

The PAQ reflects that during the past 12 months, the facility employed 386 staff, hired 22 new staff members, and had 10 contractors and 51 volunteers approved to enter the facility. Although the number of currently active contractors and volunteers is lower, the reported numbers reflect those authorized for access.

CDOC Administrative Directive 2.3 strictly prohibits hiring, promotion, or use of contractors or volunteers who may have contact with inmates if they have:

1. Engaged in sexual abuse in a correctional or custodial setting;
2. Been convicted of sexual activity facilitated by force, coercion, or involving non-consensual acts;
3. Been civilly or administratively adjudicated for such conduct.

The Auditor reviewed 50 randomly selected staff personnel files. All files included completed criminal background checks and the required PREA-related documentation, including responses to the three questions mandated by this provision. These questions are also completed annually by staff.

**Provision (b)**

Directive 2.3 requires CDOC to consider any history of sexual harassment when making hiring, promotion, or contractor/volunteer approval decisions for individuals who may have contact with inmates. The HRM confirmed that this review is part of the decision-making process.

**Provision (c)**

Before hiring any new staff who may have contact with inmates, CDOC:

1. Conducts a criminal background check;
2. Makes documented efforts to contact all prior institutional employers to determine whether the applicant was involved in substantiated incidents of sexual abuse or resigned during an investigation.

The Auditor verified that all 22 new hires in the last 12 months had background checks completed and that the appropriate documentation was maintained in each personnel file.

**Provision (d)**

A criminal background check is required before enlisting the services of any contractor who may have contact with inmates. Although the PAQ indicated there are currently zero contractors with direct inmate contact at this facility, CDOC policy requires that such checks be performed and updated every five years.

**Provision (e)**

CDOC policies require that criminal background checks be completed at the time of hire, promotion, and every five years for all staff and contractors who may have contact with inmates. This process is monitored through a centralized system. Policy also states that material omissions or false information related to prior misconduct are grounds for termination.

**Provision (f)**

All applicants and employees who may have inmate contact are asked about prior misconduct—specifically, sexual abuse or harassment as outlined in Provision (a)—on written applications and during interviews for both hiring and promotions. These questions are revisited annually in writing, with employee signatures confirming their responses.

**Provision (g)**

	<p>CDOC policy makes clear that any omission of material facts regarding prior misconduct or provision of false information is considered a serious violation and may result in termination.</p> <p><b>Provision (h)</b></p> <p>The HRM confirmed that, unless restricted by law, CDOC shares information on substantiated allegations of sexual abuse or harassment involving former employees with requesting institutional employers considering those individuals for employment.</p> <p><b><u>CONCLUSION</u></b></p> <p>After thorough review of applicable policies, personnel records, background check procedures, and staff interviews, the Auditor finds that the facility is in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions. The Connecticut Department of Correction has developed and implemented a comprehensive system that effectively prevents individuals with a history of sexual misconduct from being employed, promoted, or contracted in positions with inmate contact. This system reflects strong adherence to the letter and intent of the standard.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS:</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire and supporting documentation.</li> <li>2. Connecticut Department of Correction Policy (CDOC) 6.12: Title – Inmate Sexual Assault Prevention Policy, effective July 20, 2015</li> </ol> <p><b><u>OBSERVATIONS</u></b></p> <p>During the facility tour the auditor observed the cameras and security mirrors.</p> <p><b><u>INTERVIEWS:</u></b></p> <p><b>Facility Head</b></p> <p>During the interview process the Facility Head indicated there was ample camera coverage throughout the facility, which is supported by security mirrors for extra security.</p> <p>During the interview process the Facility Head indicated any construction, renovation or modification would be done with full consideration of all PREA standards and the ability to protect inmates from sexual abuse. He further reported meetings would be</p>



held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings, the executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

**Provision (a)**

On the PAQ, the facility reported the agency/facility has not acquired new facilities or made substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

**Provision (b)**

On the PAQ, the facility reported the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

During the interview with the Facility Head, it was confirmed the camera system had been updated to the Verint System with new cameras being installed throughout the facility. Security mirrors add extra security. Additionally, it was indicated the Facility Head and Deputy Facility Head are actively involved in any planning processes related to any expansions or modifications to this facility or regarding any enhancements to the surveillance technology.

**CONCLUSION:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding upgrades to facility and technology.

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTATION</u></b></p> <p>To assess compliance with PREA Standard §115.21, the Auditor reviewed a wide range of supporting documentation, including:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all related supporting documents</li> </ol>

2. CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. CDOC Administrative Directive 6.12, Section 15 – Evidence Protocol/Securing the Area
4. CDOC Administrative Directive 8.1 – Scope of Health Services Care, effective November 2, 2014
5. CDOC Policy 1.10 – Investigations
6. CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence, effective January 3, 2017
7. CDOC Policy 6.6 – Reporting of Incidents, effective October 1, 2018
8. Memorandum of Understanding (MOU) between CDOC and the Connecticut State Police
9. MOU between CDOC and Connecticut Sexual Assault Crisis Services, Inc.

## **INTERVIEWS**

### **PREA Coordinator (PC):**

The PC confirmed that CDOC utilizes a uniform evidence protocol aligned with PREA standards, developed to maximize the collection of usable evidence for administrative and criminal investigations. The agency ensures forensic medical examinations are conducted following established procedures and are developmentally appropriate for youth.

### **PREA Compliance Manager (PCM):**

The PCM reported that within the past 12 months, no forensic exams were conducted. Victim advocacy was available through the rape crisis center. CDOC also maintains a service agreement with Connecticut Alliance to End Sexual Violence (formerly known as CT Sexual Assault Crisis Services/CONNSACS) for forensic exams.

### **SAFE/SANE Personnel:**

These staff confirmed that forensic medical examinations are conducted by SANE professionals. Exams are typically conducted at nearby hospitals with SAFE/SANE personnel on call 24/7. If SAFE/SANE are unavailable, qualified emergency room physicians and nurses with specialized forensic training may conduct exams. Inmates are not financially responsible for these services.

### **Random Staff:**

Staff interviewed demonstrated comprehensive understanding of evidence preservation protocols in the event of a sexual abuse allegation. All staff accurately described the immediate steps required to preserve evidence and protect the victim and alleged abuser until specialized personnel arrive.

### **Inmates Who Reported Sexual Abuse:**

Inmates reported that staff responded promptly to their allegations. Each was offered a victim advocate. Those who accepted advocacy services described receiving emotional support and access to resources. All confirmed they were not charged for medical services and were not subjected to polygraph tests. Inmates reported receiving written notification of investigation outcomes.

**Rape Crisis Center Personnel:**

Representatives from the rape crisis center confirmed an active MOU with the facility. The agreement outlines advocacy services, emotional support for survivors, and a confidential hotline.

**PROVISION**

**Provision (a)**

The PAQ and interviews confirm that CDOC conducts administrative investigations, while the Connecticut State Police (CSP) is responsible for criminal investigations of sexual abuse allegations, per a formal MOU. CDOC Policy 6.9 mandates adherence to a uniform evidence protocol designed to maximize usable evidence for administrative and criminal proceedings.

**Provision (b)**

While the PAQ initially reported that the facility may house youthful inmates, a review of the inmate roster during the audit confirmed there were no inmates under the age of 18 at the time. However, CDOC Administrative Directive 6.12 includes a requirement that forensic protocols be developmentally appropriate for youth and adapted from the U.S. DOJ's A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

**Provision (c)**

The PAQ states that treatment services and forensic medical exams are provided at no cost to the victim. Forensic exams are typically conducted at local hospitals with SAFE/SANE personnel. If those providers are unavailable, trained ER physicians and nurses may conduct the exams. The exam process includes:

1. Written consent
2. Victim's narrative
3. Head-to-toe assessment and documentation of trauma
4. High-resolution genital exam (with consent)
5. Collection and secure handling of forensic evidence
6. Post-exam discussion of prophylactic medication, including HIV prevention

Though the PAQ reports zero forensic exams in the past year, the PCM stated six were conducted during this timeframe. All relevant examinations were performed in accordance with policy, and inmates were not charged for services.

**Provision (d)**

Advocacy services are coordinated through Connecticut Alliance to End Sexual Violence (formerly known as CT Sexual Assault Crisis Services/CONNSACS), with support available 24/7. CDOC policy prioritizes the use of community-based victim advocates. If unavailable, trained facility staff are designated to provide support.

Within the past 12 months:

1. Six sexual abuse allegations were reported (all inmate-on-inmate).
2. Five were investigated both criminally and administratively.
3. One was administratively investigated only.
4. Two allegations were substantiated, two unsubstantiated, and two remain under investigation.
5. Victims were offered medical and mental health services in each case.
6. No forensic exams were conducted due to reporting timelines.
7. Sexual Abuse Incident Reviews were completed on the two closed, unsubstantiated cases.
8. Three sexual harassment allegations were reported, all inmate-on-inmate and investigated administratively.
9. One allegation was unfounded, one unsubstantiated, and one remains open.
10. Sexual Abuse Incident Reviews are not required for harassment cases.

**Provision (e)**

During forensic examinations, victim advocates are introduced to the victim to provide emotional support, crisis intervention, and referrals. These services are offered at no cost and are in alignment with policy and best practice.**Provision (f)**

All PREA-related allegations are referred to the Office of the Inspector General (OIG) for review. Per MOU, criminal investigations are conducted by the Connecticut State Police. CDOC retains responsibility for administrative investigations.

**Provision (g)**

Not applicable to auditor review. This provision is excluded from audit scope per PREA Auditor Handbook guidance.

**Provision (h)**

If a rape crisis center advocate is not available, CDOC ensures that specially trained facility staff provide advocacy services. The agency's policy mandates that support must be offered by a qualified person under all circumstances.

**CONCLUSION**

Based on a comprehensive review of agency policy, documentation, interviews with staff, inmates, and external partners, and on-site observations, the Auditor has determined that the facility is in full compliance with PREA Standard §115.21 -

	Evidence Protocol and Forensic Medical Examinations. CDOC has implemented appropriate protocols, MOUs, and practices to ensure a trauma-informed and victim-centered approach to evidence collection and medical care for individuals reporting sexual abuse or harassment.
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To determine compliance with PREA Standard §115.22, the Auditor reviewed the following materials:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and accompanying documentation</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Administrative Directive 1.10 – Investigations, Paragraph 4 – Criminal Investigations</li> <li>4. CDOC Administrative Directive 6.6 – Reporting of Incidents, effective October 1, 2018</li> <li>5. CDOC Administrative Directive 6.9 – Collection and Retention of Contraband and Physical Evidence, effective January 3, 2017</li> <li>6. CDOC Administrative Directive 9.6 – Inmate Administrative Remedies, pages 1-14</li> <li>7. Memorandum of Understanding (MOU) between CDOC and the Connecticut State Police (CSP) for the investigation of sexual abuse allegations</li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Random Staff:</b> All random staff interviewed during the on-site audit clearly articulated their responsibility to report immediately any knowledge, suspicion, or report of sexual abuse or sexual harassment. They consistently stated that their first step is to notify their shift supervisor without delay. Staff demonstrated a thorough understanding of their duty to act as mandated reporters and their role in the agency’s zero-tolerance policy toward sexual abuse and harassment.</p> <p><b>Investigative Staff:</b> Investigative staff confirmed that all allegations of sexual abuse and sexual harassment are formally investigated. CDOC conducts administrative investigations, while the Connecticut State Police handles criminal investigations under a standing</p>

MOU. Investigators reported compliance with the dual-track process, ensuring all referrals, both internal and external, are properly documented and pursued.

**PROVISION**

**Provision (a):**

CDOC Administrative Directive 1.10, Investigations, Paragraph 4, mandates that all allegations of sexual abuse must be referred to the Connecticut State Police (CSP) for criminal investigation. This directive ensures a clear distinction between internal (administrative) and external (criminal) investigative responsibilities. The agency's MOU with the CSP formalizes this arrangement and ensures that law enforcement conducts all criminal investigations.

At the time of the audit:

1. Six sexual abuse allegations were reported in the previous 12 months.
2. Three sexual harassment allegations were reported in the same period.
3. All allegations were appropriately referred for investigation in accordance with policy.

**Provision (b):**

CDOC Administrative Directive 6.12, Section 16 – Investigation of Sexual Abuse/ Sexual Harassment, reinforces that the Connecticut State Police is the primary investigative authority for all incidents of sexual abuse within the Department of Correction.

For sexual harassment, CDOC's PREA Investigation Unit is the lead investigating authority. This unit also supports CSP investigations as needed and ensures an administrative investigation occurs for every allegation, regardless of the criminal investigative outcome.

The directive also prohibits reliance on housing unit staff or line personnel to conduct PREA-related investigations, requiring that only trained investigators with specialized PREA training handle such cases. Investigators operate under the authority of Administrative Directive 1.10, and all referrals to external law enforcement are formally documented.

**Provision (c)**

The PAQ and interview responses confirmed that all substantiated allegations of sexual abuse are referred to the Connecticut State Police, as required. The MOU between CDOC and CSP governs these referrals. Investigative staff reiterated that CDOC plays no role in the criminal investigative process but supports it fully and ensures internal investigative responsibilities are met concurrently.

**PROVISIONS (d) and (e):**

These provisions are not subject to auditor review, in accordance with PREA audit

methodology and guidance from the PREA Auditor Handbook.

**CONCLUSION:**

Based on a thorough review of facility policies, documentation, and interviews with staff, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.22 – Policies to Ensure Referrals of Allegations for Investigations.

The agency maintains a clear, well-documented policy requiring that all allegations of sexual abuse and sexual harassment are promptly referred and investigated, and that criminal investigations are conducted by the Connecticut State Police under a formalized MOU. Staff consistently demonstrated knowledge of their reporting obligations and the investigative process, confirming implementation in practice as well as in policy.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To assess compliance with PREA Standard §115.31, the Auditor reviewed the following documentation:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li><li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li><li>3. CDOC Administrative Directive 6.12, Section 9 – Staff Training Curriculum, page 6</li><li>4. CDOC Administrative Directive 2.7 – Training and Staff Development, effective August 1, 2014</li><li>5. Staff training curriculum and lesson plans</li><li>6. Staff training sign-in sheets and acknowledgement forms</li></ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Staff:</b></p> <p>During interviews, staff consistently confirmed that they received comprehensive PREA training upon hire or at the time PREA was implemented. Staff reported that annual refresher training, in-service PREA updates, and shift-level training sessions are regularly provided. Each staff member interviewed was familiar with their</p>

obligations under PREA, and many referenced the use of a pocket-sized PREA reference guide developed by CDOC as a tool they rely on to ensure correct action is taken during a PREA-related incident.

**PREA Compliance Manager (PCM):**

The PCM emphasized that PREA training is treated as a priority within the facility. The PCM described training as ongoing, with a commitment to reinforcing PREA knowledge through regular updates, scenario-based discussions, and refresher sessions tailored to evolving needs.

**PROVISIONS**

**Provision (a)**

CDOC Administrative Directive 6.12, Section 9, clearly outlines the requirement that all staff who may have contact with inmates receive training on the following core elements:

1. The Department's zero-tolerance policy regarding sexual abuse and sexual harassment
2. Staff responsibilities in preventing, detecting, reporting, and responding to sexual abuse and harassment
3. The rights of inmates and staff to be free from sexual abuse, harassment, and retaliation
4. Dynamics and common reactions of sexual abuse and harassment victims
5. How to detect and respond to signs of sexual abuse
6. How to avoid inappropriate relationships with inmates
7. How to communicate effectively with LGBTI and gender non-conforming inmates
8. How to comply with mandatory reporting laws
9. Recognition of victim and predator characteristics ("red flags")

In addition to formal training, the CDOC has developed a PREA pocket reference guide, which serves as a readily available resource for staff during their shifts. The spiral-bound guide includes key contact information, definitions, step-by-step instructions for handling PREA incidents, and a summary of relevant standards. All staff are required to carry or have immediate access to this guide.

This guide was praised by staff and considered an excellent resource, particularly on housing units where prompt action is essential. It provides practical guidance on topics including first responder actions, reporting procedures, privacy expectations, and investigative responsibilities.

CDOC Administrative Directive 2.7 requires that all employees with offender contact receive formal PREA training at least every two years, with refresher information provided in interim years.

The Auditor reviewed the staff training curriculum and verified that the required PREA



content is incorporated throughout. Staff from various departments and roles confirmed they had received this training and could recall key details.

Training for volunteers and contractors is provided according to the nature and extent of their contact with inmates. At a minimum, all are made aware of the zero-tolerance policy and instructed on how to report incidents.

**Provision (b)**

The Auditor verified that the facility's PREA training curriculum has been tailored to the inmate population, which is male. The training includes content specific to the dynamics of male confinement settings and addresses topics relevant to interactions with transgender and gender non-conforming inmates.

When staff are reassigned to a different facility with a different population composition, CDOC policy requires refresher or supplemental training relevant to that population prior to any inmate contact.

**Provision (c)**

According to the PAQ and documentation reviewed, of the 386 staff currently assigned to the facility, 100% have received PREA training within the past twelve months. Staff training is tracked through a centralized system and verified through signed attendance sheets and/or electronic acknowledgments.

The PCM confirmed that all employees who have contact with inmates receive initial PREA training, with formal training at least every two years, supplemented by annual refresher sessions. These may include shift briefings, policy updates, or training on changes to applicable procedures.

**Provision (d)**

PREA training records confirm that attendance is documented through employee signatures or electronic verification. The Auditor reviewed training logs showing that all PREA-related training sessions were recorded with corresponding dates and staff participation records.

**CONCLUSION**

The agency has implemented a comprehensive, ongoing training program that ensures all staff understand their responsibilities in preventing and responding to sexual abuse and sexual harassment. The PREA pocket reference guide is an innovative and effective supplemental tool that enhances staff preparedness and reinforces policy adherence in real-time situations.

Based on the documentation reviewed, staff interviews, and observations, the Auditor concludes that the agency/facility exceeds the requirements of PREA Standard §115.31 - Employee Training.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

To evaluate the facility's compliance with PREA Standard §115.32, the Auditor conducted a thorough review of documentation including:

1. The Pre-Audit Questionnaire (PAQ) and supporting materials submitted by the facility;
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. CDOC Administrative Directive 6.12, Section 9(B), which outlines in-service training requirements for volunteers and contractors;
4. CDOC Administrative Directive 2.7 - Training and Staff Development, Section 6(D), addressing the agency's training expectations for volunteers;
5. The VIP Handbook for Volunteers, Interns, and Professional Partners, which outlines conduct expectations, duties, and responsibilities related to PREA.

Collectively, these documents establish a clear and structured training framework that ensures volunteers and contractors are educated on their roles in preventing, detecting, and reporting sexual abuse and harassment.

**INTERVIEWS**

**Volunteers**

The Auditor interviewed a facility volunteer who confirmed receipt of PREA training during onboarding. The volunteer demonstrated strong understanding of the agency's zero-tolerance policy, reporting obligations, and the appropriate steps to take in the event of witnessing or receiving information related to sexual abuse or harassment. The volunteer expressed confidence in their role and their ability to uphold the agency's sexual safety protocols.

**Contractors**

A contractor interviewed by the Auditor also confirmed receipt of PREA-specific training tailored to their duties. The contractor was able to articulate the agency's expectations, reporting procedures, and the importance of maintaining professional boundaries with inmates. When presented with hypothetical scenarios, the contractor responded with appropriate and compliant actions, confirming effective training and understanding of PREA responsibilities.

**PROVISIONS**

**Provision (a): Training Content for Volunteers and Contractors**

According to the Pre-Audit Questionnaire (PAQ), the facility has trained a total of 51 volunteers and contractors in PREA-related policies and procedures. These individuals have all undergone the required criminal background checks and have completed the mandatory PREA training prior to being approved for facility access. However, it should be noted that while these figures represent the total number of approved volunteers and contractors, the actual number of those who are actively working or regularly present at the facility is lower. Only a subset of the approved group is currently engaged in facility operations at any given time. Nevertheless, all individuals with potential inmate contact are appropriately vetted and trained in accordance with PREA standards prior to their involvement in facility activities.

CDOC Administrative Directive 6.12, Section 9(B), mandates that all volunteers and contractors who may have contact with inmates are trained, at minimum, in:

1. The agency's zero-tolerance policy for sexual abuse and harassment; and
2. The procedures for reporting such incidents.

Directive 2.7, Section 6(D), further confirms that volunteer training addresses the ten core elements required by the standard. Training is adapted to reflect the nature of each individual's role and interaction with inmates. The Auditor noted that the training modules are well-organized, with numbered content to enhance comprehension and retention.

**Provision (b): Tailored Training by Role**

The facility ensures that PREA training is appropriately tailored based on the volunteer's or contractor's function and level of inmate contact.

The VIP Handbook details that all such individuals receive training on the zero-tolerance policy and reporting procedures, regardless of their specific role. Additionally, for medical and mental health contractors, CDOC policy requires specialized training on:

1. Detection of sexual abuse and harassment;
2. Evidence preservation;
3. Trauma-informed response to victims; and
4. Reporting duties consistent with applicable laws and agency policy.

This ensures that individuals performing specialized duties are trained beyond the general requirements, while all maintain alignment with the agency's broader PREA framework.

**Provision (c): Documentation of Training**

The Auditor verified that volunteer and contractor PREA training is well-documented. Reviewed materials included:

1. Signed training acknowledgment forms in personnel files;
2. Attendance sheets from recent PREA training sessions.

These records confirm that all volunteers and contractors with inmate contact completed PREA training prior to engaging in duties at the facility and have acknowledged their understanding of the content.

**CONCLUSION**

Based on the review of training materials, policies, documentation, and interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.32 - Volunteer and Contractor Training.

The facility demonstrates a strong commitment to ensuring that all individuals with inmate contact are trained in preventing, detecting, and reporting sexual abuse and harassment. Training is appropriately tailored to each role, reinforced through clear documentation, and supported by informed, confident volunteers and contractors.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To assess compliance with PREA Standard §115.33 - Inmate Education, the Auditor reviewed the following documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Administrative Directive 6.12, Section 10, Inmate Education, outlining education requirements for inmates</li> <li>4. CDOC Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5(J), PREA Screening of Newly Admitted Inmates, and Section 7, Transfers</li> <li>5. CDOC Administrative Directive 10.12, Section 3, Initial Orientation</li> <li>6. Inmate Orientation Handbook (English version) detailing the agency's zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment</li> </ol> <p>These materials collectively address the requirements of Standard §115.33 and reflect a comprehensive approach to inmate education.</p>

## **OBSERVATIONS**

During the on-site audit, the Auditor observed PREA-related educational materials posted throughout the facility, particularly in inmate living units and near telephones. These postings included contact information for advocacy services and clear instructions on how to report incidents of sexual abuse or harassment. PREA posters were available in both English and Spanish, demonstrating efforts to provide information in accessible formats.

## **INTERVIEWS**

### **PREA Compliance Manager (PCM):**

The PCM confirmed that inmates receive PREA education through multiple channels, including printed materials, video presentations, and verbal explanations. The facility ensures key PREA information remains accessible and visible to inmates at all times. The PCM also confirmed that inmates with disabilities or limited English proficiency are provided individualized support to ensure comprehension, including assistance from qualified personnel or external resources if needed.

### **Intake Staff:**

Intake staff verified that inmates are educated about the agency's zero-tolerance policy and how to report abuse immediately upon arrival, prior to unit assignment. Comprehensive PREA education is provided within 30 days of intake through in-person or video presentations. Staff also described how the facility tailors communication methods to meet the needs of limited English proficient, deaf, or otherwise disabled individuals. Orientation handbooks are distributed at intake, and acknowledgment forms are signed and retained in inmate records.

### **Inmates:**

Inmates consistently confirmed they had received information about PREA upon admission, including verbal and written instruction, and the Inmate Orientation Handbook. They could clearly articulate the zero-tolerance policy, methods of reporting, and protections against retaliation. Interviewees noted that PREA is taken seriously at the facility, and that the PCM frequently engages with them on these topics both formally and informally. Several inmates referenced the PREA hotline number painted near the telephones and stated that PREA conversations are common during informal check-ins by staff.

## **PROVISIONS**

### **Provision (a):**

CDOC Administrative Directive 6.12, Section 10, mandates that inmate education include the following elements:

- An explanation of the zero-tolerance policy

- How to report incidents or suspicions of sexual abuse or harassment
- A comprehensive education session within 30 days of intake, either in-person or by video
- The right to be free from retaliation for reporting
- Prevention and risk reduction strategies
- Identification of contacts such as the PREA Unit Director

Administrative Directives 10.12 and 9.3 reinforce that inmates receive initial orientation and further education upon transfer when policies differ between facilities.

**Provision (b):**

The PAQ indicates that 5,762 inmates were admitted to the facility in the past 12 months and remained longer than 30 days. It was reported that 100% of these individuals received the mandated PREA information during orientation and follow-up education within 30 days.

Provision (c):

A sample of 50 inmate education files was reviewed. All contained signed acknowledgment forms for receipt of the Orientation Handbook and participation in the Safe Prisons/PREA education session. These records confirmed timely delivery of education and staff engagement in ensuring comprehension.

**Provision (d):**

The PAQ and interviews confirmed that the facility accommodates inmates with limited English proficiency, visual or hearing impairments, cognitive disabilities, or low literacy. Strategies include:

- LanguageLine services for additional translation and ASL
- Visual resources and in-person interpreters
- Audio versions of materials and staff-assisted readings
- One-on-one sessions for inmates with cognitive or comprehension difficulties

Directive 10.12 explicitly mandates that education be accessible, and the facility's implementation was observed to meet or exceed this requirement.

**Provision (e):**

As verified during document review, all inmates sign acknowledgment forms confirming receipt of both the orientation handbook and PREA education. These forms are consistently retained in inmate files as required documentation.

**Provision (f):**

The facility demonstrated a strong commitment to delivering PREA education in varied, accessible formats. The Inmate Orientation Handbook is a robust educational resource, complemented by posters, videos, and staff engagement. Inmate and staff interviews supported the conclusion that inmates are aware of their rights and the mechanisms in place for protection and reporting.

**CONCLUSION**

Based on document review, staff and inmate interviews, on-site observations, and an analysis of the agency’s policies and practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.33 – Inmate Education. The facility has implemented a comprehensive, accessible, and effective education program that ensures inmates are informed of their rights and the procedures for reporting sexual abuse or harassment.

**115.34 Specialized training: Investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

To assess compliance with PREA Standard §115.34 – Specialized Training: Investigations, the Auditor reviewed the following documents:

1. Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14 -
3. Investigation of Sexual Abuse/Sexual Harassment
4. CDOC Administrative Directive 1.10, Investigations, Section 11, page 6 - Training
5. Training logs and records documenting the completion of required specialized training by investigative staff

These documents collectively outline the agency’s policy, training content, and documentation practices for ensuring investigators receive the specialized education necessary for conducting sexual abuse investigations in confinement settings.

**INTERVIEWS**

**Investigative Staff**

The Auditor conducted formal interviews with investigative staff and reviewed training documentation. Through this process, the Auditor confirmed that all currently assigned investigators had completed the required specialized training and met the qualifications set forth in applicable agency directives and PREA standards.

## **PROVISIONS**

### **Provision (a):**

CDOC Administrative Directive 1.10, Investigations, Section 11 mandates that all personnel assigned to conduct sexual abuse investigations—including sergeants and above, Security Threat Group officers, and Safe Prisons/PREA officers—must complete specialized training in conducting sexual abuse investigations in confinement settings. The required training includes:

1. Techniques for interviewing victims of sexual abuse
2. Evidence collection and preservation specific to sexual abuse cases
3. The criteria and evidentiary standards required to substantiate allegations
4. The Auditor reviewed agency-provided training logs, sign-in sheets, and post-training assessments. These documents confirmed that all eight investigators assigned to
5. conduct PREA-related investigations had completed the required specialized training and passed the associated post-tests.

In addition to this specialized training, investigative staff also received the general PREA training required for all agency employees, contractors, and volunteers. This ensures comprehensive knowledge of the broader PREA standards and the agency's zero-tolerance policy.

### **Provision (b):**

As validated in Provision (a), all investigators have completed the specialized training required by the standard. Interviews with investigative staff and a review of training documentation confirmed that the agency maintains accurate and complete training records. Each staff member's training history, including completion of specialized courses and general PREA training, is retained in their personnel file in accordance with policy.

### **Provision (c):**

CDOC Administrative Directive 6.12, Section 16 specifies that administrative investigations of sexual abuse and sexual harassment are conducted by CDOC investigators. Criminal investigations are referred to and conducted by the Connecticut State Police under a formal Memorandum of Understanding (MOU) between CDOC and the state law enforcement agency.

### **Provision (d):**

This provision is not required to be audited.

## **CONCLUSION**

Based on a comprehensive review of training records, policy directives, interview findings, and supporting documentation, the Auditor concludes that the facility is in full compliance with PREA Standard §115.34 - Specialized Training: Investigations. The agency has demonstrated that all assigned investigative personnel have received



the mandated specialized training, and appropriate documentation is maintained in accordance with PREA requirements and CDOC policies.

**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

To assess compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care, the Auditor reviewed the following documents:

1. Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. CDOC Administrative Directive 2.7, Training and Staff Development, Section 8(C), page 7 – All Employees
4. CDOC Administrative Directive 6.12, Section 9(B), page 6 – In-Service Training
5. CDOC Administrative Directive 8.6, Credentials for Health Services Staff, Section 6 – Training of Health Services Staff
6. Annual Refresher Training Agenda
7. Training logs and records for medical and mental health staff

These documents reflect the agency’s structured approach to ensuring medical and mental health care practitioners receive both general PREA education and specialized training tailored to their roles.

**INTERVIEWS**

**Medical and Mental Health Staff**

Staff confirmed during interviews that they received general PREA training as mandated for all employees, as well as specialized training designed specifically for medical and mental health practitioners. Interviewees demonstrated understanding of their responsibilities in detecting, responding to, and reporting incidents of sexual abuse or harassment, and articulated the protocols in place for preserving evidence and protecting victims.

**PREA Compliance Manager (PCM)**

The PCM affirmed that all medical and mental health staff employed by the facility receive training aligned with both §115.31 and §115.35, which includes general and role-specific content.

**Facility Head or Designee**

The Facility Head confirmed that all healthcare staff at the facility are required to complete both general PREA training and the additional specialized instruction required under this standard.

**PROVISIONS****Provision (a):**

CDOC Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, requires that all full-time and part-time medical and mental health practitioners who work regularly in CDOC-operated facilities be trained in:

- Detecting and assessing signs of sexual abuse and sexual harassment
- Preserving physical evidence
- Responding effectively and professionally to victims
- Understanding reporting procedures and obligations

The Auditor reviewed training curricula, lesson plans, and sign-in sheets, all of which confirmed that the training provided covers the required subject areas. Staff interviews further substantiated this compliance, with staff accurately describing both the content and importance of their specialized PREA training.

**Provision (b):**

This provision does not apply. Per facility policy, medical personnel are prohibited from conducting forensic examinations. All forensic exams are referred to designated external providers.

**Provision (c):**

As verified in Provision (a), training records and staff interviews confirmed that all assigned medical and mental health staff completed the required training. Training documentation is properly retained in each employee's personnel file, in accordance with agency policy.

**Provision (d):**

The Auditor reviewed general PREA training records, sign-in sheets, and refresher materials confirming that medical and mental health staff also receive the general PREA training required of all employees. This ensures that all practitioners are knowledgeable of the agency's zero-tolerance policy and general responsibilities related to sexual abuse prevention, detection, and reporting.

**CONCLUSION**

Based on a thorough review of documentation, staff interviews, and analysis of agency directives and training records, the Auditor concludes that the facility is in full compliance with PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care. The agency has demonstrated a commitment to equipping healthcare staff with the knowledge and skills necessary to identify, respond to, and report incidents of sexual abuse and harassment in a professional and trauma-informed

	manner.
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation</li> <li>2. CDOC Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Administrative Directive 6.12, Section 11 - Screening for Risk and Abusiveness, and Subsection B - After Intake to the Facility</li> <li>4. CDOC Administrative Directive 9.3 - Inmate Admissions, Transfers and Discharges, Section 7(A)(3) - PREA Screening of Inmates Transferred Between Facilities</li> <li>5. HR001 - Intake Screening Form</li> <li>6. CN 9306 - PREA Screening Form</li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Random and Targeted Inmates</b></p> <p>Inmates interviewed consistently recalled being asked questions related to their vulnerability and risk during the intake process, including questions about sexual safety and self-harm. Intake and classification staff described the screening process in detail, affirmed that no inmate is disciplined for refusing to answer screening questions, and demonstrated knowledge of appropriate follow-up procedures for reassessment.</p> <p><b>PREA Compliance Manager</b></p> <p>The PREA Compliance Manager confirmed that access to screening information is limited to authorized personnel with a legitimate need-to-know, including classification, medical, mental health, and PREA staff. Information is safeguarded per agency policy.</p> <p><b>Staff Responsible for Risk Screening</b></p> <p>Through the interview process, screening staff indicated they monitor the inmate population, and will re-assess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate's risk of victimization or abusiveness.</p>

## **PROVISIONS**

### **Provision (a):**

The facility screens all inmates upon intake and upon transfer to assess the risk of sexual victimization or abusiveness, as confirmed by policies, interviews, and documentation. Inmate responses verified awareness and recollection of being screened soon after arrival. Directive 9.3 affirms screening during both initial admission and transfer.

Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, A-3, page 8, PREA Screening of Inmates Transferred Between Facilities, indicates all offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders.

### **Provision (b):**

Initial screenings are completed within 72 hours of arrival. The PAQ reported 100% compliance for 3,873 inmates screened in the past 12 months. The Auditor reviewed randomly selected inmate files across units and demographics, all of which demonstrated timely completion of screening forms (HR001 and CN 9306).

Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, A-3, page 8, PREA Screening of Inmates Transferred Between Facilities, indicates intake screening shall take place within 24 hours of arrival at the facility. This intake screening shall be completed and documented on HR001 Intake Screening Form.

### **Provision (c):**

The facility uses validated, objective screening tools (HR001 and CN 9306), which are weighted and scored. The Auditor confirmed consistency with PREA standards through document review.

Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, A-3, page 8, PREA Screening of Inmates Transferred Between Facilities, indicate assignments shall be made through the collaborative efforts of intake staff, the PCM, and medical and mental health services by using objective screening instruments.

### **Provision (d):**

The intake instrument includes all required factors, including age, physical build, sexual orientation, gender identity, prior victimization or abusiveness, and perceptions of vulnerability.

The facility does not detain inmates solely for civil immigration purposes.

### **Provision (e):**

Reassessments are conducted when new information is received, a request is made, or following an incident of sexual abuse. Staff interviews supported compliance with this requirement.

### **Provision (f):**

According to the PAQ, 100% of 1,811 inmates with stays exceeding 30 days were

reassessed within the 30-day timeframe. A review of inmate records confirmed reassessments were completed and documented within the required period.

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility, effective July 20, 2015, specifies within a period not to exceed 30 days from the offender's arrival at the facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the agency/facility since the initial intake screening.

**Provision (g):**

Reassessments also occur when triggered by referrals, incidents, or new information, consistent with policy.

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility, effective July 20, 2015, indicates an offender's risk level shall be reassessed following a referral, a request, an incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness.

**Provision (h):**

Inmates are not disciplined for declining to respond to screening questions. This was confirmed by staff interviews and supported by policy in Section 11 of Administrative Directive 6.12.

**Provision (i):**

Screening information is handled with strict confidentiality and accessible only to staff with a valid need-to-know. Controls are in place to ensure information is not misused, as verified through policy review and staff interviews.

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility, effective July 20, 2015, indicates staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders.

**CONCLUSION**

Based upon the review and analysis of all available evidence—including documentation, policies, inmate files, and staff and inmate interviews—the Auditor has determined that the agency/facility meets every provision of Standard §115.41 - Screening for Risk of Sexual Victimization and Abusiveness.

**RECOMMENDATION**

While PREA Standard §115.41 does not specify an exact timeline beyond the

	<p>requirement that reassessments occur within 30 days of intake, best practice suggests allowing a reasonable interval between the 72-hour initial screening and the 30-day reassessment.</p> <p>Recommendation: Conduct the 30-day reassessment between day 21 and day 30 post-intake. This spacing allows sufficient time for staff to observe inmate behavior and for potential risk factors to emerge, enhancing the accuracy and effectiveness of risk assessments. Implementing this practice supports more informed decisions regarding housing, supervision, and programming and reinforces the facility's commitment to inmate safety.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b><u>SUPPORTING DOCUMENTS</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and related materials</li> <li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Directive 6.12, Section 11(C), Use of Screening Information</li> <li>4. CDOC Directive 6.12, Section 11(D), Transgender and Intersex Inmates</li> <li>5. Selected Inmate Records reviewed during the audit</li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>PREA Coordinator (PC)</b>  The PREA Coordinator explained that the facility places significant value on the input provided by transgender and intersex individuals when determining housing and program assignments. Each case is evaluated individually, and decisions are made collaboratively with relevant staff. Reassessments are conducted at least twice per year or as needed following any incident involving alleged sexual abuse. During placement decision-making, staff also gather information about potential enemies and any personal safety concerns.</p> <p><b>Risk Screening Staff</b>  Personnel responsible for conducting risk assessments described a process that incorporates structured screening instruments complemented by personalized interactions with inmates. These dialogues allow staff to consider individual concerns, vulnerabilities, or behavioral indicators to help inform safe housing and programming decisions. The staff demonstrated a strong understanding of the importance of using these assessments to identify those at risk of abuse or those who pose a risk to</p>

others.

### **PREA Compliance Manager (PCM)**

The PCM stated there are no existing legal obligations or court mandates that require the facility to house LGBTI inmates separately. Inmates who identify as lesbian, gay, bisexual, transgender, or intersex are placed within the general population unless specific concerns warrant alternative placement. Classification decisions are made on a case-by-case basis, drawing upon individualized assessments and staff collaboration. The PCM also confirmed that classification decisions are guided by the information gathered during the risk screening process, particularly when separating inmates based on vulnerability or abuse risk.

### **Transgender Inmates**

During interviews, transgender inmates shared the following:

- Felt that staff had appropriately prioritized her health and safety when making housing and programming decisions.
- Received formal reassessments every six months and informal follow-ups more frequently, a timeline confirmed by her inmate file.
- Staff actively sought and respected her views during placement decisions.
- Satisfied with the facility's provision of a private showering arrangement.

## **PROVISIONS**

### **Provision (a)**

The PAQ and staff interviews confirmed that the facility uses risk screening results to guide housing, work, education, and program placement decisions. These efforts are aimed at ensuring individuals who may be at risk of sexual victimization are housed separately from those who may pose such a risk. Inmate files showed consistent application of these procedures.

Reference: CDOC Directive 6.12, Section 11(C), Use of Screening Information

### **Provision (b)**

All housing and program assignments are based on individualized determinations, as confirmed by interviews with screening staff. Upon intake, assessments are conducted using PREA-aligned tools to evaluate each inmate's risk of being a victim or perpetrator of sexual abuse.

Reference: CDOC Directive 6.12, Section 11(C)

### **Provision (c)**

The facility follows a case-specific approach when assigning housing and programming for transgender and intersex inmates. Placement decisions are made after weighing safety, management, and operational concerns. Staff interviews supported that these practices align with written policy.

Reference: CDOC Directive 6.12, Section 11(D)

**Provision (d)**

Transgender and intersex inmates undergo reassessments of their placement and programming status every six months, as confirmed by inmate files and staff interviews. These reviews allow for timely adjustments based on any newly identified threats or concerns.

Reference: CDOC Directive 6.12, Section 11(D)

**Provision (e)**

Staff consistently consider the self-reported safety concerns of transgender and intersex individuals. These personal insights are integrated into final placement decisions and treated with importance.

Reference: CDOC Directive 6.12, Section 11(D)

**Provision (f)**

The facility provides transgender and intersex inmates with separate showering opportunities to support privacy and safety. Staff interviews verified this practice is understood and implemented across housing units.

Reference: CDOC Directive 6.12, Section 11(D)

**Provision (g)**

There is no policy or practice of segregating inmates based solely on LGBTI status. The PC confirmed that inmates are not placed in specialized housing areas unless mandated by a legal order—and no such order applies at this facility.

Reference: CDOC Directive 6.12, Section 11(D)

**CONCLUSIONS**

After careful review of all documentation, interviews, and on-site observations, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.42 - Use of Screening Information. Screening data is appropriately applied to support classification, housing, and programming decisions, and special populations, such as transgender and intersex inmates, receive individualized attention in accordance with the standard’s requirements.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>SUPPORTING DOCUMENTS:</u></b>



1. Pre-Audit Questionnaire (PAQ) and all related materials
2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. CDOC Administrative Directive 6.12, Section 11, p. 7 – Screening for Risk and Abusiveness, including Subsection B – After Intake to the Facility

**INTERVIEW:**

**PREA Compliance Manager (PCM)**

During the interview, the PREA Compliance Manager reported that no inmates had been assigned to protective custody or placed in involuntary administrative or disciplinary segregation over the past 12 months for reasons related to sexual safety.

**PROVISIONS**

**Provision (a):**

The PAQ reported that no inmates identified as being at high risk for sexual victimization were housed in involuntary segregated settings during the previous 12 months for periods ranging from one to 24 hours while awaiting further assessment. The PCM confirmed that no such placements had occurred. Accordingly, there were no inmates available to interview under this provision.

CDOC Directive 6.12, Section 11(B), p. 7 specifies that protective safekeeping may only be used for high-risk inmates after all other alternatives have been exhausted. In cases where immediate assessment is not possible, short-term involuntary segregation (not exceeding 24 hours) may be utilized while the assessment is conducted.

**Provision (b):**

According to the PAQ and PCM interview, there were no instances in the past year of inmates being assigned to involuntary administrative or punitive segregation as a protective measure. As such, there were no inmates who could be interviewed in relation to this provision.

CDOC Directive 6.12, Section 11(B) requires that inmates in protective safekeeping retain access to programs, work, education, and privileges to the extent possible. If restrictions are necessary, the facility must document:

- a. The specific limitations imposed;
- b. The duration of those restrictions; and
- c. The rationale for imposing them.

**Provision (c):**

Over the previous 12 months, no inmates were held in involuntary segregated housing for periods longer than 30 days while awaiting alternate housing, as confirmed through the PAQ and the PCM. Consequently, no interviews were applicable

under this provision.

As stated in CDOC Directive 6.12, Section 11(B), protective housing assignments are intended to be temporary and must not exceed 30 days unless no viable alternative housing is available.

**Provision (d):**

The facility confirmed—via both the PAQ and PCM—that no inmates were placed in involuntary segregated housing beyond the 30-day threshold. Accordingly, no inmate interviews were required.

CDOC Directive 6.12, Section 11(B) states that high-risk inmates may not be placed in Restrictive Housing Units (RHU) unless all other alternatives have been considered and deemed unsuitable. Reassessment is required every seven days following such a placement.

If protective safekeeping is utilized, the facility must clearly document:

- a. The nature of the threat to the inmate’s safety; and
- b. The justification for the lack of viable alternatives.

**Provision (e):**

There were no placements in protective custody during the review period, as confirmed by both the PAQ and the PCM. As such, no interviews related to ongoing review of custody status were necessary.

Per CDOC Directive 6.12, Section 11(B), any inmate assigned to protective custody must have their placement reviewed every 30 days to determine whether continued separation from the general population is still warranted.

**CONCLUSIONS:**

Based on a comprehensive review of documentation, facility policy, and staff interviews, the Auditor finds that the agency/facility fully complies with PREA Standard §115.43 - Protective Custody. No inmates were subjected to involuntary protective housing or administrative segregation due to sexual safety concerns within the past 12 months, and all procedural safeguards required by the standard remain in place and ready to be implemented if needed.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

1. Pre-Audit Questionnaire and all submitted supporting materials
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. CDOC Administrative Directive 6.12, Section 10, p. 7 - Inmate Education
4. CDOC Administrative Directive 6.12, Section 12, p. 9 - Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
5. CDOC Administrative Directive 6.12, Section 13, p. 10 - Staff Monitoring and Intervention
6. CDOC PREA Zero Tolerance Posters (in both English and Spanish)
7. CDOC Inmate Handbook PREA Supplement (undated)

**OBSERVATIONS**

During the on-site portion of the audit, the Auditor noted an abundance of PREA informational posters displayed prominently throughout the facility in both English and Spanish. These materials were visible in housing units, dayrooms, hallways, intake, the dining area, and other common areas. The Auditor also tested inmate telephones across multiple housing units—all were operational and accessible, and staff confirmed that the phones could be used to place confidential reports.

**INTERVIEWS**

**Facility Head (or Designee):**

The Facility Head confirmed that all segregation placements, regardless of purpose, are reviewed at least every 30 days. This ensures accountability and aligns with policy, particularly concerning placements related to sexual safety concerns.

**Staff Assigned to Segregated Housing:**

Staff working in segregated units stated that they have not observed or been made aware of any inmates placed in segregation as a result of reporting sexual abuse or expressing fear of sexual victimization. All current segregation placements were attributed to administrative or disciplinary reasons.

**Inmates in Segregated Housing:**

At the time of the audit, no inmates were housed in segregation due to sexual abuse allegations or for protective custody reasons. All segregated inmates were placed for non-PREA-related reasons, and as such, no interviews were applicable for this standard.

**PREA Compliance Manager (PCM):**

The PCM affirmed that in the last 12 months, no inmates were placed in involuntary segregation, administrative or punitive housing, or protective custody due to actual or perceived risk of sexual abuse. This was corroborated by PAQ data and validated through interviews and record review.

## **PROVISIONS**

### **Provision (a):**

The facility maintains strict adherence to CDOC policy prohibiting the involuntary segregation of inmates deemed to be at high risk for sexual victimization unless all other alternatives have been considered and found unsuitable.

CDOC Administrative Directive 6.12 (Section 12, p. 9) outlines that inmates must have access to multiple, private methods to report sexual abuse, sexual harassment, extortion, and other aggressive acts. Staff must respond to and document such reports promptly.

The Inmate Handbook PREA Supplement (p. 1) explains that the PREA program is designed to prevent and address sexual abuse and harassment, and clearly informs inmates of reporting avenues and protections available to them.

### **Provision (b):**

In the rare event an inmate must be separated for protective reasons, the facility ensures continued access to educational, work, and programmatic opportunities, to the extent feasible.

The Inmate Handbook PREA Supplement instructs inmates to report any abuse immediately and emphasizes that staff are required to act promptly and notify the appropriate authorities. The facility does not house detainees for civil immigration reasons.

### **Provision (c):**

The PAQ and staff interviews confirmed that no inmate was held in involuntary segregation for more than 30 days while waiting for a safer housing alternative. This practice was confirmed by the PCM and supported by documentation.

Directive 6.12 (Section 12, p. 9) also clarifies that staff must accept and document verbal, written, anonymous, and third-party reports of sexual misconduct.

### **Provision (d):**

CDOC policy mandates that if an inmate is assigned to the Restrictive Housing Unit (RHU) for protective purposes, the decision must be justified with documentation showing why no safer alternative exists. Reassessments must occur every seven days.

Since no such placements occurred during the audit review period, there were no reassessment records or documentation to review.

Directive 6.12 (Section 13, p. 10) specifies that staff may privately report any

observed or suspected abuse through various channels, and that all verbal reports must be documented without delay.

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### **CONCLUSIONS**

After thoroughly reviewing policies, documents, staff and inmate interviews, and the Pre-Audit Questionnaire, the Auditor concludes that the facility is fully compliant with PREA Standard §115.51 - Inmate Reporting. All applicable procedures, protections, and practices are in place and consistently followed.

## **115.52 Exhaustion of administrative remedies**

**Auditor Overall Determination:** Meets Standard

### **Auditor Discussion**

#### **SUPPORTING DOCUMENTS**

1. Pre-Audit Questionnaire (PAQ) and all accompanying documentation
2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. CDOC Inmate Handbook PREA Supplement (undated)

#### **INTERVIEWS**

##### **Random and Targeted Inmates:**

During interviews with both randomly selected and specifically targeted inmates, it was consistently reported that there is no grievance procedure in place for addressing allegations of sexual abuse or sexual harassment under the Prison Rape Elimination Act (PREA). Inmates stated that such reports are not managed through the standard grievance process.

##### **Random and Specialized Staff:**

Facility staff, including both randomly selected and specialized personnel, confirmed during interviews that PREA-related complaints are not processed through the general inmate grievance system. Staff explained that if a grievance form is used to report sexual abuse, it is redirected and handled as a formal PREA allegation, in accordance with agency procedures.

#### **PROVISIONS**

##### **Provision (a):**

The PAQ clearly states that the Connecticut Department of Correction does not maintain a formal administrative grievance mechanism specifically for addressing

inmate complaints regarding sexual abuse or sexual harassment. Both the agency and the facility confirmed this practice. Instead, any grievance or written complaint that includes an allegation of sexual abuse is immediately reclassified and managed through the agency's established PREA investigative and response procedures.

The CDOC Inmate Handbook PREA Supplement reiterates that there are no administrative grievance pathways for addressing allegations of sexual abuse. If an allegation is submitted via a grievance form, it is not processed as a traditional grievance. Rather, it is immediately elevated and processed in accordance with CDOC Administrative Directive 6.12.

**Provision (b) through (g):**

These provisions are not applicable. As outlined in Provision (a), the agency does not utilize the inmate grievance process for addressing sexual abuse allegations. Therefore, provisions related to time limits, assistance with filing, or emergency grievance procedures are not relevant in this context.

**CONCLUSIONS**

Following a thorough review of the PAQ, supporting documentation, agency policies, and interviews with both staff and inmates, the Auditor concludes that the agency/facility is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The facility has an established and appropriate alternative procedure in place to ensure all allegations of sexual abuse are addressed outside of the standard grievance process, in alignment with the intent of the standard.

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To evaluate compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services, the following resources were reviewed:</p> <ol style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire (PAQ) and all relevant supplemental materials submitted by the facility</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Administrative Directive 6.12, Section 10, Inmate Education, page 7</li> <li>4. A current Memorandum of Understanding (MOU) between CDOC and</li> </ol>

Connecticut Sexual Assault Crisis Services (CONNSACS)

5. CDOC Inmate Handbook (both English and Spanish versions), undated

These documents collectively outline the agency's approach to ensuring inmates are informed of, and have access to, external support services following incidents of sexual abuse.

**OBSERVATIONS**

During the onsite audit, the Auditor observed a variety of clearly displayed PREA informational materials across the facility. Posters, signs, and murals addressing sexual abuse prevention and reporting procedures were visible in housing units, hallways, common areas, the intake area, and the dining hall. These materials outlined inmate rights under PREA and included contact details for reporting abuse, including how to reach external advocacy resources.

Payphones were present and functional in each housing area. The Auditor personally tested several phones and found all in proper working condition. Facility staff reported that supervisory personnel check the phones each shift to confirm they remain operational. Staff also confirmed that inmates are able to contact outside advocacy agencies using a toll-free number, without cost or restriction.

**INTERVIEWS**

**Inmates**

Through interviews—both structured and informal—incarcerated individuals reported being informed of their right to confidential support following incidents of sexual abuse. They cited PREA education sessions, facility signage, and the inmate handbook as sources of this information. Inmates were aware of the toll-free PREA hotline (\*9444#), and several reported understanding that while calls are monitored for security purposes, they are still permitted confidential access to emotional support and crisis counseling. Inmates expressed confidence in their ability to access outside help and felt the services were meaningful and accessible.

**PREA Compliance Manager (PCM)**

The PCM confirmed the facility maintains a current and active MOU with CONNSACS. The agreement ensures access to trained victim advocates who provide direct emotional support during critical stages, including forensic exams and interviews related to PREA investigations. The PCM emphasized that while inmate communications with advocates are encouraged and respected, staff and advocates are required to inform victims of the limits of confidentiality due to mandated reporting laws. The facility's approach balances transparency, victim care, and institutional safety.

**Representative from CONNSACS**

The Auditor also spoke with a representative from Connecticut Sexual Assault Crisis

Services. The representative verified that their organization provides a full spectrum of support, including crisis counseling, emotional assistance, and follow-up care for survivors of sexual abuse within CDOC facilities. They confirmed that advocates are available to support survivors before, during, and after forensic medical exams, and that their team is trained to disclose the boundaries of confidentiality, particularly when disclosures involve safety concerns. Their collaboration with CDOC reflects a shared goal of victim-centered care and trauma-informed response.

## **PROVISIONS**

### **Provision (a)**

As confirmed by policy, documentation, and interviews, the facility ensures that all inmates have access to outside victim advocacy services. Inmates are provided toll-free contact numbers and mailing addresses for reputable rape crisis and advocacy organizations. CDOC Administrative Directive 6.12 outlines the agency's responsibility to coordinate with rape crisis centers, and when unavailable, to ensure another qualified external source provides the service. Posters and handbooks clearly detail how to access these supports.

### **Provision (b)**

The facility fulfills its obligation to inform inmates about the limitations of confidentiality associated with external advocacy services. Both CDOC policy and the CONNSACS representative confirmed that inmates are briefed on what information may be disclosed due to security or mandatory reporting requirements. Inmates are told, prior to engagement, that some details shared with advocates may be relayed to staff for safety and investigative reasons.

### **Provision (c)**

The CDOC has an established, formal MOU with Connecticut Sexual Assault Crisis Services. This agreement provides a framework for delivering advocacy services to inmates across the system. It ensures that incarcerated survivors can receive timely and appropriate support, including accompaniment during forensic medical procedures and interviews, and access to follow-up care. The presence of this formal partnership underscores the agency's commitment to ensuring inmates receive trauma-informed support from qualified external providers.

## **CONCLUSION**

After careful review of all materials, onsite observations, and interviews with inmates, staff, and representatives from CONNSACS, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.53 - Inmate Access to Outside Confidential Support Services.

The agency has established strong partnerships and clear procedures that prioritize inmate safety and ensure access to confidential support following incidents of sexual abuse. Through effective education, functional communication systems, and dedicated victim services, the facility demonstrates a consistent, victim-centered



	approach in alignment with federal PREA requirements.
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To evaluate the facility’s adherence to PREA Standard §115.54 - Third-Party Reporting, the Auditor reviewed the following materials:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all accompanying documentation</li> <li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9</li> <li>3. Memorandum of Understanding (MOU) between with the Connecticut Alliance to End Sexual Violence</li> <li>4. CDOC’s publicly accessible website <a href="http://www.portal.ct.gov/doc/miscellaneous/prea">www.portal.ct.gov/doc/miscellaneous/prea</a></li> <li>5. Inmate Handbook, dated September 2024</li> </ol> <p>These documents outline the agency’s procedures for receiving and responding to reports of sexual abuse or sexual harassment submitted by third parties.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Inmates</b></p> <p>Interviews conducted with a representative cross-section of facility residents confirmed that they are well-informed regarding the availability of third-party reporting options. Residents consistently acknowledged that individuals outside the correctional environment—such as family members, legal counsel, advocates, and other community members—can report concerns or incidents of sexual abuse or harassment on their behalf.</p> <p>Residents shared that they were introduced to third-party reporting options during the PREA orientation session provided at intake. Additionally, they noted that this information is reinforced through ongoing visual reminders, such as posters and signage, prominently displayed in housing units and common areas.</p> <p>Several residents expressed confidence that if a third party submitted a report, it would be received and addressed promptly and seriously by facility staff. They believed that multiple reporting avenues provided accessible and reliable ways for others to act on their behalf when needed.</p>

**PROVISIONS**

**Provision (a)**

The PAQ confirms that the facility offers third-party reporting mechanisms through multiple avenues, including the CDOC’s public website. Connecticut Department of Correction [www.portal.ct.gov/doc/miscellaneous/prea](http://www.portal.ct.gov/doc/miscellaneous/prea)

Administrative Directive 6.12, Section 12, page 9, explicitly states that reports of sexual abuse or harassment may be submitted by anyone who has relevant information—including the incarcerated individual, another resident, family member, legal advocate, facility employee, or any member of the public.

The directive provides multiple means of third-party reporting, including:

1. The CDOC website
2. A toll-free hotline to the CDOC (\*9222#)
3. The Connecticut State Police (\*9333#)
4. The Connecticut Alliance to End Sexual Violence (\*9444#), as well as their 24-hour crisis lines (1-888-999-5545 in English and 1-888-568-8332 in Spanish)

These methods are clearly posted in living areas and public-facing documents and are designed to encourage external individuals to report incidents of concern. Residents interviewed during the audit demonstrated awareness of these third-party channels and the roles they play in ensuring safety and accountability.

**CONCLUSION**

After thorough review of agency policies, written documentation, and resident interviews, the Auditor finds that the Connecticut Department of Correction meets all requirements of PREA Standard §115.54 - Third-Party Reporting.

The agency has developed and implemented a robust system that enables outside individuals to report allegations of sexual abuse or harassment on behalf of residents. These processes are clearly communicated, accessible, and taken seriously by facility staff, ensuring that all reports—regardless of origin—are addressed promptly and appropriately.

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b><u>SUPPORTING DOCUMENTS</u></b>

To assess compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties, the following materials were reviewed:

1. Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation
2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. CDOC Administrative Directive 6.6, Reporting of Incidents
4. CDOC Administrative Directive 6.12, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)

These documents outline the agency's mandatory reporting requirements, staff responsibilities, confidentiality protocols, and mandatory notification to protective services where applicable.

## **INTERVIEWS**

### **Random Staff**

Staff selected at random for interviews consistently demonstrated an accurate understanding of their responsibilities under PREA. They clearly stated that they are required to immediately report any knowledge, suspicion, or disclosure of sexual abuse or sexual harassment. Staff indicated that such reports are made per agency policy and submitted to appropriate personnel, including supervisors, the PREA Compliance Manager (PCM), or investigators.

Staff also conveyed a firm understanding of confidentiality rules. All those interviewed acknowledged that they are only permitted to share information about a sexual abuse report with personnel who have a legitimate need to know—such as those involved in treatment, investigation, or safety and security decision-making.

### **Medical and Mental Health Practitioners**

Healthcare staff, both physical and behavioral, demonstrated a clear grasp of their obligations under PREA and applicable state laws. They stated that at the outset of providing services, inmates are informed of the practitioner's duty to report any disclosure of sexual abuse or sexual harassment. They confirmed that they explain the limitations of confidentiality before engaging in clinical interactions and that all reports are submitted promptly.

### **Facility Head or Designee**

The Facility Head affirmed that staff are required to report all allegations, regardless of how the information is received—including anonymous tips, third-party reports, or reports of incidents that occurred at other facilities. Reports of retaliation or staff negligence related to sexual abuse incidents must also be immediately reported. The Facility Head emphasized that staff are expected to follow these procedures without exception.

**PREA Director**

The PREA Director confirmed that the agency mandates the immediate reporting of all allegations, whether received directly, anonymously, or via third-party. The Director emphasized that these reports are always routed to the designated facility investigator for further review and action, in compliance with agency policy and federal PREA standards.

**PROVISIONS****Provision (a)**

According to the PAQ and staff interviews, all CDOC staff are required to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, retaliation, or staff neglect. This duty includes reporting allegations related to events in other facilities or third-party disclosures.

Per CDOC Administrative Directive 6.12, Section 13, staff must report all relevant information according to agency procedures.

**Provision (b)**

Staff are explicitly directed not to share information related to sexual abuse allegations beyond those with a direct need to know. This includes personnel responsible for clinical care, security, investigations, and operational decision-making. Directive 6.12 clearly outlines the scope of confidentiality, ensuring appropriate safeguards for sensitive information while maintaining operational integrity.

**Provision (c)**

Medical and mental health professionals are required to inform inmates at the start of services about their obligation to report any disclosed sexual abuse. They also explain the boundaries of confidentiality, in accordance with CDOC Administrative Directive 6.6, which reinforces mandatory reporting obligations aligned with federal and state law.

**Provision (d)**

In cases involving minors or individuals considered vulnerable adults under state or local law, the agency is obligated to report the allegation to the appropriate protective services agency.

Directive 6.12, Section 11C, stipulates that practitioners must obtain informed consent before reporting prior victimization unless the alleged victim is under the age of 18 or meets the legal definition of a vulnerable adult. In such cases, mandatory reporting laws apply.

**Provision (e)**

The facility reported, and interviews with the PCM and other staff confirmed, that all allegations—regardless of how they are received—are promptly reported to the designated facility investigator.

This includes reports received anonymously or from third parties. Agency procedures ensure that every allegation is processed according to PREA protocols for investigation and response.

	<p><b><u>CONCLUSION</u></b></p> <p>Based on a thorough review of agency policy, documentation, and interviews with a broad cross-section of staff—including random employees, clinical practitioners, the Facility Head, and the PREA Director—the Auditor concludes that the Connecticut Department of Correction and this facility are in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties.</p> <p>The agency has established clear policies and well-communicated expectations that support immediate, confidential, and consistent reporting of all sexual abuse and harassment allegations. Staff across all levels demonstrated strong knowledge of their duties and appeared fully committed to maintaining the safety and well-being of the inmate population.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>The following materials were reviewed to assess compliance with PREA Standard §115.62 – Agency Protection Duties:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and all submitted supporting documentation</li> <li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Administrative Directive 6.12, Section 11, page 7, Screening for Risk of Victimization and Abusiveness</li> <li>4. CDOC Administrative Directive 9.9, Protective Management, Section 6, Determination of Substantial Risk</li> </ol> <p>These directives outline the agency’s policies for identifying, responding to, and protecting individuals who may be at imminent risk of sexual abuse while in custody.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head or Designee</b></p> <p>During the on-site interview, the Facility Head affirmed that any time staff become aware of a situation suggesting an inmate is at substantial risk of imminent sexual abuse, protective action is taken immediately. This may include relocating the at-risk</p>

inmate to a safer housing unit or, if necessary, transferring them to another facility. If the identity of the potential aggressor is known, that individual would be separated without delay to both safeguard the victim and to preserve the integrity of a subsequent investigation.

### **Random Staff**

Staff randomly selected for interviews consistently described procedures that align with agency policy. They stated that their immediate response upon learning of a substantial risk of imminent sexual abuse would be to ensure the alleged victim's safety, separate the involved parties, and notify a supervisor. Several staff members also noted the importance of preserving potential evidence and initiating the appropriate documentation process. Their responses confirmed a strong understanding of agency expectations and a commitment to swift protective action.

### **PREA Compliance Manager (PCM)**

The PCM emphasized the importance of taking immediate and decisive action to protect an inmate once a substantial risk of imminent sexual abuse has been identified. The PCM confirmed that when such risk is reported or discovered, housing reassignments are prioritized, and the alleged perpetrator is isolated pending investigation. These protective strategies were consistent with CDOC policy and demonstrate institutional commitment to inmate safety.

## **PROVISION**

### **Provision (a)**

According to information provided in the PAQ, the facility reported that in the previous 12-month period, there were no incidents where an inmate was determined to be at substantial risk of imminent sexual abuse. However, the agency and facility confirmed that if such a determination were made, immediate protective action would be implemented.

This claim was validated through interviews with the Facility Head, PREA Compliance Manager, and a cross-section of randomly selected staff. All interviewees articulated a clear understanding of their obligation to act swiftly in the face of a potential threat and described appropriate protective measures in line with PREA standards, including immediate separation of the involved individuals, supervisor notification, and documentation of all steps taken.

Per CDOC Administrative Directive 6.12, Section 11, when an emergency grievance includes allegations of imminent sexual abuse, the matter is forwarded for immediate review and response. An initial response must be provided within 48 hours, and a final decision rendered within five calendar days. Both the initial and final responses must document whether the inmate was at substantial risk and what corrective measures were taken.

Additionally, Administrative Directive 9.9, Section 6, outlines procedures for making determinations regarding substantial risk, reinforcing the Department's structured

approach to protective management.

**CONCLUSION**

Based on the comprehensive review of agency policy, the Pre-Audit Questionnaire, and interviews with staff at multiple levels, the Auditor concludes that the Connecticut Department of Correction and this facility fully meet the requirements of PREA Standard §115.62 – Agency Protection Duties.

Staff demonstrated a well-informed understanding of their duty to act without delay in situations involving potential risk of sexual abuse, and the agency’s policies support a strong framework for proactive and protective responses. The evidence confirms that appropriate procedures are in place and that the facility is prepared to take swift and effective action to protect any inmate identified to be at substantial risk.

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To evaluate compliance with PREA Standard §115.63, the Auditor reviewed the following materials:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire (PAQ) and all accompanying supporting documentation</li><li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li><li>3. CDOC Administrative Directive 6.6, Reporting of Incidents</li><li>4. CDOC Administrative Directive 6.12, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)</li></ol> <p>These directives outline procedures for reporting allegations of sexual abuse involving other confinement facilities and the appropriate response protocols for such incidents.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Agency Head Designee</b> The Agency Head Designee confirmed that any PREA-related allegation—whether</p>

concerning sexual abuse, harassment, or staff misconduct—that originates from or involves another facility is addressed in accordance with CDOC policy. This includes both internal (within CDOC) and external (other agency or jurisdiction) allegations. All such reports are treated as credible and are referred for investigation.

**Facility Head**

The Facility Head explained that if the facility receives a report indicating sexual abuse occurred at a different facility, immediate steps are taken to assign the matter for investigation. The administrator ensures that the head of the facility where the abuse allegedly took place is notified as quickly as possible, but always within the 72-hour window mandated by PREA.

**PREA Compliance Manager (PCM)**

The PCM confirmed that allegations involving incidents at other facilities are managed in accordance with policy. All such allegations are promptly referred to the Connecticut State Police for investigation when appropriate. The PCM also ensures that any notifications to other facilities are completed in a timely manner and documented accordingly.

**PROVISIONS**

**Provision (a):**

According to the PAQ and verified through staff interviews, when the facility receives an allegation that an inmate was sexually abused while confined at a different facility, the Facility Head or designee is responsible for notifying the appropriate authority or administrator at the facility where the incident allegedly occurred.

Per CDOC Administrative Directive 6.6, once such an allegation is received, the staff member receiving the report must notify the PREA Compliance Manager. The PCM then forwards the details of the allegation to the appropriate authority at the external agency or facility.

**Provision (b):**

The facility confirmed that such notifications are made as soon as possible, and always within the required 72-hour timeframe following receipt of the allegation. This procedure is clearly outlined in CDOC Administrative Directive 6.6, which mandates timely communication with the appropriate agency or administrator.

**Provision (c):**

The PAQ and staff interviews confirmed that the facility maintains documentation of all notifications made to other confinement facilities in response to allegations of sexual abuse. Although there were no instances requiring such notification during the current 12-month audit review period, the facility provided documentation from previous cases. These records—including email correspondence—demonstrated compliance, showing that prior notifications were issued well within the 72-hour requirement, often within 24 hours.



**Provision (d):**

The facility also reported, and interviews confirmed, that any allegation received from another agency or facility regarding abuse that occurred at this facility would be promptly and thoroughly investigated. In such cases, the CDOC would refer the matter to the appropriate investigatory body, such as the Connecticut State Police, to ensure impartial review.

CDOC Administrative Directive 6.12, Section 13 further supports this protocol, requiring that if the allegation concerns a facility outside CDOC jurisdiction—or another CDOC facility—the Unit Administrator or designee must notify the facility administrator where the abuse allegedly occurred within 72 hours of receiving the report.

**CONCLUSION**

Following an in-depth review of relevant agency policy, historical documentation, and interviews with administrative staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.63 – Reporting to Other Confinement Facilities.

The Connecticut Department of Correction has established clear procedures and demonstrated consistent practice in promptly notifying other confinement agencies or facilities when allegations of sexual abuse arise. Staff at all levels conveyed a strong understanding of reporting obligations and showed a commitment to ensuring timely, documented, and policy-driven responses to such reports.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire and supporting documentation.</li><li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li><li>3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015</li></ol>

## **INTERVIEWS**

### **Facility Head:**

The Facility Head confirmed during the interview that all first responder staff, including custody and non-custody staff, are thoroughly trained in the PREA response protocol. Ongoing training is provided to ensure staff remain knowledgeable and compliant with PREA standards. Emphasis is placed on the importance of immediate, appropriate, and trauma-informed responses to allegations of sexual abuse.

### **Custody Staff - First Responders:**

Custody staff first responders consistently confirmed that they receive annual in-service training, on-the-job training, and reinforcement through staff meetings on the PREA response protocol. Staff stated that the PREA Compliance Manager (PCM) regularly communicates PREA expectations and reinforces the importance of sexual safety and timely, appropriate response procedures.

### **Non-Custody First Responders:**

Non-custody staff described appropriate first responder actions when informed of an incident, including notifying custody staff, separating the victim and alleged perpetrator, securing the scene, and instructing the parties not to take any actions that could compromise evidence (e.g., washing, changing clothes, eating, etc.). Staff demonstrated an understanding of the importance of confidentiality in responding to PREA incidents.

Across all categories of staff interviewed, there was a consistent ability to clearly articulate the step-by-step protocol for responding to allegations of sexual abuse. All staff acknowledged their responsibility to separate the involved parties, preserve evidence, provide or request medical assistance, and report the incident in accordance with policy.

## **PROVISIONS**

### **Provision (a)**

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

1. Identify, separate and secure inmates involved, if necessary.
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.
3. Notify a shift supervisor of the incident as soon as practical.
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be reasonably expected to destroy biological, forensic, or physical evidence

related to such sexual abuse.

5. Promptly document incident on CN 6601, Incident Report and forward to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

According to the PAQ in the past 12 months, there was six allegations that an inmate was sexually abused. Of these allegations of sexual abuse in the past 12 months, the first security staff member to respond to the report separated the alleged victim and abuser four times. Staff were notified within a period that still allowed for the collection of physical evidence two times. Of these allegations in the past 12 months where staff were notified within a period that still allowed for the collection of physical evidence, two times the first security staff member responded to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, two times the first security staff member to respond to the report requested 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. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, two times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

According to the PAQ of the allegations that an inmate was sexually abused in the past 12 months, a non-security staff member was the first responded three times.

The documentation review included the original complaint, the referral for investigation, referrals for mental health, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. Where applicable, the inmates were given proper notice of the findings and the cases were closed.

#### **Provision (b)**

The PAQ indicated the facility had six allegations for alleged sexual abuse in the past 12-months. Of the allegations that an inmate was sexually abused in the past 12 months, a non-security staff member was the first responder three times. In all three instances the non-security staff member contacted a security staff member.

The Auditor's review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First

	<p>Responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the Shift Supervisor or PCM.</p> <p><b><u>CONCLUSION:</u></b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff first responder duties.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire and supporting documentation.</li> <li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015</li> <li>4. PREA Incident Checklist</li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head</b></p> <p>During the interview, the Facility Head confirmed the existence of a comprehensive coordinated response plan that delineates the roles and responsibilities of staff members in responding to incidents of sexual abuse. The Facility Head explained that training on the coordinated response is provided through several avenues, including annual in-service training, monthly staff meetings, and on-the-job training. The goal is to ensure all employees—from front-line staff to leadership—understand their specific duties and follow a consistent, trauma-informed approach in responding to allegations of sexual abuse.</p> <p><b>First Responders</b></p> <p>First responder staff interviews confirmed familiarity with the coordinated response protocols. Staff described their required actions upon learning of an incident of sexual abuse, including securing the victim and alleged perpetrator, preserving the scene</p>

and any physical evidence, notifying supervisors, and initiating incident documentation. Responders reported being trained on the procedures outlined in both the agency-wide policy and the facility-specific reference materials.

## **PROVISIONS**

### **Provision (a)**

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, A-B, page 10, Staff The facility reported on its Pre-Audit Questionnaire that it has developed a written institutional plan to coordinate actions among correctional staff, medical and mental health providers, investigators, and facility leadership in response to incidents of sexual abuse. This was verified by both documentation review and the Facility Head's interview.

Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, states after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

1. Identify, separate and secure inmates involved, if necessary.
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.
3. Notify a shift supervisor of the incident as soon as practical.
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be expected to destroy biological, forensic, or physical evidence related to such sexual abuse.
5. Promptly document incident on CN 6601, Incident Report and forward it to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.
6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates if the first staff responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and shall immediately notify a correctional officer.

The agency/facility has a written detailed First Responder Reference Guide. The guide is thorough and comprehensive. It contains detailed response actions for staff first responders, supervisors, medical and mental health practitioners, investigators, and facility leadership. It lists the correct forms to use, a chain of command and delegates responsibilities for each step of the process. It includes a PREA Incident Checklist to

	<p>list dates and times each action was completed and the contact person with agency or department.</p> <p><b><u>CONCLUSION:</u></b></p> <p>Based on the comprehensive nature of the First Responder Guide combined with the review and analysis of all the available evidence, the Auditor has determined the agency/facility exceeds the standard regarding coordinated response.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b><u>SUPPORTING DOCUMENTS</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire and supporting documentation.</li> <li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> </ol> <p><b><u>INTERVIEWS:</u></b></p> <p><b>PREA Coordinator (PC)/PREA Director (PD)</b></p> <p>Through the interview process the PC/PD acknowledged the CDOC and any other government entities responsible for collective bargaining on the agency's behalf are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p><b><u>PROVISIONS</u></b></p> <p><b>Provision (a)</b></p> <p>CDOC policy dictates the CDOC conducts collective bargaining activities at the State level. There are no agreements in place that limit the agency's authority to remove alleged staff sexual abusers from contact with inmates. There have been no new collective bargaining agreements since August 20, 2012.</p> <p><b>Provision (b)</b></p> <p>The Auditor is not required to audit this provision.</p>

	<p><b>CONCLUSIONS:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding preservation of ability to protect inmates from contact with abusers.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTATION</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and its corresponding supporting materials.</li> <li>2. Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. Section 18, on page 15 of Directive 6.12, titled "Post-Allegation Protection of Inmates and Staff from Retaliation," which outlines the agency's protocols for preventing, identifying, and responding to retaliation following reports of sexual abuse or harassment or cooperation in investigations.</li> </ol> <p>These materials clearly reflect the CDOC's commitment to ensuring a safe environment, free from retaliation, for both incarcerated individuals and staff in accordance with PREA standards.</p> <p>-</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Agency Head or Designee</b> The Agency Head designee stated that retaliation monitoring begins on the same day a report of sexual abuse or harassment is received. Monitoring is required for a minimum of 90 days, and may be extended if there are concerns about ongoing risk. If the allegation is ultimately deemed unfounded, monitoring may cease, unless an involved party voices continued fear of retaliation, in which case protections remain in place.</p> <p><b>Facility Head or Designee</b> The Facility Head discussed a range of tools used to prevent and detect retaliation, including:</p> <ol style="list-style-type: none"> <li>1. Ongoing review of housing and job assignment changes,</li> <li>2. Monitoring disciplinary patterns for shifts that could signal retaliatory action,</li> <li>3. Evaluation of staff performance appraisals and transfers for inappropriate changes or punitive trends.</li> </ol>

These measures are coordinated by a designated staff member who serves as the Retaliation Monitor and are documented through formal monitoring processes.

### **Retaliation Monitor**

The Retaliation Monitor confirmed that retaliation is treated as a priority concern and monitored rigorously. Both inmates and staff are encouraged to express concerns openly, without fear of adverse consequences. Individuals who report sexual abuse or assist in investigations—whether victims or not—are monitored for any signs of retaliation. Monitoring includes monthly status checks, tracked through Attachment 8: Retaliation Monitoring Checklist. The monitor confirmed that no incidents of confirmed retaliation occurred during the previous 12 months.

### **Inmates in Segregated Housing**

At the time of the audit, no inmates were housed in segregated or protective custody as a result of having reported sexual abuse or being at risk of victimization.

### **Inmates Who Reported Sexual Abuse**

Interviews with inmates who had previously reported sexual abuse or harassment revealed the following:

Facility staff responded swiftly and appropriately to their reports,  
Medical referrals for forensic examinations were made without unnecessary delays,  
Victim advocates were present during forensic exams to explain the process and offer emotional support,

No costs were passed on to inmates for these services,

Inmates were not subjected to polygraph testing,

Each inmate received written notification regarding the outcome of their investigation.

## **PROVISIONS**

### **Provision (a):**

The PAQ confirms, and interviews verify, that the agency assigns retaliation monitoring duties to both the PREA Director/PREA Coordinator and the PREA Compliance Manager (PCM) at the facility level. Administrative Directive 6.12 mandates protective measures for anyone—staff or inmate—who either reports abuse or cooperates in a related investigation. The policy specifies that those individuals are to be monitored for at least 90 days post-report and longer if necessary.

### **Provision (b):**

The facility implements a variety of protective interventions to mitigate retaliation risks, including:

1. Reassigning housing or job placements for either the alleged victim or perpetrator,
2. Temporarily removing the alleged perpetrator from contact with the victim,
3. Providing support services to any person who expresses concerns about retaliation.



These practices were confirmed through both document review and interviews and reflect compliance with CDOC policy that requires prompt action to ensure the safety of all individuals involved in a PREA matter.

**Provision (c):**

Monitoring is sustained for no fewer than 90 days, unless it is determined that the risk of retaliation has dissipated. During this period, monitoring staff examine:

1. Disciplinary reports,
2. Changes in housing or program placement,
3. Personnel actions that could signify retaliatory motives.

These procedures are supported by both CDOC policy and first-hand accounts provided by the facility's Retaliation Monitor. The facility reported no verified incidents of retaliation during the 12-month audit cycle.

**Provision (d):**

CDOC policy and staff interviews confirmed that individuals under retaliation monitoring receive documented monthly status reviews. These reviews are formally tracked using Attachment 8, a structured checklist designed to ensure ongoing oversight and accountability.

**Provision (e):**

Any individual—not only the alleged victim—who cooperates with a sexual abuse investigation and expresses concern about retaliation is provided appropriate protective interventions. These may include alternative housing, supportive counseling, or changes in staff assignment, as needed. The facility's proactive approach to this provision is evident in its policy and confirmed in practice.

**Provision (f):**

While not a provision scored under this standard, the agency does follow a protocol allowing monitoring to end if the initial allegation is classified as unfounded. This discretionary option is outlined in CDOC Administrative Directive 6.12.

**CONCLUSION**

Following a detailed review of documentation, policies, and extensive interviews with facility leadership, the designated retaliation monitor, and other staff, the Auditor has determined that the Connecticut Department of Correction is in full compliance with PREA Standard §115.67 – Agency Protection Against Retaliation.

The agency has implemented comprehensive, transparent, and proactive procedures for preventing and detecting retaliation. With clearly assigned roles, structured monitoring tools, and a culture that encourages reporting without fear, CDOC has demonstrated both policy compliance and a sincere commitment to protecting those who come forward. The absence of confirmed retaliation cases over the past year further reinforces the effectiveness of these measures.

**115.68 Post-allegation protective custody**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

To evaluate the facility’s compliance with PREA Standard §115.68 – Post-Allegation Protective Custody, the Auditor reviewed:

1. Pre-Audit Questionnaire (PAQ) along with a comprehensive set of supporting documents. Key policies from the Connecticut Department of Correction (CDOC) included:
2. Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.  
Section 11, pages 7–8, which outlines procedures for Screening for Risk of Victimization and Abusiveness.  
Section 11, pages 8–9, which details requirements for housing decisions and monitoring after intake to the facility.

These directives define the agency’s expectations regarding the protective placement of inmates at risk of or alleging sexual abuse, emphasizing that involuntary segregated housing should only be used as a last resort.

**INTERVIEWS**

**Facility Head or Designee**

During the on-site interview, the Facility Head reported that segregated housing is not automatically used for inmates who allege sexual abuse. The facility’s practice is to first consider all viable alternative housing options before placing a victim in involuntary protective custody. The Facility Head noted that if segregation becomes necessary, the placement is clearly documented, time-limited, and reviewed every 30 days to determine if continued separation remains justified. Efforts are also made to maintain the inmate’s access to programming, education, and work assignments, as long as those do not compromise institutional safety or security.

**Staff Assigned to Segregated Housing**

Staff responsible for overseeing segregated housing confirmed that involuntary segregation for protection is used sparingly and only when necessary. They described a thoughtful decision-making process that involves assessing risk, consulting with supervisory staff, and documenting all actions. Staff emphasized that if protective custody is used, inmates are still offered access to programming and services whenever feasible.

**Inmates in Segregated Housing for Protective Purposes**

At the time of the audit, no inmates were being held in segregation as a protective measure either due to their risk of sexual victimization or because they had reported

sexual abuse. This supports the facility's assertion that protective custody is reserved strictly for situations where no other safe housing options exist.

**PROVISIONS**

**Provision (a):**

According to both the PAQ and staff interviews, the agency prohibits involuntary placement of inmates in segregated housing based solely on having reported sexual abuse, unless an assessment determines that no alternative housing option can adequately ensure their safety.

The facility reported zero cases over the past 12 months in which an inmate was held in involuntary segregation for 1 to 24 hours pending a housing assessment.

Similarly, there were no instances of inmates held in segregated housing for more than 30 days while awaiting suitable alternative placement.

If protective custody is deemed necessary, the facility conducts formal reviews every 30 days to reassess the need for continued separation, in accordance with policy.

CDOC Administrative Directive 6.12, Section 11, pages 7-8, states that inmates identified as being at high risk for sexual victimization shall not be placed in protective custody unless a full assessment determines that no other housing options are viable. If such an assessment cannot be completed immediately, temporary placement in segregated housing is permitted for no more than 24 hours.

Furthermore, as outlined on pages 8-9 of the same directive, inmates are not to remain in protective custody beyond 30 days unless no alternative housing can be arranged. During this time, the facility is required to conduct a 30-day review to determine whether continued separation is warranted.

**CONCLUSION**

Following the detailed review of agency policies, documentation, and interviews with facility staff, the Auditor finds the facility to be in full compliance with the requirements of PREA Standard §115.68 - Post-Allegation Protective Custody.

The Connecticut Department of Correction has implemented clear guidelines that prioritize the safety of inmates while limiting the use of involuntary segregation. The facility's approach reflects a strong commitment to ensuring victims of sexual abuse are protected in a manner that is least restrictive, trauma-informed, and consistent with both PREA and CDOC policy. The absence of any segregated placements related to sexual abuse during the review period underscores the effectiveness of these efforts.

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### SUPPORTING DOCUMENTS

1. Pre-Audit Questionnaire (PAQ) along with accompanying supporting documents
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.
3. CDOC Administrative Directive 1.10, Investigations, Section 6, pp. 2-6, covering Initial Inquiries and Administrative Investigations.
4. CDOC Administrative Directive 1.10, Section 8, pp. 5-6, addressing PREA Unit Investigations.
5. CDOC Administrative Directive 6.12, Section 16, p. 14, detailing the Investigation of Sexual Abuse/Sexual Harassment.

### INTERVIEWS

#### **Investigative Staff**

Interviews with designated investigators confirmed the following practices:

- **Prompt Initiation and Consistent Protocols:** Investigations are initiated without delay upon receipt of an allegation, regardless of the reporting method—whether verbal, written, anonymous, third-party, or via phone.
- **Specialized Training:** Investigators verified they received specialized training specific to PREA investigations. The Auditor also verified their participation through review of training records.
- **Standardized Investigative Approach:** A consistent process is followed during investigations. Typically, interviews are conducted in a structured sequence: the victim, any witnesses, and finally the alleged abuser. Though procedures may differ slightly in harassment cases, the level of investigative diligence remains unchanged.
- **Evidence Collection:** Investigators attend forensic exams at designated SAFE/SANE facilities when needed. If SAFE/SANE personnel are not available, trained investigators are responsible for evidence collection and preservation, including physical and testimonial evidence.
- **Credibility Evaluation and Polygraph Policy:** Investigators assess credibility based on facts rather than inmate or staff status. Polygraph testing is not used under any circumstances in PREA investigations.
- **Compelled Interviews and Legal Coordination:** In cases where criminal charges may be pursued, interviews are conducted only after consulting with prosecutorial authorities. Miranda rights are administered appropriately by the OPS-Criminal Division.
- **Continuity of Investigations:** If an individual involved in the case is released or leaves their position, the investigation continues through to conclusion.
- **Interagency Collaboration:** Staff confirmed that the facility works

collaboratively with the OPS-Criminal Division and stays apprised of investigation status.

### **PREA Coordinator / PREA Director**

The PREA Director confirmed that the agency retains all records associated with sexual abuse or harassment investigations for the duration of the alleged perpetrator's incarceration or employment, plus five years. Essential documents are also permanently housed in the SCRIBE database.

### **PREA Compliance Manager**

The PCM stated that an investigation is never discontinued due to the departure of the alleged victim or abuser from the facility or agency.

### **Facility Head or Designee**

The Facility Head reported that, within the last 12 months, there were no substantiated cases involving criminal conduct referred for prosecution.

### **Inmates Who Reported Sexual Abuse**

Inmates who had made reports shared that:

1. Staff responded promptly and took the allegations seriously.
2. Forensic exams were conducted without delay.
3. Victim advocates were made available and provided ongoing support, including presence during medical procedures.
4. They were not charged for medical treatment.
5. They were never asked or required to take a polygraph examination.

### **PROVISIONS**

#### **Provision (a):**

According to the PAQ and verified policy, CDOC has established a clear protocol for conducting both administrative and criminal investigations. CDOC Administrative Directive 1.10, Section 6 states that all reports of sexual abuse, attempted abuse, or harassment must be investigated thoroughly, promptly, and objectively—including third-party and anonymous complaints.

#### **Provision (b):**

Investigators receive and maintain specialized training in handling sexual abuse investigations. This was verified through interviews and a review of training records. Directive 6.12, Section 16 mandates that only trained staff may investigate PREA-related incidents.

#### **Provision (c):**

Investigations include collection of physical, testimonial, electronic, and documentary evidence. Prior complaints or reports against the accused are also reviewed.

Directive 6.12, Section 16 outlines the requirement for adherence to a standardized evidence protocol, ensuring the preservation of usable evidence for possible administrative or criminal proceedings.

**Provision (d):**

When criminal prosecution is possible, the Connecticut State Police has jurisdiction over the case. Investigators may not conduct interviews unless authorized. Per Directive 1.10, when staff identify possible criminal behavior, the crime scene is secured and handed over to law enforcement. Investigative actions proceed only with appropriate authorization.

**Provision (e):**

Credibility determinations are made individually without regard to a person's role (staff or inmate). Directive 1.10 explicitly prohibits requiring inmates to submit to a polygraph or similar device as a condition of continuing an investigation.

**Provision (f):**

Administrative investigations assess potential staff misconduct, including omissions. Final reports document the evidence collected, analysis of credibility, and investigative findings. Directive 1.10, Section 8 requires thorough documentation of all relevant aspects of the investigation, including staff conduct and its potential contribution to the alleged abuse.

**Provision (g):**

All criminal investigations are meticulously documented and transferred to the Connecticut State Police once a criminal act is suspected. Investigators stated that full documentation is completed through the point of referral to law enforcement. No substantiated cases were referred for prosecution in the past 12 months.

**Provision (h):**

As confirmed by the PAQ, no criminal cases were referred for prosecution within the past year.

**Provision (i):**

Directive 1.10 outlines record retention as follows:

Investigative records are maintained for the duration of the abuser's incarceration or employment, plus five years, or longer if required by state retention laws or legal hold.

**Provision (j):**

Investigations are not terminated due to the departure of a subject from employment or custody. Directive 1.10 confirms investigations continue irrespective of changes in custody or employment status.

	<p><b>Provision (k):</b> While not audited, Directive 1.10 affirms that the agency’s forensic and evidence handling protocols extend to outside entities such as the Department of Justice or Connecticut State Police.</p> <p><b>Provision (l):</b> CDOC fully cooperates with external criminal investigative bodies. Internal investigators work in concert with the Connecticut State Police when necessary. Directive 1.10 emphasizes collaboration with external law enforcement and ensures departmental investigations do not interfere with ongoing criminal cases.</p> <p><b>CONCLUSIONS:</b> Following a thorough review of relevant documentation, interviews, and agency policy, the Auditor concludes the agency/facility is in full compliance with PREA Standard §115.71. The investigative processes employed by CDOC demonstrate rigor, impartiality, and alignment with all applicable PREA requirements. Investigations are timely, comprehensive, and continue regardless of changes in custody or employment, with full collaboration between internal and external investigative entities.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>The Auditor reviewed</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) along with related documentation</li> <li>2. CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.</li> <li>3. CDOC Administrative Directive 1.10, Investigations, including: <ol style="list-style-type: none"> <li>1. Section 3, pp. 1-2 - Definitions and Acronyms</li> <li>2. Section 6, pp. 2-6 - Initial Inquiries and Administrative Investigations</li> </ol> </li> </ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Investigative Staff</b> During interviews with designated investigators, the following key practices were validated:</p> <ul style="list-style-type: none"> <li>• <b>Comprehensive Evidence Gathering:</b> Investigators consistently compile and evaluate all pertinent types of evidence. This includes physical items, documents, victim and witness testimony, the alleged perpetrator’s account,</li> </ul>

evidence from the scene of the incident, and—when available—electronic surveillance footage.

- **Thorough and Unbiased Investigations:** Each investigation is conducted with impartiality and depth. Reports include detailed findings and are submitted to facility leadership. Where applicable, findings are also shared with the District Attorney for prosecutorial review.
- **Appropriate Evidentiary Standard:** Investigators confirmed the use of the "preponderance of the evidence" standard in determining the outcome of allegations. This standard, meaning that it is more likely than not that the incident occurred, is never exceeded by imposing a higher burden of proof.
- **Assessment of Staff Conduct:** The investigative process routinely includes an evaluation of staff behavior—both actions and omissions—that may have played a role in the incident.
- **Individualized Credibility Determinations:** Staff emphasized that assessments of truthfulness are made on a case-by-case basis and are not influenced by whether a person is an inmate or staff member.

### **PROVISIONS**

#### **Provision (a):**

The PAQ and interviews with investigative personnel confirmed that the CDOC does not apply a standard of proof higher than the preponderance of the evidence when substantiating allegations of sexual abuse or harassment.

This approach is supported by CDOC Administrative Directive 1.10, Section 6, which explicitly states:

"No standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated."

This policy is fully aligned with PREA Standard §115.72, which mandates that administrative investigations use the lowest standard of proof—preponderance of the evidence.

### **CONCLUSION**

Following a thorough review of CDOC policies, investigator interviews, and supporting documentation, the Auditor has determined that the agency meets the requirements outlined in PREA Standard §115.72 - Evidentiary Standard for Administrative Investigations.

The agency correctly applies the preponderance of the evidence standard and upholds investigative practices that reflect PREA compliance and professional integrity. Accordingly, the Auditor finds the facility in full compliance with this standard.



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

The Auditor reviewed the

1. Pre-Audit Questionnaire (PAQ)
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.
3. CDOC Administrative Directive 1.10, Investigations, Section 6, pp. 2-4, detailing Initial Inquiries and Administrative Investigations.
4. CDOC Administrative Directive 1.10, Section 10(g), addressing Reporting to Inmates.
5. CDOC Administrative Directive 6.12, Section 16, p. 14, outlining procedures for Investigating Sexual Abuse/Sexual Harassment.

**INTERVIEWS**

**Investigative Staff**

During interviews, designated investigative personnel provided a comprehensive overview of the investigation process. They confirmed that once a PREA-related investigation is completed, a detailed report is generated. This report outlines the findings and provides the rationale behind the determination. Upon completion, it is forwarded to facility leadership for further action.

Investigators shared the following:

- If the investigation is criminal in nature, the Criminal Operations Division is responsible for notifying the inmate of the outcome.
- For administrative investigations, the facility ensures that written notification is provided to the inmate regarding the disposition of the case—whether substantiated, unsubstantiated, or unfounded.

**Facility Head or Designee**

The Facility Head confirmed full compliance with PREA Standard §115.73. Specifically:

- When allegations of staff-on-inmate sexual abuse are substantiated, inmates are informed when:
- The staff member is removed from the inmate's housing unit;
- The staff member is no longer employed at the facility• The agency is notified that the staff member has been arrested or convicted in connection with the incident.

The Facility Head also reported that all staff-related allegations made in the past 12 months were determined to be unfounded.

For inmate-on-inmate sexual abuse cases, the Facility Head indicated that victims are informed if the abuser is indicted, charged, or convicted in relation to the abuse.

### **Inmates Who Reported Sexual Abuse**

Inmates interviewed who reported incidents of sexual abuse shared the following consistent experiences:

1. Facility staff responded quickly and professionally to their reports.
2. Victims were immediately referred for forensic medical evaluations.
3. Those who underwent exams were offered access to a victim advocate, who remained with them throughout the procedure and explained the process.
4. Inmates were not billed for any medical services associated with the incident.
5. No inmate was asked to submit to a polygraph exam.
6. Each inmate received a written notification outlining the results of the investigation.

### **PROVISIONS**

#### **Provision (a):**

According to the PAQ, CDOC policy mandates that any inmate who alleges sexual abuse must be informed—either verbally or in writing—whether the allegation was substantiated, unsubstantiated, or unfounded following the conclusion of an investigation.

The PAQ reported that six administrative or criminal investigations into inmate sexual abuse were completed within the last year. In each closed case, inmates were appropriately informed of the outcome.

Per CDOC Administrative Directive 1.10, Section 10(g), the PREA Unit is required to notify inmates regarding the final determination of any sexual abuse allegation. If another agency conducted the investigation, the PREA Unit is responsible for obtaining the necessary information to communicate with the inmate. This obligation ends only if the inmate is no longer in CDOC custody.

#### **Provision (b):**

The PAQ documented three sexual abuse investigations conducted by outside agencies within the last year.

The Connecticut State Police are the sole entity responsible for conducting criminal investigations. Findings from those investigations are shared with the CDOC PREA Unit. It is the responsibility of the agency or facility to communicate those results to the inmate. Documentation of these notifications is maintained in the PREA investigative file.

#### **Provision (c):**

As confirmed by the Facility Head and outlined in the PAQ, when an inmate's allegation of staff-on-inmate sexual abuse is substantiated, the inmate is informed when:

1. The staff member is reassigned away from the inmate’s housing unit;
2. The staff member is no longer employed at the facility;
3. The staff member is arrested for the abuse; or
4. The staff member is convicted of a related offense.

This requirement is stated in CDOC Administrative Directive 6.12, Section 17(A)(1-4). If the allegation is determined to be unfounded or unsubstantiated, such notifications are not required. Additionally, upon conclusion of the investigation, the facility is responsible for notifying the inmate of the outcome.

**Provision (d):**

In situations involving inmate-on-inmate sexual abuse, victims are informed if:

1. The alleged perpetrator is indicted on charges related to the abuse; or
2. The alleged perpetrator is convicted on such charges.

**Provision (e):**

The facility reported that, within the past 12 months, six inmates received written notification regarding the outcomes of their sexual abuse investigations.

CDOC Administrative Directive 1.10, Section 10(g), states that the agency’s obligation to notify the inmate terminates upon the inmate’s release from custody.

**Provision (f):**

This provision is not required to be audited under the PREA standards.

**CONCLUSION:**

Following a detailed review of agency policy, investigative files, documentation, and interviews with staff and inmates, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.73. Inmates are consistently informed of investigative outcomes in accordance with policy, and the process aligns with the requirements of the standard.

115.76	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation.</li> <li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.</li> </ol>

3. CDOC Administrative Directive 2.17, Employee Conduct, Section 6 – Staff Discipline, effective September 26, 2014.
4. CDOC Administrative Directive 6.12, Section 21, p. 16 – Disciplinary Sanctions, effective July 20, 2015.

## **INTERVIEWS**

### **Facility Head or Designee**

An interview with the Facility Head's designee conducted during the onsite audit confirmed the following key points:

All staff members are held accountable under agency policy and subject to disciplinary sanctions, including termination, for violations involving sexual abuse, sexual harassment, or related misconduct.

In the past 12 months:

1. No staff were found to have violated sexual abuse or harassment policies.
2. No terminations or resignations occurred due to such violations.
3. Termination is the default disciplinary response for any staff member found to have engaged in sexual abuse, barring exceptional circumstances.

## **PROVISIONS**

### **Provision (a):**

The PAQ and interview confirmed that staff are subject to disciplinary consequences, up to and including termination, for violating policies addressing sexual abuse and sexual harassment.

CDOC Administrative Directive 2.17, Section 6, establishes that, consistent with Directive 2.6, disciplinary action for such violations may include termination. It further clarifies that termination is the presumptive disciplinary action when staff are found to have engaged in sexual abuse. Additionally, any staff termination or resignation (in lieu of termination) under these circumstances must be reported to law enforcement unless the conduct was clearly not criminal. Reports must also be submitted to applicable licensing authorities. Disciplinary decisions must be rooted in job-related, non-discriminatory considerations.

### **Provision (b):**

The facility reported, and the Facility Head confirmed, that within the previous 12-month period, no staff were identified as having violated agency policies related to sexual abuse or harassment. Accordingly, there were no terminations or resignations linked to such misconduct.

Directive 2.17 reiterates that termination is the standard disciplinary response for verified cases of staff sexual abuse.

### **Provision (c):**

	<p>According to the PAQ, no staff during the review period received disciplinary action short of termination for violations of sexual abuse or harassment policies.</p> <p>Directive 2.17 states that when misconduct does not constitute actual sexual abuse, sanctions should be proportionate to the severity and context of the behavior, the individual’s disciplinary history, and how comparable cases have been treated to ensure consistency.</p> <p><b>Provision (d):</b> The PAQ indicates that no facility staff were referred to law enforcement or licensing entities within the past 12 months due to termination or resignation related to policy violations on sexual abuse or harassment.</p> <p>Directive 2.17, Section 6, specifies that all relevant terminations or pre-termination resignations must be reported to law enforcement—unless the conduct was clearly not criminal—and to appropriate licensing bodies.</p> <p><b>CONCLUSION:</b> Based on a thorough review of relevant policies, documentation, and interview findings, the Auditor concludes that the agency/facility complies fully with PREA Standard §115.76. The Connecticut Department of Correction has implemented appropriate disciplinary protocols for staff found in violation of sexual abuse and harassment policies, with termination as the presumptive sanction, and adheres to requirements for external reporting where applicable.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>SUPPORTING DOCUMENTS</b></p> <p>To assess the facility’s compliance with PREA Standard §115.77 regarding corrective action for contractors and volunteers, the Auditor reviewed the following key documentation:</p> <ol style="list-style-type: none"> <li>1. The Pre-Audit Questionnaire (PAQ) along with all related supporting materials submitted by the facility;</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; <ol style="list-style-type: none"> <li>1. Section 21, page 16, of Administrative Directive 6.12, outlining Disciplinary Sanctions, which includes provisions for corrective actions related to vendors, contractors, and volunteers;</li> </ol> </li> <li>3. CDOC Policy 10.4 - Volunteer and Recreation Services, detailing expectations</li> </ol>

for volunteer conduct, orientation content, and processes for addressing policy violations.

Collectively, these documents establish a strong framework for enforcing accountability among contractors and volunteers, including mandatory separation from inmate contact in the event of substantiated sexual abuse, reporting obligations to external authorities, and appropriate remedial actions in instances of policy violations that do not rise to the level of abuse.

## **INTERVIEWS**

### **Facility Head or Designee**

During the onsite audit, the Auditor conducted an interview with the Facility Head's designee to verify implementation of agency policies related to misconduct by non-staff personnel. The designee confirmed the following:

- No incidents occurred within the past twelve months in which a contractor or volunteer was found to have engaged in sexual abuse requiring referral to law enforcement or licensing authorities.
- Likewise, there were no instances in which a contractor or volunteer violated agency sexual abuse or harassment policies that required corrective action or removal from access to inmates.

## **PROVISIONS**

### **Provision (a):**

Agency policy mandates that any contractor or volunteer who engages in sexual abuse shall:

- Be immediately and permanently barred from contact with inmates; and
- Be reported to the appropriate law enforcement agencies—unless the conduct is clearly non-criminal—and any applicable licensing bodies.

This requirement is detailed in Administrative Directive 6.12, Section 21, which outlines disciplinary sanctions applicable to non-staff personnel. The policy also specifies that, in cases involving violations of sexual abuse or harassment policies that do not constitute actual abuse, the facility must take reasonable corrective action and determine whether continued access to inmates is appropriate.

The facility confirmed through the PAQ and interviews that there were no such incidents during the audit review period.

### **Provision (b):**

The agency reported that it enforces corrective measures for any contractor or volunteer who violates its sexual abuse or harassment policies, even in cases where

the violation does not involve substantiated abuse. These actions may include retraining, reassignment, or permanent removal of inmate access, based on the severity of the infraction.

This process is further reinforced by CDOC Policy 10.4 - Volunteer and Recreation Services, which governs the conduct of contractors and volunteers. According to this policy, all non-staff personnel are informed during orientation that:

Any involvement in sexual abuse will result in a permanent ban from facility access and prompt notification to law enforcement and licensing entities, if appropriate; and Lesser violations may still result in corrective measures, which are addressed on a case-by-case basis.

This information is explicitly communicated in the Volunteer-In-Prison (VIP) Handbook, which is issued to all volunteers and contractors during initial onboarding and training sessions.

### **CONCLUSION**

Based on a comprehensive review of agency directives, training and orientation materials, the Pre-Audit Questionnaire, and staff interviews, the Auditor concludes that the facility fully complies with the requirements of PREA Standard §115.77 - Corrective Action for Contractors and Volunteers.

The agency has clear and enforceable policies ensuring that contractors and volunteers who engage in sexual abuse are permanently prohibited from inmate access and are reported to appropriate authorities. In addition, the facility is prepared to impose corrective actions in cases of policy violations that fall short of criminal abuse. No incidents requiring such action occurred during the audit period, further supporting the conclusion that the agency is actively upholding this standard.

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To determine the facility's compliance with PREA Standard §115.78 concerning disciplinary sanctions for inmates found to have committed sexual abuse, the following documents were thoroughly examined:</p> <ol style="list-style-type: none"><li>1. The Pre-Audit Questionnaire (PAQ) and all associated documentation provided by the facility;</li><li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;</li></ol>

3. CDOC Administrative Directive 6.12, Section 21(C), page 16 – Inmate Discipline, which specifies the parameters under which disciplinary sanctions may be imposed in relation to sexual abuse incidents;
4. CDOC Administrative Directive 9.5 – Code of Penal Discipline, outlining the formal inmate disciplinary procedures and the range of sanctions applicable to various types of misconduct.

These documents together form the framework by which the CDOC ensures due process, equity, and proportionality in disciplinary outcomes related to sexual abuse, consistent with PREA requirements.

## **INTERVIEWS**

### **Facility Head or Designee**

During interviews conducted as part of the onsite audit, the Facility Head or designated representative confirmed several important practices related to the disciplinary process for inmate sexual abuse:

- The Department maintains a zero-tolerance policy for all forms of sexual activity between inmates.
- Within the past year, the facility identified one substantiated case of inmate-on-inmate sexual abuse through administrative investigation.
- No inmate was found guilty through criminal prosecution for sexual abuse during the same timeframe.
- Disciplinary measures for inmate-staff sexual contact are only imposed when there is a clear finding that the staff member did not provide consent.
- Inmates who report incidents of sexual abuse in good faith—based on a reasonable belief that abuse occurred—are not subject to disciplinary action, even if the investigation does not substantiate the allegation.

### **Medical and Mental Health Staff**

Medical and mental health practitioners interviewed confirmed that therapeutic interventions, counseling, and rehabilitative programming are available to inmates found responsible for sexual abuse. Participation in such programming may be required as a condition of continued access to privileges or institutional programs. These interventions are designed to address the root causes of abusive behavior and to support behavioral change.

## **PROVISIONS**

### **Provision (a):**

Inmates may only be subjected to disciplinary sanctions after a formal adjudication process, which must be initiated following either:

- An administrative determination of inmate-on-inmate sexual abuse, or



- A criminal conviction related to sexual abuse.

Administrative Directive 6.12, Section 21(C), reinforces that sanctions must adhere to the due process protocols established in Administrative Directive 9.5 – Code of Penal Discipline.

This was confirmed during interviews with facility leadership.

**Provision (b):**

Sanctions imposed on inmates found to have committed sexual abuse are proportionate to:

1. The severity and context of the abusive act,
2. The inmate’s prior disciplinary history, and
3. Comparable sanctions imposed on other inmates with similar records and offenses.

This proportional response is required by policy and was verified by the Facility Head.

**Provision (c):**

When assessing potential disciplinary responses, staff consider whether the inmate’s behavior may have been influenced by mental illness or cognitive disability. Directive 6.12, Section 21(C), explicitly requires this consideration, and the practice was corroborated through interviews with medical and mental health staff.

**Provision (d):**

The facility makes therapeutic and behavioral intervention programs available to inmates determined to have engaged in sexual abuse. These interventions may include counseling, therapy, or other treatment modalities. The facility also considers whether successful participation in these services is appropriate as a requirement for regaining access to programs or privileges. This practice is outlined in policy and supported by interviews with mental health personnel.

**Provision (e):**

Inmates are only disciplined for sexual contact with a staff member when the evidence shows that the staff member did not consent to the interaction. This is a critical safeguard designed to prevent punitive responses to situations involving manipulation, coercion, or abuse of power by staff. The policy is clearly set forth in Directive 6.12, Section 21(C), and was affirmed by the Facility Head.

**Provision (f):**

The facility strictly prohibits disciplinary action against inmates who make sexual abuse reports in good faith. As outlined in Directive 6.12, Section 21(C), inmates cannot be sanctioned for reports that are later deemed unsubstantiated, provided the report was made based on a reasonable belief. However, deliberate false reporting—determined through investigative findings—may result in discipline under the guidelines set forth in Administrative Directive 9.5.

**Provision (g):**

While all inmate-on-inmate sexual activity is prohibited by agency policy, such conduct is classified as sexual abuse only when it involves coercion or lack of consent. Non-coercive sexual activity may still result in disciplinary action, but it is not handled under the same framework as sexual abuse. This approach is consistent with Directive 6.12, Section 21(C), and ensures accurate classification of misconduct while maintaining facility safety and accountability.

**CONCLUSION**

Following a comprehensive review of applicable agency policies, supporting documentation, and interviews with facility leadership and clinical staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.78 - Disciplinary Sanctions for Inmates.

The agency ensures that disciplinary measures for sexual abuse are applied only after formal adjudication, reflect proportionality, and include consideration of mitigating factors such as mental health status. Additionally, safeguards are in place to prevent retaliation or unjust punishment for good-faith reports, and therapeutic programming is available to address abusive behavior and promote rehabilitation. These practices collectively demonstrate the facility's adherence to both the letter and spirit of the PREA standard.

115.81	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To determine compliance with the PREA requirements related to medical and mental health evaluations for inmates disclosing prior sexual victimization or perpetration, the Auditor reviewed the following materials:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire (PAQ) and associated documentation provided by the facility.</li><li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.</li><li>3. CDOC Administrative Directive 6.12, Section 11 - Screening for Risk of Victimization and Abusiveness, which outlines referral procedures and confidentiality expectations.</li><li>4. CDOC Administrative Directive 8.5 - Mental Health Services, pages 1-6,</li></ol>

detailing standards for mental health care, evaluations, and referrals.

These directives and tools collectively outline how the agency identifies and responds to inmates with a history of sexual victimization or abuse perpetration, including procedures for timely clinical referrals, documentation, informed consent, and appropriate information-sharing protocols.

## **INTERVIEWS**

### **Risk Screening Staff**

Staff responsible for administering the PREA risk screening tool at intake confirmed that all medical and mental health records are stored securely within a confidential database. Access to this information is tightly controlled and limited exclusively to authorized healthcare personnel. When information is shared with non-clinical staff such as custody or classification personnel, it is done solely on a need-to-know basis, and only when necessary for security, housing, or treatment planning.

### **Medical and Mental Health Staff**

Medical and mental health professionals affirmed that inmates who disclose past experiences of sexual victimization, either within the community or while in custody, are promptly referred for clinical follow-up. These referrals are initiated immediately following intake screening and are scheduled to occur within a 14-day window. Clinicians emphasized that informed consent is always obtained before disclosing any non-institutional incidents of victimization, unless the individual is under the age of 18.

When an inmate is identified as having a history of sexual abuse perpetration, mental health referrals are also generated within the same 14-day timeframe. All referrals are logged, tracked, and addressed within the required timeline. Clinical interventions are guided by the presenting needs and professional assessment of each individual case.

### **Inmates Who Disclosed Prior Victimization**

An inmate who had disclosed previous sexual victimization during the intake process was interviewed during the audit. The inmate reported that a mental health referral was initiated on the same day as intake and that a clinical appointment was scheduled within one week. The inmate chose to decline the appointment voluntarily, which is consistent with agency policy that respects an individual's right to refuse services while still ensuring that proper referrals are offered and documented.

## **PROVISIONS**

### **Provision (a):**

The PAQ indicates that, over the past 12 months, every inmate who disclosed a history of sexual victimization during the intake screening process was offered an opportunity for a follow-up meeting with a medical or mental health practitioner. Review of documentation confirmed that all such referrals were made in a timely manner and that the required evaluations occurred within the prescribed 14-day period.

CDOC Administrative Directive 6.12, Section 11, mandates that staff must offer a follow-up meeting within 14 days to any offender whose screening indicates a prior experience of sexual victimization, regardless of whether that abuse occurred in the community or an institutional setting.

**Provision (b):**

The PAQ also confirms that all inmates identified as having previously perpetrated sexual abuse were referred to mental health services for further evaluation.

The Auditor verified that these referrals were not only generated, but completed within the appropriate timeframe, consistent with policy expectations.

Directive 6.12, Section 11, requires that any inmate with a history of sexually abusive behavior be offered a follow-up appointment with a mental health professional within 14 days of screening.

**Provision (c):**

Policy and interviews reaffirmed that when an inmate is identified during screening as having committed prior sexual abuse, whether while incarcerated or in the community, the facility ensures a prompt referral for a mental health evaluation.

As outlined in CDOC Directive 6.12, Section 11, such follow-up services are expected to occur within 14 days of the initial screening.

**Provision (d):**

The PAQ and staff interviews indicated that the facility strictly limits access to information obtained during PREA screening. Only personnel involved in making security, housing, treatment, or classification decisions are permitted to view or use this information.

This confidentiality requirement is clearly stated in Directive 6.12, Section 11, which emphasizes the need to restrict disclosure to those with a direct operational need.

**Provision (e):**

The Auditor confirmed, through documentation and interviews, that informed consent is obtained before medical or mental health staff disclose information about prior sexual victimization that occurred outside of a correctional setting.

The only exception, as clearly defined in Directive 6.12, Section 11, applies when the individual is under the age of 18, in which case consent is not required for reporting purposes.

This practice ensures compliance with clinical and legal standards while protecting inmate privacy and autonomy.

**CONCLUSION**

After reviewing all relevant documentation, observing practices, and conducting staff and inmate interviews, the Auditor concludes that the facility is in full compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse.

The agency has implemented effective procedures to identify inmates with histories of victimization or perpetration, ensure timely clinical referrals, respect privacy through informed consent, and maintain appropriate confidentiality.

The consistent application of these protocols, along with documented follow-through on referrals and treatment offers, demonstrates that the facility is fulfilling its

	responsibilities under the standard.
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To evaluate the facility’s compliance with PREA requirements regarding timely access to emergency medical and mental health services for victims of sexual abuse, the following documents were reviewed:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ) and related documentation submitted by the facility.</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.</li> <li>3. CDOC Administrative Directive 6.12, Section 13(C), pages 12–13 – Medical Staff Action, which outlines protocols for emergency medical response and clinical intervention following a sexual abuse report.</li> </ol> <p>These documents provide a clear policy framework for the facility’s response to reports of sexual abuse, including the provision of immediate treatment, access to crisis services, and coordination between security and medical staff.</p> <p><b><u>INTERVIEWS</u></b></p> <p><b>Medical and Mental Health Staff</b></p> <p>Interviews with both medical and mental health personnel confirmed that inmates reporting sexual abuse are afforded prompt access to emergency healthcare and crisis intervention services. These services are provided in accordance with established clinical protocols and are guided by the professional judgment of the attending healthcare practitioners.</p> <p>Medical staff emphasized that care is delivered based on individualized needs, including the offer of emergency contraception and prophylactic treatment for sexually transmitted infections (STIs), when medically indicated. Mental health professionals noted that emotional support and psychological care are also initiated as needed.</p> <p>Medical staff further explained that upon receiving a report of sexual abuse, the inmate is brought to the medical unit for an initial evaluation by a physician. The physician determines whether the Sexual Assault Response Team (SART) should be activated or if immediate hospital transfer is required due to injury severity. If SART</p>

activation is appropriate, nursing staff provide immediate care instructions and explain next steps before the inmate is transported. The facility physician issues any necessary medical orders, and the inmate is briefed on STI treatment options and follow-up care.

### **First Responders (Security and Non-Security Staff)**

Security first responders consistently reported that their primary responsibilities include ensuring the safety of the alleged victim, safeguarding any potential evidence, and promptly notifying medical and mental health personnel.

Non-security first responders, such as program or support staff, stated that they prioritize protecting the victim until relieved by security staff. They also confirmed that they notify appropriate personnel immediately upon receiving a report of sexual abuse.

### **Inmates Who Reported Sexual Abuse**

Inmates who reported sexual abuse incidents provided consistent feedback, confirming that:

- Staff responded swiftly and took the allegations seriously.
- Medical and mental health services were made available without delay.
- Forensic medical examinations were offered as part of the response protocol.
- Victim advocates were offered and remained present throughout forensic exams, explaining each step of the process.
- They incurred no financial costs for medical services related to the abuse.
- No inmate was asked or required to take a polygraph test in connection with the report.
- Each inmate received written notification regarding the outcome of their case.

## **PROVISIONS**

### **Provision (a)**

The PAQ indicates, and documentation and staff interviews confirmed, that victims of sexual abuse are provided with immediate and unrestricted access to emergency medical care and crisis intervention services. These services are delivered by qualified medical or mental health practitioners and are tailored to the needs of the individual based on professional clinical judgment.

The Auditor reviewed case records related to reported incidents of sexual abuse and found that in each instance, referrals for medical and mental health services were made promptly and care was initiated well within appropriate timeframes.

CDOC Administrative Directive 6.12, Section 13(C), affirms that victims of sexual abuse must receive immediate and unimpeded access to necessary emergency medical and psychological support services, as determined by healthcare professionals.

### **Provision (b)**

According to facility reports and corroborated by interviews with first responders, if qualified medical or mental health practitioners are not on duty when an allegation of sexual abuse is received, first responders are trained to take interim steps to protect the victim and to contact the appropriate on-call medical and mental health staff without delay.

This procedure aligns with CDOC Directive 6.12, Section 13(C), which mandates that in the absence of on-site healthcare professionals, first responders are to initiate protective measures and notify on-call personnel immediately.

**Provision (c)**

The PAQ and interviews with healthcare staff confirmed that victims of sexual abuse are provided with timely access to emergency contraception and prophylactic treatment for STIs, consistent with current community healthcare standards and where clinically appropriate.

Medical and mental health staff emphasized that these services are discussed with the inmate as part of the initial treatment plan, and the inmate is given information to make informed decisions regarding care.

CDOC Administrative Directive 6.12, Section 13(C), supports this practice, requiring that victims be offered timely access to emergency contraception and STI prophylaxis according to accepted clinical standards.

**Provision (d)**

Interviews and documentation confirm that all treatment services related to sexual abuse are offered to inmate victims at no cost. This includes all medical and mental health services provided in response to a report, regardless of whether the inmate names the perpetrator or agrees to participate in an investigation.

Inmates confirmed they were not financially charged for care, and documentation reflected the same.

Directive 6.12, Section 13(C), explicitly states that treatment services are to be provided without cost to the victim and are not contingent upon cooperation with investigative procedures.

**CONCLUSION**

Based on the Auditor's comprehensive review of facility policies, staff interviews, and case documentation, it is concluded that the agency/facility is in full compliance with PREA Standard §115.82 - Access to Emergency Medical and Mental Health Services.

The facility has established clear procedures that ensure immediate, appropriate, and confidential access to emergency care for inmate victims of sexual abuse. Services are provided free of charge and consistent with professional standards of care. The effective coordination between first responders and clinical staff further demonstrates the agency's commitment to protecting inmates and delivering trauma-informed support in accordance with federal PREA guidelines.

115.83

**Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**SUPPORTING DOCUMENTS**

To evaluate the facility’s compliance with the PREA standard concerning ongoing medical and mental health care for inmates who have experienced sexual abuse, the following documents were thoroughly reviewed:

1. Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility.
2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.
3. CDOC Administrative Directive 6.12, Section 13C – Medical Staff Action, pages 12-13, which outlines required procedures following a report of sexual abuse.
4. Correctional Managed Health Care (CMHC) Policy Manual, Policy G-57.1 – Sexual Assault/Sexual Abuse, dated August 28, 2019.

These policies collectively establish the agency’s protocols for providing appropriate, timely, and comprehensive medical and mental health treatment following allegations or findings of sexual abuse.

**INTERVIEWS**

**Medical and Mental Health Staff**

Medical and mental health personnel reported that inmates disclosing sexual abuse receive immediate attention and are offered a comprehensive range of treatment options. Services are guided by clinical expertise and follow current community healthcare standards. The following services are routinely provided:

- Prompt medical and psychological evaluation and care
- Emergency contraception and STI prophylaxis when medically necessary
- Testing for sexually transmitted infections
- Pregnancy testing and, where applicable, access to all lawful pregnancy-related healthcare options

Staff emphasized that these services are delivered at no cost to the inmate, irrespective of the inmate's willingness to name the perpetrator or participate in an investigation. Mental health staff further explained that, when an inmate is identified as a perpetrator of inmate-on-inmate sexual abuse, a mental health evaluation is initiated within 60 days of the discovery, and therapeutic services are offered based



on clinical judgment.

### **Inmates Who Reported Abuse**

Interviews with inmates who had previously reported sexual abuse confirmed that the facility responded with professionalism and care. Inmates consistently stated:

- Staff acted quickly and appropriately after reports were made
- They were immediately referred to both medical and mental health professionals
- Forensic medical exams were arranged without unnecessary delay
- Victim advocates were made available and remained present during the exam, offering emotional support and guidance
- There was no cost for any treatment related to the reported abuse
- No inmates were pressured to undergo a polygraph
- All were provided with written notice about the resolution of their investigation

### **PROVISIONS**

#### **Provision (a)**

The PAQ and staff interviews confirmed that all inmates who report sexual abuse receive immediate medical and mental health evaluations and follow-up treatment. These services are provided regardless of where the incident occurred—inside or outside a correctional setting.

CDOC Administrative Directive 6.12, Section 13C, and CMHC Policy G-57.1 both mandate that inmates presenting with allegations of sexual abuse must receive medical attention and mental health intervention without delay. These policies require that crisis intervention, STI testing and treatment, and psychological support be provided to all victims. Review of case documentation supported this requirement, showing full compliance and no cost to the inmate.

#### **Provision (b)**

According to the PAQ, and verified by documentation and interviews, all evaluations include treatment planning and coordination of care, especially if the inmate is being transferred or released. Staff confirmed that such plans are documented, monitored, and updated to ensure continuity of services.

Directive 6.12 specifically states that inmates must receive follow-up care and that referral mechanisms be in place to ensure continued treatment post-transfer or post-release. Auditor review of records demonstrated evidence of treatment planning and referrals consistent with this requirement.

#### **Provision (c)**

Interviews with healthcare staff confirmed that all services provided to victims of sexual abuse meet or exceed the level of care that would be expected in the broader community. CDOC policy mandates that inmates receive the same quality of care as would be available to any individual in a comparable situation outside the facility.

**Provision (d)**

Although no inmates were referred for Sexual Assault Nurse Examiner (SANE) exams during the audit period, interviews with staff and a review of the facility's procedures confirmed that a process is in place to ensure timely forensic examinations when needed.

Directive 6.12 requires that any victim capable of becoming pregnant who reports sexually abusive vaginal penetration be offered pregnancy testing and provided with full access to lawful pregnancy-related services. Interviews confirmed readiness to comply with this policy should the need arise.

**Provision (e)**

The PAQ indicates, and medical staff confirmed, that if an inmate becomes pregnant as a result of sexual abuse, they are given comprehensive information about their options and provided access to all pregnancy-related services that are legally available. These services are provided confidentially and in accordance with CDOC and CMHC policies.

**Provision (f)**

The facility ensures that all inmate victims of sexual abuse are offered appropriate testing and treatment for sexually transmitted infections. Medical records and interviews with staff verified that this testing is consistent with prevailing medical standards and CDOC requirements.

Directive 6.12 mandates that STI testing and treatment be part of the facility's response to sexual abuse, and all evidence reviewed by the Auditor showed consistent implementation of this protocol.

**Provision (g)**

In alignment with PREA and CDOC standards, all medical and mental health services related to sexual abuse are provided without charge to the inmate. The facility does not require the inmate to name the perpetrator or participate in the investigation as a condition for receiving care.

This practice was corroborated during interviews and confirmed through review of facility policies and documentation.

**Provision (h)**

Mental health staff reported that inmates identified as perpetrators of inmate-on-inmate sexual abuse are referred for a mental health evaluation within 60 days of the incident coming to light. If clinically appropriate, treatment is offered.

CDOC Directive 6.12 outlines this requirement clearly, and records reviewed by the Auditor reflected consistent implementation. Evaluations are incorporated into broader treatment planning to address behavior and reduce the risk of recurrence.

**CONCLUSION**

After conducting a detailed review of facility records, policy documents, and interviews with both staff and inmates, the Auditor concludes that the facility is fully compliant with PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

The facility has demonstrated a robust and trauma-informed approach to providing care for victims and addressing the treatment needs of identified abusers. Services are timely, free of charge, and meet professional standards consistent with those available in the community. The procedures and practices in place reflect a strong institutional commitment to supporting victims and ensuring accountability in line with the intent and requirements of the PREA standards.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire (PAQ) and supporting documentation.</li><li>2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.</li><li>3. CDOC Administrative Directive 6.12, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015.</li><li>4. Completed Sexual Abuse Incident Review (SAIR) forms and logs.</li><li>5. Documentation of SAIR team membership and meeting schedules.</li><li>6. Examples of facility responses to SAIR recommendations.</li></ol> <p><b><u>INTERVIEWS</u></b></p> <p><b>Facility Head</b></p> <p>The Facility Head confirmed that Sexual Abuse Incident Review (SAIR) Teams are comprised of upper-level management staff, and members represent a multidisciplinary group that includes security supervisors, investigators, and medical and mental health professionals. The Facility Head emphasized that input from these departments is critical in formulating effective corrective actions and stated the</p>

facility is committed to incorporating recommendations made by the SAIR Team into operational practice where appropriate.

**PREA Compliance Manager (PCM)**

The PCM verified that incident reviews are completed within 30 days of the conclusion of an investigation, as required by the PREA standard and CDOC policy. The PCM receives all SAIR reports and collaborates with the Facility Head to ensure that any recommendations for improvement are either implemented or documented with justification if not adopted.

**Incident Review Team (IRT)**

Team members interviewed included personnel from various units including custody, investigations, medical, and mental health services. The members verified that all elements of §115.86 are addressed during reviews, including whether the incident was motivated by gender identity, inmate vulnerabilities, or other contributing factors. The team evaluates each case for policy or procedural deficiencies and considers improvements in supervision, monitoring technology, and staff/inmate dynamics. SAIR reports are submitted to the Facility Head and PCM following each meeting.

**PROVISIONS**

**Provision (a)**

The facility reported in the PAQ that in the past twelve months, there were two criminal and/or administrative investigations of alleged sexual abuse, excluding unfounded incidents. According to CDOC Administrative Directive 6.12, Section 22, all such incidents (excluding those found to be unfounded) must undergo an administrative review. The directive mandates input from security supervisors, investigators, and medical or mental health staff. This aligns with the PREA requirement that all substantiated and unsubstantiated allegations be subject to review.

**Provision (b)**

The PAQ indicates that of the there were no completed investigations, that were not unfounded. Therefore, a SAIR was necessary in these cases. Interviews with the PCM confirmed this. CDOC policy reaffirms that reviews must occur within this timeframe, ensuring timely evaluation and responsive action.

**Provision (c)**

SAIR teams are composed of upper-level management officials with input from line supervisors, investigators, and health practitioners. This composition was confirmed through interviews and documentation reviewed. CDOC policy explicitly requires that reviews include these representatives, ensuring that all relevant perspectives are considered when assessing facility practices and conditions surrounding each incident.

**Provision (d)**

As reported in the PAQ and confirmed during interviews, the facility prepares formal SAIR reports documenting its findings, determinations, and any recommendations for

improvement. These reports are submitted to both the Facility Head and the PCM. Administrative Directive 6.12, Section 22, supports this practice by requiring comprehensive documentation of each review and the submission of the final report to facility leadership.

**Provision (e)**

The facility reported, and interviews confirmed, that recommendations made during incident reviews are either implemented or formally rejected with justification. This practice is consistent with CDOC policy, which requires that all recommendations resulting from SAIRs be acted upon or that documentation be maintained explaining the rationale for not implementing them. Any improvements must also be approved by CDOC. Examples of implemented recommendations were reviewed, including changes to camera placements and staff supervision schedules.

**CONCLUSION**

Based on the comprehensive review of policy, documentation, and staff interviews, the Auditor finds that the facility meets all requirements of PREA Standard §115.86 – Sexual Abuse Incident Reviews. The facility demonstrates a structured, policy-driven process for conducting timely, multidisciplinary reviews of sexual abuse incidents. Review outcomes are documented, and responsive actions are either implemented or justified, ensuring accountability and continuous improvement.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To evaluate compliance with the requirements of PREA Standard §115.87 – Data Collection, the following documents were reviewed:</p> <ol style="list-style-type: none"> <li>1. The facility’s completed Pre-Audit Questionnaire (PAQ) along with all supporting materials submitted in advance of the audit</li> <li>2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015</li> <li>3. CDOC Administrative Directive 6.12, Section 3 – Definitions and Acronyms, which outlines standardized terminology used in data reporting</li> <li>4. CDOC Administrative Directive 6.12, Section 23 – Internal Reporting, describing the data management and reporting structure for PREA-related incidents</li> <li>5. The most recent Survey of Sexual Victimization (SSV-2), submitted to the U.S.</li> </ol>

Department of Justice

6. The most recent CDOC PREA Annual Report, publicly posted on the agency's website

These materials collectively demonstrate the agency's structured approach to collecting, analyzing, and reporting data related to sexual abuse and harassment across all facilities under its operational and contractual oversight.

## **INTERVIEWS**

### **PREA Coordinator / PREA Director**

The agency's PREA Coordinator (PC) or PREA Director (PD) affirmed that CDOC actively gathers, reviews, and analyzes data from multiple sources, including investigative files, incident reports, and post-incident review records. The agency uses this information to fulfill its annual reporting obligations to the U.S. Department of Justice (DOJ), ensuring submission by the required deadline of June 30 each year. This process includes data not only from state-run facilities but also from privately operated institutions under contract.

### **PREA Compliance Manager**

The facility's PREA Compliance Manager (PCM) further verified that data is routinely collected and analyzed for accuracy and completeness. The PCM emphasized that the data management process encompasses all levels of reporting, from incident-based records to agency-wide aggregation, ensuring alignment with internal policies and federal standards.

## **PROVISIONS**

### **Provision (a)**

The PAQ indicates that the CDOC utilizes a uniform and standardized methodology to capture data on every allegation of sexual abuse across its facilities. This includes a common set of definitions and a consistent data collection instrument. The PC/PD confirmed this during interviews.

Administrative Directive 6.12, Section 23(A), requires that all allegations of sexual misconduct be formally documented using CN 6601 (Incident Report), in accordance with Directive 6.6, and entered into the monthly STARS report system under Directive 1.6. Each incident undergoes review by the facility's PREA Compliance Manager and is further documented via CN 61203 (Post-Investigation Facility Review Form). The STARS system captures a complete classification of case outcomes:

1. Substantiated
2. Unsubstantiated
3. Unfounded

Annual data, including that from contracted facilities, is made available to the public

and retained for at least ten years unless legal requirements stipulate otherwise.

**Provision (b)**

The PAQ and the PC/PD both confirmed that CDOC compiles and aggregates sexual abuse data at least once annually. This was substantiated by the Auditor’s review of the most recent PREA Annual Report.

Per Administrative Directive 6.12, Section 23(B), CDOC must annually report to the DOJ’s Bureau of Justice Statistics the following incident categories:

- Abusive sexual contacts
- Staff sexual misconduct
- Staff sexual harassment
- Substantiated cases across all categories

For each category, data includes all investigative findings: substantiated, unsubstantiated, unfounded, and ongoing investigations.

**Provision (c)**

The PAQ affirms, and the PC/PD confirmed, that the agency’s standardized data collection tool meets all minimum data elements required by the most recent DOJ Survey of Sexual Violence (SSV).

As mandated by Directive 6.12, Section 23(A), the agency submits this data electronically via the DOJ’s designated platform (<http://harvester.census.gov/ssv>). Additionally, all requested data from the previous calendar year is made available to DOJ upon request.

**Provision (d)**

The PC/PD described how CDOC collects and examines all incident-based records—such as reports, investigative outcomes, and review findings—to evaluate systemic trends and operational challenges.

Administrative Directive 6.12, Section 23(A) assigns responsibility to the PREA Coordinator for analyzing aggregated data to:

- Detect trends and problem areas
- Recommend and implement corrective measures
- Compile an annual report detailing findings and responsive actions at both the facility and agency levels

This process helps drive continuous quality improvement in the agency’s PREA compliance and prevention strategies.

**Provision (e)**

According to the PAQ and confirmed through interviews, CDOC also compiles both incident-level and aggregate data from all contracted private facilities housing CDOC inmates. The PC/PD emphasized that this information is reviewed in the same manner

as state facility data.

Directive 6.12, Section 23(C) mandates that the agency's annual report:

- Compares current data and actions with prior years
- Evaluates the agency's progress in preventing and responding to sexual abuse
- Is formally approved by the Commissioner
- Is made publicly available on the Department's website
- Includes redactions only where required to maintain facility safety or security, with justifications for each redaction

**Provision (f)**

The agency confirmed in both the PAQ and interviews that all requested data from the prior calendar year is submitted to the DOJ on time. The Auditor examined the most recent SSV-2 submission to validate compliance with this reporting requirement.

**CONCLUSION**

Following a comprehensive review of agency policies, internal reporting procedures, incident documentation, annual reports, and interviews with key staff, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.87 - Data Collection.

The CDOC has developed and implemented a thorough and standardized approach for capturing, reviewing, and reporting data related to sexual abuse and harassment. This system encompasses facilities operated directly by the agency as well as private institutions with which it contracts. The data collection process ensures transparency, facilitates accountability, and promotes ongoing improvements in prevention, detection, and response efforts consistent with federal expectations and best correctional practices.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



## **SUPPORTING DOCUMENTS**

To evaluate the agency's compliance with PREA Standard §115.88 – Data Review for Corrective Action, the following documentation was thoroughly examined:

1. The facility's completed Pre-Audit Questionnaire (PAQ) and accompanying evidence
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
3. The most current Survey of Sexual Victimization (Form SSV-2) submitted to the U.S. Department of Justice
4. The most recent Annual PREA Data Report issued by CDOC
5. CDOC's publicly accessible PREA webpage (<https://portal.ct.gov/DOC/Miscellaneous/PREA>), which provides access to annual reports and other PREA-related resources

These resources collectively demonstrate CDOC's structured and transparent approach to evaluating, correcting, and publicly reporting its efforts to eliminate sexual abuse in its correctional facilities.

## **INTERVIEWS**

### **Agency Head or Designee**

The designee representing the Agency Head confirmed that CDOC's Annual PREA Report includes a comprehensive review comparing current-year data and responses with those from previous reporting periods. The primary intent of the annual report is to document ongoing efforts to prevent sexual misconduct, guide systemic improvements, and hold the agency accountable. The designee also emphasized that the annual report is designed to drive continuous improvement through the identification of trends and the implementation of corrective action plans. All finalized reports are published online at: CDOC PREA Public Site.

### **Facility Head or Designee**

According to the Facility Head, the internal PREA Committee at the facility level conducts detailed reviews of all sexual abuse and sexual harassment allegations. These findings are compiled and submitted to the agency's PREA Coordinator to contribute to the formulation of the statewide annual report. This collaborative model ensures that each facility's data informs the agency's broader strategy and promotes uniform accountability across all institutions.

### **PREA Coordinator / PREA Director**

The PREA Coordinator/Director reported that the agency performs a comprehensive, annual analysis of all data collected under §115.87. The results of this analysis are used to evaluate the effectiveness of current training, reporting, prevention, and investigative procedures. The annual report generated from this process includes facility-level data and system-wide trends, and it serves as a guide for policy and procedural refinements. The Coordinator made clear that the only information

withheld from publication is personally identifiable information or content that could compromise facility security.

**PREA Compliance Manager (PCM)**

The facility's PCM confirmed that the CDOC's public website serves as a centralized platform for posting PREA-related resources, including annual reports, agency policies, and data summaries. This public access underscores the agency's commitment to transparency and informed oversight.

**PROVISIONS**

**Provision (a)**

The PAQ states, and interviews confirmed, that the agency regularly reviews and evaluates data collected under PREA Standard §115.87. The purpose of this analysis is to assess the effectiveness of current sexual abuse prevention, detection, and response protocols. This includes:

Identifying recurring issues or areas needing improvement

Implementing corrective actions at both the facility and agency levels

Producing an annual summary of findings and adjustments

CDOC Administrative Directive 6.12 tasks the PREA Coordinator with compiling these reports, which are submitted to the Commissioner. Each report includes a comparative review of data from the previous year and highlights specific corrective actions undertaken.

**Provision (b)**

Both the PAQ and agency leadership confirmed that the annual report contains a year-over-year comparison of incident data and the agency's response efforts. This approach ensures that the agency can track its progress in curbing sexual abuse and adjusting its practices accordingly.

The Auditor reviewed the most current annual report, which clearly presented these comparisons and met the reporting standards established by PREA. The report is available to the public through the CDOC's official website.

**Provision (c)**

The agency fulfills the requirement of publicly releasing its annual PREA reports by posting them on a dedicated section of the CDOC website. The reports are made accessible in a timely and organized fashion and are available to the general public without requiring formal requests for access.

**Provision (d)**

The PAQ and PC/PD confirmed that redactions within the published report are limited to protecting the confidentiality of individuals and ensuring facility safety. These redactions are minimal and do not compromise the integrity of the data. The Auditor verified that the publicly available versions of the reports are otherwise complete and transparent, in alignment with PREA Standard §115.88.

	<p><b><u>CONCLUSION</u></b></p> <p>Based on a comprehensive review of applicable agency directives, audit documentation, annual reports, and interviews with both leadership and compliance personnel, the Auditor finds the Connecticut Department of Correction to be fully compliant with PREA Standard §115.88 – Data Review for Corrective Action.</p> <p>The agency demonstrates a data-informed, transparent, and accountable process for analyzing and responding to allegations of sexual abuse and sexual harassment. Its annual reports reflect ongoing efforts to identify system weaknesses, track progress over time, and communicate findings to the public. CDOC’s commitment to continuous quality improvement and public accountability underscores its adherence to both the letter and the spirit of PREA.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b><u>SUPPORTING DOCUMENTS</u></b></p> <p>To evaluate compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor reviewed the following documentation and resources:</p> <ol style="list-style-type: none"> <li>1. Completed Pre-Audit Questionnaire (PAQ) and all related materials submitted by both the facility and the Connecticut Department of Correction (CDOC)</li> <li>2. CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, which governs data handling procedures related to sexual abuse incidents</li> <li>3. The official CDOC PREA public webpage: <a href="https://portal.ct.gov/DOC/Miscellaneous/PREA">https://portal.ct.gov/DOC/Miscellaneous/PREA</a>, which hosts the agency’s annual aggregated data reports and additional information pertaining to PREA compliance</li> </ol> <p>These documents collectively illustrate CDOC’s procedural framework for collecting, storing, redacting, publishing, and ultimately preserving or destroying sexual abuse data in accordance with federal requirements.</p> <p><b><u>INTERVIEW</u></b></p> <p><b>PREA Director / PREA Coordinator</b></p> <p>During the interview, the PREA Coordinator explained the multi-tiered process by which the agency collects, manages, and stores sexual abuse data. The Coordinator</p>

emphasized that all data is maintained in a secure manner and is accessible only to authorized personnel based on job-related need. This includes:

**Facility-Level Data Management:** Each individual correctional institution enters incident data into the Risk Management System (RMS), a secure platform with restricted access for confidentiality.

**Agency-Wide Data Oversight:** At the central office level, data is compiled and analyzed for agency-wide reporting purposes. This includes fulfilling federal reporting obligations, such as the Bureau of Justice Statistics' annual Survey of Sexual Victimization (SSV-2), as well as providing transparency through public dissemination on the CDOC website.

The PREA Director confirmed that the agency reviews all collected data on a recurring basis and that prior to any public release, personal identifying details are carefully redacted to ensure compliance with privacy and security requirements under PREA.

## **PROVISIONS**

### **Provision (a)**

According to the PAQ and verified by the PREA Coordinator, CDOC ensures that all sexual abuse data—both incident-specific and aggregated—is securely retained. Administrative Directive 6.12 explicitly requires the preservation of this data for a minimum of ten years. The Auditor confirmed that historical records are securely archived and accessible as needed, demonstrating the agency's adherence to long-term data retention standards and confidentiality protocols.

### **Provision (b)**

The agency reports, and the PREA Coordinator affirmed, that aggregated sexual abuse data from all facilities under CDOC's jurisdiction—including those operated under private contracts—is compiled and made publicly accessible on an annual basis. The Auditor verified this through a review of the most recent reports posted to the Department's official PREA webpage. These reports are consistent with PREA guidelines and offer a transparent view of the agency's progress and response patterns.

### **Provision (c)**

Prior to publishing any aggregated data, CDOC implements a rigorous review process to ensure the removal of personally identifying information. The PREA Coordinator confirmed this process, noting that such precautions are built into the agency's data release protocols. This approach safeguards inmate and staff privacy while maintaining transparency with the public.

### **Provision (d)**

The PAQ and supporting policies confirm that CDOC retains sexual abuse-related data for no fewer than ten years from the date of collection, unless superseded by a longer requirement under applicable law. During the interview, the PREA Director reiterated this retention policy, which is codified in Administrative Directive 6.12, Section 21. The directive also outlines more specific requirements for investigative files, stating:

All records relating to sexual abuse investigations—both criminal and administrative—must be preserved for the duration of the subject’s incarceration or employment with the agency, plus an additional five years thereafter.

The Auditor reviewed archived data from previous years and found it to be maintained in accordance with these clearly defined guidelines.

**CONCLUSION**

Following a detailed analysis of agency policies, documentation, interview responses, and verification of public-facing materials, the Auditor has determined that the Connecticut Department of Correction is fully compliant with PREA Standard §115.89 - Data Storage, Publication, and Destruction.

CDOC exhibits a systematic, secure, and transparent approach to managing sexual abuse data. From initial collection and secure storage to redaction and public reporting, the agency demonstrates a commitment to both protecting sensitive information and promoting institutional accountability. These practices align with PREA’s overarching mission to prevent and respond to sexual abuse in confinement settings through reliable data practices and public transparency.

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>SUPPORTING DOCUMENTATION:            Connecticut Department of Correction’s publicly accessible PREA webpage: <a href="https://portal.ct.gov/DOC/Org/PREA-Unit">https://portal.ct.gov/DOC/Org/PREA-Unit</a></p> <p>INTERVIEW            PREA Coordinator / PREA Unit Director (PD):            During the interview, the PREA Director stated that this audit falls within the first year of the current three-year PREA audit cycle. The PD confirmed that the CDOC website publicly shares various reports detailing sexual abuse data across its facilities, consistent with PREA standards.</p> <p>Inmates:</p>

Inmate interviews verified that they were informed of their ability to send confidential mail directly to the Auditor. They confirmed that this process mirrored the method used for legal correspondence, ensuring privacy and confidentiality.

### **PROVISIONS**

#### **Provision (a):**

According to the PREA Unit Director, all CDOC facilities were audited during the previous three-year cycle (2019-2022). The current audit cycle spans 2022-2025. Audit reports for each facility are publicly available on the CDOC's PREA webpage. In addition, the website includes data and reports detailing sexual abuse allegations and outcomes across all CDOC facilities, in compliance with PREA transparency requirements.

#### **Provision (b):**

This audit marks the beginning of the current three-year audit cycle. The CDOC's website includes a variety of PREA-related documents and facility-specific sexual abuse statistics, ensuring public access to this information as required by the standard.

#### **Provisions (c)-(g):**

Not applicable.

#### **Provision (h):**

During the onsite portion of the audit, the Auditor was granted unrestricted access to all areas of the facility. Facility and agency staff were cooperative and ensured that the Auditor was able to inspect any location requested.

#### **Provision (i):**

Throughout the audit process, the facility and CDOC officials responded promptly and thoroughly to all document and information requests from the Auditor.

#### **Provisions (j)-(l):**

Not applicable.

#### **Provision (m):**

The facility provided the Auditor with a secure, private location for conducting all confidential interviews during the onsite visit.

#### **Provision (n):**

Inmates consistently reported they were given the opportunity to send private correspondence to the Auditor using the same procedures in place for legal mail.

#### **Provision (o):**

Not applicable.

### **CONCLUSION:**

Following a comprehensive review of documentation, staff and inmate interviews,

	<p>and full cooperation from the facility and agency, the Auditor finds that the facility fully complies with PREA Standard §115.401 – Frequency and Scope of Audits.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b><u>SUPPORTING DOCUMENT:</u></b>  Connecticut Department of Correction’s publicly accessible PREA webpage: <a href="https://portal.ct.gov/DOC/Org/PREA-Unit">https://portal.ct.gov/DOC/Org/PREA-Unit</a></p> <p><b><u>PROVISION</u></b></p> <p><b>Provision (f):</b>  The Connecticut Department of Correction maintains a dedicated PREA webpage where the agency publishes a variety of reports containing facility-specific data related to allegations of sexual abuse. This information is made publicly available in accordance with PREA Standard §115.403(f) and can be accessed by the public at <a href="https://portal.ct.gov/DOC/Org/PREA-Unit">https://portal.ct.gov/DOC/Org/PREA-Unit</a>.</p> <p><b><u>CONCLUSION:</u></b>  Based on the review of publicly available information and supporting documentation, the Auditor concludes that the agency/facility is in full compliance with all applicable provisions of PREA Standard §115.403 – Audit Contents and Findings.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes



	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	



	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes



	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	



	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes



<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes



	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

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