

PREA Facility Audit Report: Final

Name of Facility: York Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/24/2025

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"/>
Auditor Full Name as Signed: Darla P. OConnor	Date of Signature: 05/24/2025

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	03/24/2025
End Date of On-Site Audit:	03/26/2025

FACILITY INFORMATION	
Facility name:	York Correctional Institution
Facility physical address:	201 West Main Street , East Lyme, Connecticut - 06357
Facility mailing address:	

Primary Contact

Name:	Katherine Iozzia
Email Address:	katherine.iozzia@ct.gov
Telephone Number:	860-451-3133

Warden/Jail Administrator/Sheriff/Director	
Name:	Trina Sexton
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Telephone Number:	860-451-3212

Facility PREA Compliance Manager	
Name:	Karl Wagher
Email Address:	Karl.Wagher@ct.gov
Telephone Number:	860-451-3138
Name:	John Saporita
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Telephone Number:	860-451-*3201
Name:	Katherine Iozzia
Email Address:	katherine.iozzia@ct.gov
Telephone Number:	860-451-3150

Facility Health Service Administrator On-site	
Name:	Lydia Rostkowski
Email Address:	Lydia.Rostkowski@ct.gov
Telephone Number:	860-451-3086

Facility Characteristics

Designed facility capacity:	1458
Current population of facility:	876
Average daily population for the past 12 months:	838
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
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 https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	17-77 years old
Facility security levels/inmate custody levels:	Level 1=79, Level 2=186, Level 3= 270, Level 4=329
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	568
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	10
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	207

AGENCY INFORMATION

Name of agency:	Connecticut Department of Correction
Governing authority	

or parent agency (if applicable):	
Physical Address:	24 Wolcott Hill Road , Wethersfield, Connecticut - 06109
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<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>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-24
2. End date of the onsite portion of the audit:	2025-03-26

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:

Just Detention International (JDI) was contacted as part of the audit process. In response, JDI confirmed that their records do not reflect any contact or correspondence from the facility or any of its incarcerated individuals. This suggests that neither the institution nor its population has sought services or support through JDI's channels during the audit review period.

The Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS) confirmed that they currently maintain a Memorandum of Understanding (MOU) with the Connecticut Department of Correction (CDOC). Under this agreement, CONNSACS provides a range of services to all CDOC facilities, including York Correctional Institution. The key provisions of the MOU include the following:

1. **Victim Advocacy Support:** Trained victim advocates are available to support incarcerated survivors of sexual abuse before, during, and after the forensic medical examination process. This ensures that survivors have continuous access to emotional and informational support throughout this critical time.
2. **Comprehensive Services:** Advocates offer a broad spectrum of support services, including emotional support, crisis intervention, referrals to community-based services, and follow-up care to ensure continuity and recovery support for the survivor.
3. **Confidentiality and Reporting:** Advocates inform survivors about the limitations of confidentiality due to mandatory reporting laws, helping them make informed decisions. Despite these limitations, advocates are committed to offering timely, compassionate support to all survivors, regardless of when or where the abuse occurred.
4. **Non-Conditional Support:** Advocates provide emotional support to all

	<p>survivors irrespective of the time or location of the abuse and regardless of the survivor’s willingness or ability to cooperate with a formal investigation, particularly in cases of recent incidents.</p> <p>This collaboration between CDOC and CONNSACS ensures that incarcerated individuals at York Correctional Institution have access to trauma-informed, victim-centered support services that align with PREA standards and best practices in correctional sexual assault response.</p>
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1458
15. Average daily population for the past 12 months:	838
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	918
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19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	1
20. 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:	16
21. 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:	17
22. 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:	4
23. 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:	2
24. 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:	6
25. 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:	5
26. 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:	28

27. 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:	7
28. 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:	9
29. 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:	9

30. 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):

As of the first day of the onsite audit, the facility housed a population that included female inmates, with age ranges spanning from juveniles to adults. The majority of the population was English-speaking, though a small percentage of residents spoke Spanish or other languages as their primary language. Interpretation services are available to ensure meaningful access to all PREA-related information and services.

While the facility tracks many demographic and risk-related characteristics — including age, gender identity, sexual orientation (as voluntarily disclosed), prior victimization history, and disabilities — there are certain limitations. Specifically:

- **Gender Identity and Sexual Orientation:** Although the intake process includes questions regarding sexual orientation and gender identity, not all residents feel comfortable disclosing this information. As such, the facility acknowledges that some LGBTQI+ individuals may not be identified unless they voluntarily come forward or it becomes apparent through other interactions.
- **Cognitive and Developmental Disabilities:** Residents with cognitive impairments or developmental disabilities are sometimes difficult to identify at intake without prior medical or mental health records. The facility continues to work with clinical staff to improve identification methods during the screening process.
- **Limited Tracking of Non-Binary and Intersex Individuals:** At the time of the audit, the facility's data systems do not consistently distinguish non-binary or intersex individuals as separate categories. Efforts are ongoing to enhance data collection practices in this area.
- **Language and Cultural Barriers:** Although interpretation services are

	<p>available, limited cultural competence regarding less common languages or cultural norms may hinder full understanding or identification of at-risk individuals.</p> <p>Overall, the facility strives to identify and appropriately respond to the unique needs of all residents, and continuous efforts are made to improve the accuracy and inclusivity of population data collection and reporting systems.</p>
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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

31. 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:	568
32. 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:	197
33. 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:	10

<p>34. 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:</p>	<p>As of the first day of the onsite audit, the facility’s staff, volunteers, and contractors represented a diverse workforce in terms of age, gender, and tenure. There were no individuals identified as having limited English proficiency, visual impairments, or other disabilities that would affect communication or job performance related to PREA compliance. All personnel present had received the required PREA training appropriate to their roles. There were no reported concerns or limitations related to the identification, tracking, or accommodation of staff, volunteers, or contractors relevant to PREA standards.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
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<p>36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
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37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure a geographically diverse sample of inmate interviewees, individuals were selected from various housing units and living areas throughout the facility. This included representation from different security levels, housing wings, and dormitories, as applicable. The auditor collaborated with facility staff to obtain an up-to-date facility layout and population roster, which was used to guide a stratified random selection process. This approach helped ensure that interviewees represented a cross-section of the facility's population and living environments, rather than being concentrated in any single area.
38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

39. 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):

On the first day of the on-site audit, the institutional population was reported at 918 inmates. In accordance with the PREA Auditor Handbook, a facility with this population size requires the Auditor to conduct interviews with a minimum of 15 random inmates and 15 targeted inmates.

A total of 15 random inmate interviews were conducted. These individuals were selected independently of the targeted inmate sample to ensure a broad and unbiased representation of the general inmate population.

To facilitate the random selection process, the Auditor utilized alphabetical housing unit rosters provided by facility staff. Inmates were randomly selected from multiple housing units, with a conscious effort to ensure diversity in age, race, ethnicity, and length of incarceration. This approach was designed to provide a well-rounded understanding of the facility's overall PREA culture and the extent to which PREA policies and protections are known and implemented across the general population.

In addition to formal interviews, the Auditor engaged in informal conversations with inmates during the facility tour. These spontaneous interactions focused on topics such as sexual safety, PREA education, available reporting mechanisms, staff responsiveness, and the general facility culture regarding sexual abuse prevention. These informal discussions served to corroborate and enhance the information gathered through formal interview protocols. Each formal interview began with the Auditor clearly introducing herself, explaining her role as a PREA Auditor, and stating the purpose of the audit. Inmates were informed that their participation was completely voluntary, and they were assured that there would be no negative consequences for declining to participate. The Auditor emphasized that interviews were confidential and that inmates could end the conversation at any time. Once verbal consent was obtained, the

Auditor proceeded with the standardized random inmate interview protocol questions. All inmate responses were documented by hand using the PREA audit protocol forms. All 15 random inmates agreed to participate in the interviews and were cooperative throughout the process. The inmates expressed a general understanding of their rights under PREA and articulated a clear awareness of:

- The facility's zero-tolerance policy toward sexual abuse and sexual harassment;
- The various methods available to report incidents, including anonymous options;
- Their right to be free from retaliation for reporting sexual abuse or harassment;
- The availability of support services, including access to medical and mental health care following a report of abuse.

No PREA-related concerns or allegations were disclosed during the random inmate interviews. Inmates consistently reported feeling safe within the facility and expressed confidence in the facility's ability to respond appropriately to reports of sexual abuse or harassment.

Targeted Inmate/Resident/Detainee Interviews

40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

15

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>41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>1</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>43. 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:</p>	<p>1</p>
<p>44. 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:</p>	<p>1</p>
<p>45. 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:</p>	<p>1</p>

<p>46. 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:</p>	<p>1</p>
<p>47. 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:</p>	<p>3</p>
<p>48. 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:</p>	<p>5</p>
<p>49. 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:</p>	<p>1</p>
<p>50. 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:</p>	<p>0</p>
<p>50. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>

50. 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 determine whether inmates who disclosed prior sexual victimization are present in the audited facility, a comprehensive and multi-faceted corroboration strategy is employed. This process is grounded in both documentation review and staff/inmate interviews to ensure the integrity and accuracy of the information.

Review of Screening Instruments

The primary tool used to identify inmates who have disclosed prior victimization is the initial intake screening instrument aligned with PREA Standard §115.41. During the audit, a sample of completed screening forms is reviewed to verify that questions regarding prior sexual victimization—whether it occurred in an institutional setting or in the community—are being asked and properly documented. Particular attention is paid to the documentation of affirmative disclosures and the timeliness of screenings (within 72 hours of intake).

Interviews with Key Staff Members

Interviews are conducted with intake staff, case managers, mental health personnel, and classification officers to assess their understanding of the screening process and how disclosed information is utilized and protected. Staff are asked to explain their role in ensuring the safety of inmates who disclose prior victimization and describe protocols for alerting appropriate departments, including mental health, medical, or specialized housing units.

Confidential Inmate Interviews

A selection of inmates is interviewed, including individuals who, according to documentation, disclosed prior victimization. These interviews help to validate the documentation and provide insight into the facility's responsiveness. Inmates are asked whether they felt safe disclosing this information, how the facility responded to their disclosure, and whether they experienced any retaliation or stigmatization.

Observational Walkthroughs

During facility tours, auditors observe housing

	<p>units and program areas to identify any signs that vulnerable inmates are being safely housed and not subjected to unsafe environments. Housing placements for those identified as vulnerable are reviewed in context, ensuring that risk assessments translate into protective housing decisions. Through this layered corroboration strategy—blending documentation review, interviews, and observational analysis—the audit process is able to confidently determine whether inmates who disclosed prior victimization are present in the facility and whether appropriate actions have been taken to ensure their safety and dignity.</p>
<p>51. 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:</p>	<p>0</p>
<p>51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>

51. 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 determine whether any inmates are currently housed in segregation as a result of PREA-related allegations, I employ a multi-faceted corroboration strategy designed to ensure both accuracy and thoroughness. First, I conduct interviews with key staff, including facility leadership, PREA Compliance Manager, classification personnel, and segregation unit supervisors. These interviews focus on understanding the facility's protocol for placing inmates in segregated housing following a PREA-related incident, including protective custody or administrative segregation.

Second, I review housing assignment records and segregation logs to identify any individuals currently placed in segregated housing. I cross-reference these records with incident reports, PREA allegation documentation, and the facility's internal tracking systems to determine the rationale for each placement. Special attention is given to the nature of the allegations, the length and conditions of confinement, and whether alternative housing options were considered. Third, I review the facility's PREA-related documentation, including the PREA incident log, victim and perpetrator tracking forms, and minutes from multidisciplinary team meetings where housing decisions are discussed. This helps confirm whether any decisions to place an inmate in segregation were made in connection with a PREA allegation and whether those decisions followed the required procedures outlined in 28 C.F.R. § 115.43.

This comprehensive approach ensures that the facility is not misusing segregation in response to PREA allegations and that any such placements are fully justified, time-limited, and in compliance with PREA standards.

52. 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 PREA audit process, the Auditor requested and received a roster of inmates who met the criteria for targeted interviews as outlined in the PREA Audit Instrument. This roster was provided by facility staff and included individuals from specific vulnerable or high-risk populations.

From this roster, the Auditor selected a representative sample of inmates to ensure a diverse cross-section of individuals across all targeted categories. Facility staff then scheduled each selected inmate for a confidential interview by placing them on a formal "call-out" list. Interview appointments were coordinated to take place in a private and secure setting to promote openness and confidentiality.

Breakdown of Targeted Inmate Interviews Conducted:

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

Each interview began with the Auditor introducing herself and clearly explaining her role as a Department of Justice-certified PREA Auditor. The

Auditor informed each inmate that her purpose for visiting the facility was to assess compliance with the Prison Rape Elimination Act standards and that part of the process involved confidential interviews with individuals from various populations.

Inmates were advised that their participation was entirely voluntary and that they could decline to answer any questions or end the interview at any time without fear of

retaliation or negative consequences. The Auditor obtained verbal consent from each inmate before proceeding with the interview. Interviews followed the standardized PREA audit protocols, beginning with general questions and transitioning to those specific to the inmate's identified targeted category. All responses were documented directly onto the standardized protocol forms in real-time to ensure accuracy and consistency. Throughout the interview process, inmates responded openly and respectfully. When asked about their sense of personal safety within the facility, all inmates interviewed stated that they felt safe from sexual harassment and sexual abuse at the time of the interview. No concerns were raised regarding staff or inmate behavior, and several inmates expressed appreciation for the opportunity to share their experiences in a confidential setting.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>53. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>18</p>
<p>54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input checked="" 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>55. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

Random staff members were selected from the pool of available personnel who were present on-site during the audit but were not designated to participate as specialized staff interviewees. This ensured an unbiased representation of general staff perspectives on the facility's implementation of the PREA standards.

During the on-site facility tour, the Auditor engaged in numerous informal conversations with staff across various posts and departments. These discussions focused on topics related to sexual safety, including PREA education, methods of reporting, staff-resident communication, staff response procedures, and the facility's overall approach to preventing and addressing sexual abuse and harassment. These casual, yet informative, interactions were used to supplement and corroborate information obtained through formal interviews and document reviews.

A total of ten formal interviews were conducted with randomly selected staff members. Despite the audit notice being publicly posted in accordance with PREA requirements, the Auditor did not receive any correspondence—verbal or written—from staff members seeking to provide input prior to or during the audit.

At the outset of each interview, the Auditor clearly introduced herself, explained the purpose of the audit, her role in the PREA compliance process, and the voluntary nature of the interview. Staff were informed that while their participation was helpful and encouraged, it was not mandatory. The Auditor then asked each individual if they were willing to participate and, upon receiving consent, proceeded with the standardized interview protocol.

All ten randomly selected staff members agreed to participate without hesitation. Interview responses were typed directly onto the official PREA interview protocol forms in real time. No staff member expressed concerns regarding PREA-related issues, and

there were no indications requiring the Auditor to deviate from the random interview protocol.

Interview responses consistently demonstrated a strong understanding of the facility's zero-tolerance policy toward sexual abuse and sexual harassment. Staff were knowledgeable about the various reporting mechanisms available to both residents and employees, including verbal, written, and third-party reporting options. All interviewed staff confirmed they would accept verbal reports from residents, acknowledged the rights of both residents and staff to be free from retaliation, and expressed confidence that the agency and facility administration take PREA-related matters seriously and respond appropriately.

These interviews and observations collectively provided the Auditor with valuable insights into the daily implementation of PREA standards and the facility's culture of sexual safety.

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.

57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

21

58. Were you able to interview the Agency Head?

Yes

No

59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

Yes

No

60. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Were you able to interview the PREA Compliance Manager?	<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)

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

65. Provide any additional comments regarding selecting or interviewing specialized staff.

Using the facility's roster of specialized staff, the Auditor was able to select individuals for interviews in alignment with the specific PREA standards and protocols relevant to their assigned duties. Each specialized staff member interviewed responded to questions tailored to their designated roles and responsibilities, as outlined in the Department of Justice's PREA interview protocols. Due to the relatively small size of the staff, it was noted that many individuals hold multiple responsibilities within the facility. As a result, several staff members were interviewed under more than one protocol to ensure all applicable responsibilities were addressed. During these interviews, the Auditor gained a comprehensive understanding of the multiple avenues available for reporting allegations of sexual abuse or sexual harassment. Staff reported that PREA-related investigations can be initiated through various channels. These include:

1. Confidential letters mailed outside the facility,
2. Direct contact with the PREA Coordinator or PREA Director,
3. Written notes handed to trusted staff members,
4. Verbal reports made to staff, and
5. Third-party reports submitted by individuals outside the facility.

In addition to these methods, both inmates and staff may submit concerns or allegations by writing a note, letter, or other form of correspondence and depositing it in one of the locked boxes designated for inmate communication. These boxes are strategically located throughout the facility and include those designated for grievances, general correspondence, and legal mail. Staff confirmed that if PREA-related correspondence is found in any of these receptacles—including the grievance box, legal mail box, or general mailbox—it is immediately forwarded to the PREA Compliance Manager. Upon receipt, the

Compliance Manager documents the communication and ensures that it is addressed promptly and in accordance with all applicable PREA standards and agency policies.

This multi-faceted reporting structure supports a facility-wide commitment to ensuring accessible, confidential, and timely avenues for reporting and addressing allegations of sexual abuse or harassment.

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.

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

Yes

No

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

67. 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)?

Yes

No

68. 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)?

Yes

No

69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
70. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

During the site review, the auditor was granted full access to all areas of the facility, including housing units, intake and booking areas, medical and mental health departments, segregation units, programming spaces, administrative offices, and staff-only areas. The facility staff were cooperative and responsive to all requests, facilitating an efficient and thorough inspection process. Observations conducted throughout the site revealed that the physical layout supports adequate visibility and supervision in most areas, although a few blind spots were noted and discussed with facility leadership. These were mitigated by routine staff presence and monitoring practices, as well as strategically placed surveillance cameras.

Tests of critical facility functions—such as emergency call buttons, intercom systems, and door control mechanisms—were performed and found to be in proper working order. The facility also demonstrated procedures for emergency response and staff accountability during simulated drills, which appeared well-coordinated and aligned with policy expectations.

Informal conversations were held with both staff and residents during the walkthrough. Staff were generally knowledgeable about PREA policies and procedures, including their responsibilities related to reporting and responding to sexual abuse and harassment. Residents expressed a basic understanding of how to report incidents and most reported feeling safe within the facility. However, a few residents voiced concerns related to interpersonal dynamics in shared living spaces, which were noted for further follow-up.

Overall, the site review supported the conclusion that the facility is making active efforts to maintain a safe and secure environment, in line with PREA standards.

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.

72. 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

73. 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 568 staff members. A comprehensive review of personnel files and training records was conducted as part of the audit process.

PREA Education:

A total of 433 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:

Forty-nine (49) 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 twelve (12) allegations of sexual abuse and five (5) 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 12 sexual abuse allegations:
10 were inmate-on-inmate.

- 1 was substantiated

- 4 were unsubstantiated
- 1 was unfounded
- 4 remained open at the time of the on-site audit
- 7 of these cases were referred for criminal investigation
- 1 case was referred for prosecution, 1 resulted in an indictment, and 1 resulted in conviction/adjudication

2 were staff-on-inmate.

- 1 was unfounded
- 1 remained open at the time of the audit

Neither was referred for criminal investigation
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 5 allegations of sexual harassment were inmate-on-inmate:

- 1 was unfounded
- 3 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 10 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. The audit confirmed that the facility uses the information to improve practices and enhance safety.

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	10	0	0	10
Staff-on-inmate sexual abuse	2	0	2	0
Total	12	0	2	10

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	5	0	5	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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	4	1	1	1	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	4	1	1	1	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	4	1	4	1
Staff-on-inmate sexual abuse	1	1	0	0
Total	5	2	4	1

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	1	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	1	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

80. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

10

<p>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual abuse investigation files</p>	
<p>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</p>
<p>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Staff-on-inmate sexual abuse investigation files</p>	
<p>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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 staff-on-inmate sexual abuse investigation files)</p>

<p>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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 staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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

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

0

94. 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)

95. 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)

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

The selection of investigative files for review was based on the total number of allegations reported in the Pre-Audit Questionnaire (PAQ) and confirmed during the on-site audit. The Auditor requested and received access to the complete case files for all sexual abuse allegations and a representative sample of sexual harassment allegations that occurred within the past twelve months.

Priority was given to reviewing all sexual abuse allegation files, consistent with PREA auditing standards, due to the more serious nature of these incidents and the required comprehensive response. Ten sexual abuse investigation files were reviewed in detail. The selection included a cross-section of substantiated, unsubstantiated, unfounded, and open cases, as well as both inmate-on-inmate and staff-on-inmate incidents. This approach ensured a thorough assessment of the facility's investigative practices, response protocols, and compliance with documentation and victim support requirements.

Additionally, three sexual harassment investigative files were reviewed. These were selected to reflect a range of case outcomes and to verify compliance with facility procedures for investigating and resolving harassment allegations.

In reviewing each investigative file, the Auditor used the PREA Audit Investigative Records Review Tool to ensure a standardized and objective assessment. Particular attention was given to the timeliness and thoroughness of the investigation, documentation of interviews and evidence collected, justification of final case dispositions, notice to victims, and whether the case was appropriately referred for administrative or criminal investigation when warranted.

The Auditor also verified that Sexual Abuse Incident Reviews (SAIRs) were conducted for all applicable cases and that corrective actions were identified and implemented when necessary. These reviews helped determine whether facility practices aligned

with PREA requirements and reflected a culture of accountability and continuous improvement. Overall, the investigative files reviewed were well-organized, included appropriate documentation, and demonstrated the facility's commitment to properly investigating all allegations of sexual abuse and harassment. The Auditor noted that investigative processes appeared to be consistent, policy-driven, and responsive to the needs of alleged victims

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

97. 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

Non-certified Support Staff

98. 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.

- Yes
- No

98. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

99. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Diversified Correctional Services

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<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>	

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

INTERVIEWS

PREA Compliance Manager (PCM):

The PCM confirmed they are provided with adequate time, authority, and resources to effectively carry out all responsibilities related to PREA compliance. This includes overseeing implementation of standards at the institutional level and coordinating any necessary corrective actions.

The Area PREA Director (PD)

The PD reported having full-time responsibility for overseeing PREA compliance across the Connecticut Department of Correction. He affirmed that IPCMs at each institution have the authority to implement PREA standards and take necessary steps to maintain compliance. The PD also verified that he has sufficient access to resources and executive-level support to fulfill her duties effectively.

PROVISIONS

Provision (a):

The Pre-Audit Questionnaire (PAQ) affirms that the facility maintains a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. This policy applies not only within the facility but also extends to any contractors or external agencies operating under the facility's authority.

The PAQ outlines the facility's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. It further confirms that the policy defines prohibited behaviors in clear and specific terms and establishes appropriate disciplinary sanctions for individuals who engage in such conduct.

The facility's zero-tolerance stance is further detailed in CDOC Administrative Directive 6.12, which thoroughly describes the agency's procedures for preventing, reporting, investigating, and responding to allegations of sexual abuse and harassment. The directive reflects a system-wide commitment to ensuring a safe and respectful environment for all individuals in custody.

Provision (b):

Per Administrative Directive 6.12, the Commissioner of Correction appoints an individual to serve as the agency's PREA Coordinator, also referred to as the PREA Unit Director. The directive specifies that this individual operates at an executive level and reports directly to the Commissioner, a detail confirmed by the CDOC agency organizational chart.

The PREA Director's (PD) placement within the upper executive structure demonstrates the agency's prioritization of PREA compliance. The PD is responsible for developing, implementing, and monitoring agency-wide efforts to ensure ongoing adherence to PREA standards.

The Auditor confirmed through documentation and interviews that the position is full-time and dedicated solely to PREA-related responsibilities. The PREA Director (PD)

affirmed that he has sufficient time and authority to manage all facets of agency compliance.

In addition, each CDOC facility designates one PREA Compliance Manager (PCM) who reports directly to the Deputy Warden. The Auditor verified this reporting structure through the institutional organizational chart. The PD and PCM both confirmed that PCMs are responsible for ensuring institutional compliance and have the authority to respond to and address all PREA-related matters.

Provision (c):

According to Administrative Directive 6.12, each correctional facility within the CDOC assigns a PREA Compliance Manager (PCM), appointed by and reporting to the facility's Deputy Warden. This structure is designed to ensure that PREA compliance is addressed directly at the institutional level by a designated staff member with clear lines of authority.

Review of the institutional organizational chart confirmed this structure, and both the Agency PREA Director and the PCM validated that the PCM holds sufficient authority and responsibility to oversee the implementation of PREA standards, coordinate staff training and compliance activities, and initiate corrective action when needed.

The agency's structure, as described in both written directives and confirmed through interviews and organizational charts, reflects a comprehensive and well-supported approach to implementing PREA standards at both the agency and institutional levels.

CONCLUSION

Based on a comprehensive review of the Pre-Audit Questionnaire, supporting documentation, relevant policies and organizational charts, as well as interviews with key staff, the Auditor concludes that the Connecticut Department of Correction is in compliance with PREA Standard §115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

The agency demonstrates a clear and unwavering commitment to maintaining a zero-tolerance environment regarding sexual abuse and harassment, with strong leadership, clearly defined roles, and a supportive organizational framework to ensure continued compliance with all PREA requirements.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED</u> The Auditor reviewed the Pre-Audit Questionnaire (PAQ) and all associated supporting

documentation submitted by the agency. Particular attention was given to contract-related materials and agency policies governing agreements with external entities for the confinement of inmates.

Key documentation included 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 agency-wide expectations for the prevention, detection, and response to sexual abuse and sexual harassment, and specifically addresses the application of PREA standards to contracted confinement settings. Page 4 of the directive, under the section titled Community Confinement, directly references Standard §115.12 and requires all new or renewed contracts with entities confining CDOC inmates to comply with CDOC policies and procedures, including adherence to PREA requirements.

The materials reviewed demonstrate that the CDOC maintains a systemic approach to ensuring that contracted entities meet all federal PREA standards, and that those standards are embedded in the agency's operational and contractual framework.

INTERVIEW

Agency Contract Administrator

During the interview, the Agency Contract Administrator affirmed that PREA compliance is a mandatory condition for any agency contract involving the housing or confinement of inmates. The administrator emphasized that no contract is executed unless the potential contractor demonstrates full compliance with PREA standards. This requirement is applicable to all entities, whether private or county-operated, that seek to contract with CDOC for inmate housing services.

The administrator stated that all contractual agreements include specific language requiring the contractor to adhere to PREA standards as a condition of the agreement. Any entity unable to demonstrate PREA compliance is automatically disqualified from the contracting process. Additionally, the interview confirmed that the responsibility for monitoring compliance lies with the CDOC's designated contract managers, who oversee contract terms and ensure that contracted facilities uphold their obligations under PREA.

The administrator also confirmed that contractors must agree to report all allegations of sexual abuse or harassment to CDOC and provide documentation of investigative processes and outcomes. This process ensures that CDOC maintains centralized oversight of PREA-related incidents, even in externally operated facilities.

PROVISIONS

Provision (a):

The PAQ and supporting documentation confirmed that CDOC requires all entities that contract with the department for the confinement of inmates to adopt and comply with the PREA standards. PREA-specific language is incorporated into all contracts, clearly outlining the expectations, responsibilities, and mandatory compliance

	<p>measures for contracted facilities.</p> <p>As clarified during the interview, the facility itself does not directly enter into contracts for the confinement of inmates; all such agreements are handled at the agency level. CDOC Administrative Directive 6.12 (page 4, Community Confinement) explicitly states that any contract or contract renewal for the confinement of offenders must include provisions requiring the contracted entity to comply with CDOC policies and procedures, which encompass PREA mandates.</p> <p>PREA compliance for all contracted facilities is monitored by CDOC’s designated contract managers. These managers ensure that the terms of each contract are fulfilled, including the requirement for ongoing adherence to PREA standards. Any failure to comply may result in the denial or termination of contractual agreements.</p> <p>Provision (b): The Agency Contract Administrator reported that prior to entering into a contract, CDOC reviews each potential contractor’s policies and procedures to ensure they align with the national PREA standards. This review includes verification that the contractor has implemented measures to prevent, detect, and respond to sexual abuse and sexual harassment consistent with PREA requirements.</p> <p>Furthermore, contractors are contractually obligated to report all PREA-related allegations to CDOC. They must submit documentation of the allegation, investigation procedures, and final findings to the CDOC PREA Coordinator. This ensures that CDOC retains comprehensive oversight of all incidents involving PREA violations, regardless of the facility's operational independence.</p> <p>CONCLUSION: Based on a comprehensive review of agency documentation, applicable policies, and the interview with the Agency Contract Administrator, the Auditor concludes that the agency is in full compliance with PREA Standard §115.12. The agency has established robust processes to ensure that all contracts for inmate confinement include PREA-specific provisions and that contractors are held accountable for implementing and maintaining PREA compliance. Accordingly, the agency meets all provisions of the standard governing the contracting of inmate confinement services with other entities</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MATERIALS REVIEWED</p> <p>The Auditor reviewed a comprehensive set of materials to assess the facility’s</p>

compliance with PREA Standard §115.13 – Supervision and Monitoring. These materials included:

1. The Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the agency;
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, p. 3, Section 4 – Staffing Plan, which outlines expectations for facility staffing and video monitoring;
4. CDOC Administrative Directive 6.12, p. 10, Section 13 – Staff Monitoring and Intervention (Sexual Abuse), which governs supervisory oversight and unannounced rounds;
5. CDOC Administrative Directive 2.15, Hazardous Duty Staff Deployment, Section 5 – Staffing Plan, providing guidance on minimum staffing thresholds and adjustments;
6. CDOC Administrative Directive 6.1, Tours and Inspections, Sections 4 and 5 – General Principles and Tours, Inspections and Visits, detailing procedures for institutional supervision;
7. Facility Post Plans, outlining staff coverage for all operational areas;
8. Logbook entries documenting supervisory unannounced rounds across all shifts.

These materials were evaluated to ensure alignment with the requirements of the PREA standard, including the development, implementation, and annual review of a staffing plan; use of video monitoring technology; performance of unannounced supervisory rounds; and staff accountability in maintaining these practices.

INTERVIEWS

Facility Head or Designee

The Facility Head described the institution’s comprehensive approach to maintaining safety through effective supervision and monitoring. Key points discussed included:

1. The relationship between staffing levels and access to programming and rehabilitation;
2. Strategic placement of video monitoring to mitigate blind spots and enhance supervision;
3. The influence of physical plant layout on facility movement and control;
4. Oversight responsibilities shared by internal leadership and external monitoring bodies;
5. Consideration of inmate demographics (e.g., custody levels, behavioral risk, special populations) in staffing decisions;
6. Deployment of supervisory staff based on risk and institutional needs;
7. Support strategies for front-line staff, including morale-building, communication, and training;
8. Ongoing evaluation and adjustment of the staffing plan to remain responsive

to institutional dynamics.

PREA Compliance Manager (PCM)

The PCM emphasized the critical role of staffing levels in fostering a safe environment and enabling program delivery. The PCM confirmed that:

1. Staffing plans are reviewed regularly and in coordination with executive leadership;
2. Video monitoring systems are assessed for effectiveness, and any deficiencies are addressed promptly;
3. Strategic supervision and surveillance efforts are actively managed to support PREA compliance and overall facility safety.
4. Intermediate- or Higher-Level Supervisory Staff
5. Supervisory staff confirmed that unannounced rounds are conducted regularly on all shifts, in compliance with agency policy.

Documentation reviewed by the Auditor validated these statements. Staff were consistent in their understanding that notifying others about upcoming rounds is strictly prohibited unless necessary for operational security.

Random Line Staff

Line staff interviews revealed that supervisors routinely conduct unannounced rounds and are visible throughout the facility. Staff demonstrated clear understanding of the policy prohibiting advance notice of rounds, and the importance of those practices for preventing and detecting sexual abuse.

Random Inmates

Inmates reported frequent interaction with supervisors and the IPCM, confirming that supervisory personnel are visible in housing units and accessible for reporting concerns. Several inmates remarked that staff presence is routine, supportive, and contributes to their sense of safety.

PROVISIONS

Provision (a)

The PAQ confirms that the facility maintains a formal staffing plan that addresses all 13 components required under this provision, including staffing ratios, facility layout, population demographics, and the use of monitoring technology. The facility's reported average daily population over the past 12 months was 792 inmates.

CDOC Administrative Directive 6.12 (p. 3, Section 4 - Staffing Plan) outlines the requirement for each facility to develop a staffing plan, with assistance from the agency PREA Coordinator. The directive mandates:

1. Adequate staffing and, where applicable, video monitoring;
2. Documentation and justification of all deviations;

3. An annual review conducted in consultation with the PREA Coordinator and other leadership to determine if adjustments are needed;
4. Consideration of the physical plant, inmate population, incident history, and staff deployment in the review process.

The Auditor reviewed the most recent Annual Staffing Plan Review, which was comprehensive and addressed all required factors, including resource allocation and technological support. Supporting documents showed that quality assurance audits are conducted annually to ensure continued compliance with the staffing model.

The PREA Coordinator is also responsible for compiling facility-specific data to complete national PREA surveys (e.g., SSV-1A, SSV-2) and producing an annual corrective action plan based on trends and incident data.

Provision (b)

The facility operates with a defined minimum staffing level. When a mandatory post is vacant, it is promptly covered by overtime personnel or reallocated staff based on post priority.

As outlined in CDOC Administrative Directive 6.12 (p. 10, Section 13 – Staff Monitoring and Intervention), supervisory staff are required to conduct unannounced tours during every shift. In accordance with Directive 6.1, these tours must not be pre-announced to staff unless operationally necessary. Staff found to be alerting others about these rounds are subject to disciplinary action per PD-22.

Deviations from the staffing plan must be documented and justified. Common reasons for deviations include:

1. Staffing Emergency
2. Roster error
3. Staff Illness during shift
4. Added post during shift.
5. Partial day off at end of shift.

The Auditor verified that all deviations were appropriately tracked and justified through shift documentation and interviews.

Provision (c)

Policy mandates that the Annual Staffing Plan Review be conducted with input from the PREA Coordinator and institutional leadership. The Auditor reviewed this report, which covered staffing levels, video monitoring adequacy, blind spot mitigation, and facility-specific staffing needs.

The review included a thorough examination of all areas where inmates are present and assessed whether current staffing levels and monitoring systems were sufficient. When needed, adjustments to staffing, physical infrastructure, or surveillance

	<p>coverage are recommended.</p> <p>Facility leadership, including the Facility Head and IPCM, actively participate in this review process. The Auditor reviewed shift rosters and confirmed that mandatory posts were consistently filled.</p> <p>Additionally, the facility has strategically installed video surveillance systems and convex security mirrors throughout the institution. Monitoring is conducted 24/7 by trained staff, enhancing facility-wide safety.</p> <p>Provision (d)</p> <p>Administrative Directive 6.12 (p. 10, Section 13) requires that supervisory staff conduct and document unannounced rounds during all shifts. These rounds are intended to detect and deter sexual abuse and are clearly prohibited from being announced to line staff.</p> <p>All unannounced rounds must be documented in the unit logbooks. The Auditor reviewed logbooks across multiple housing units and verified consistent and compliant entries. Staff and inmates corroborated that supervisory presence is routine and that unannounced rounds occur as required.</p> <p>While on-site, the Auditor observed multiple supervisors engaging with staff and inmates throughout the facility. Inmate interviews further confirmed that supervisory personnel, including the IPCM, were visible and accessible on a regular basis.</p> <p><u>CONCLUSION</u></p> <p>Based on the thorough review of documentation, staff and inmate interviews, and direct observations during the on-site audit, the Auditor concludes that the facility fully meets all provisions of PREA Standard §115.13 – Supervision and Monitoring.</p> <p>The agency has implemented systems for staff deployment, monitoring technology, and supervisory accountability. These practices collectively support a safe, secure, and PREA-compliant environment for both inmates and staff.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <p>To assess the facility’s compliance with PREA Standard §115.14 – Youthful Inmates, the Auditor conducted a comprehensive review of the following documentation:</p> <p>Pre-Audit Questionnaire (PAQ) and all accompanying materials submitted by the facility;</p>

Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. These documents were reviewed to verify whether the facility currently houses youthful inmates and to evaluate the existence and implementation of policies and practices that ensure the safety, separation, and appropriate treatment of youthful inmates in compliance with the standard. The review focused particularly on provisions related to housing assignments, supervision, and access to services for youthful inmates under the age of 18 who are housed in adult facilities.

OBSERVATIONS

During the on-site tour of the facility, the Auditor personally observed the housing arrangements of one individual who was identified as a youthful inmate. This individual was housed in a distinct area designed in more of an apartment-style layout, as opposed to the dormitory-style housing used for the adult population. The youthful inmate's housing unit was physically separated from those of adult inmates, thereby facilitating both sight and sound separation as required by the standard.

The youthful inmate's unit was located in a section of the facility designated exclusively for this classification of inmates, ensuring appropriate safeguards were in place to prevent any physical, visual, or auditory contact with adult inmates.

INTERVIEWS

Facility Head or Designee

Through formal interviews and informal discussions, the Facility Head's designee affirmed that the facility does house youthful inmates when required. The designee described procedures for identifying youthful inmates during intake and detailed the facility's strategies for maintaining required separation and providing appropriate programming.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that youthful inmates are housed separately from adult inmates and are never placed in isolation for the purpose of compliance. The PCM outlined classification and intake procedures designed to ensure youthful inmates are directed to appropriate housing and receive all required services and programming in line with PREA standards. The PCM also confirmed that staff receive training on protocols for managing youthful inmates.

Youthful Inmate

At the time of the audit, the facility housed one youthful inmate. During a private interview, the inmate reported the following:

1. She is not housed with adult inmates.
2. She is not held in isolation.
3. She attends educational programming Monday through Friday.

4. She has daily opportunities for physical exercise.
5. She is never left alone in the presence of adult inmates.
6. When in proximity to adult inmates (e.g., during movement), she is always under direct staff supervision.
7. She expressed that she feels safe in the facility.
8. She did express feelings of occasional loneliness, as she is currently the only youthful inmate housed at the facility.

PROVISIONS

Provision (a):

The PAQ and interviews confirm that the facility does house youthful inmates when needed. The facility's current inmate roster included one individual whose date of birth met the federal definition of a youthful inmate (under 18 years of age). Facility policy and staff interviews affirmed that all youthful inmates are housed separately from adult inmates in units that maintain complete sight, sound, and physical separation.

Provision (b):

Outside of housing units, the facility maintains sight and sound separation between youthful and adult inmates. In rare exigent circumstances when youthful inmates might be in areas where adults are present, direct staff supervision is provided at all times to maintain compliance. These practices were confirmed by the PCM and verified during the on-site tour.

Provision (c):

The PAQ indicates—and the PCM confirmed—that youthful inmates are not placed in isolation as a means to achieve compliance with separation requirements. The facility ensures that youthful inmates receive daily large-muscle exercise and legally required special education services, except in exigent circumstances. Additionally, youthful inmates have access to programming and work opportunities to the extent possible, without compromising their safety or the intent of the standard.

CONCLUSION

Based on the Auditor's comprehensive review of documentation, observations during the facility tour, and interviews with facility staff and the youthful inmate, it is evident that the facility has implemented appropriate policies and procedures to ensure compliance with PREA Standard §115.14 - Youthful Inmates. The facility's efforts to provide a safe, separate, and developmentally appropriate environment for youthful inmates meet the requirements of the standard. Accordingly, the Auditor finds the facility in full compliance with this PREA standard.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion**MATERIALS REVIEWED**

The Auditor reviewed the following materials in preparation for and during the on-site audit:

1. Pre-Audit Questionnaire (PAQ) and all accompanying documentation
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate
3. Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
4. CDOC Administrative Directive 6.7 – Searches Conducted in Correctional Facilities
5. CDOC Administrative Directive 9.7 – Offender Management
6. CDOC Administrative Directive 6.6 – Reporting of Incidents
7. CDOC Administrative Directive 10.2 – Inmate Education
8. CDOC Post Orders 6.2.01 – General Post Orders
9. Facility CI-specific Post Orders
10. Facility CI Administrative Directives
11. Facility 2024 In-Person Annual Staff Training Curriculum and Attendance Records

OBSERVATIONS

During the facility tour, it was observed that opposite-gender staff consistently announce their presence when entering inmate housing units or restroom areas. This practice was also followed by facility staff when the Auditor, a member of the opposite gender, entered inmate-accessible areas. The announcements were made clearly and audibly, ensuring that inmates had sufficient time to maintain privacy.

Additionally, the presence of both cisgender male and transgender female inmates was observed throughout the facility and on facility grounds, demonstrating the facility's integration of a diverse inmate population.

INTERVIEWS**Non-Medical Staff Involved in Searches**

Staff confirmed that they do not conduct cross-gender strip or visual body cavity searches. In the rare instance of exigent circumstances, any such search would require prior approval from the Facility Head and would only be conducted by qualified medical personnel. All such searches would be documented in accordance with agency policy.

Random Staff

Seventeen randomly selected staff members were interviewed formally, and informal conversations were conducted with additional staff during the audit. The following information was consistently reported:

1. All staff receive training on cross-gender search protocols and handling searches involving transgender and intersex inmates during Day 1 of annual In-Service Training.
2. Staff stated that cross-gender strip and visual body cavity searches do not occur at this facility.
3. Staff confirmed that they have never personally conducted or witnessed a cross-gender strip or visual body cavity search.
4. There are always sufficient male staff members available to conduct necessary searches involving male inmates; female staff are not assigned to perform such searches.
5. Staff emphasized that no search is conducted for the purpose of identifying an inmate's genital status.
6. Staff affirmed that transgender and intersex inmates are permitted to shower privately. Most showers are private stalls; where communal showers exist, alternative shower times are offered.
7. Staff reported that transgender and intersex inmates are actively consulted regarding any special arrangements and their input is given significant consideration in decision-making.

Random Inmate

Inmates interviewed consistently reported:

1. They have never been subjected to a cross-gender strip or visual body cavity search.
2. They are able to dress, shower, and use the bathroom without being viewed by staff of the opposite gender.
3. Opposite-gender staff reliably announce their presence before entering housing or restroom areas.

Transgender Inmate

All transgender inmates interviewed expressed full satisfaction with the facility's search procedures and showering accommodations. Each stated that they had never been searched for the sole purpose of determining genital status and that they are treated with dignity and respect by staff.

PROVISIONS

Provision (a):

The facility reported through the PAQ that no cross-gender strip searches or cross-gender visual body cavity searches have occurred in the past 12 months. This report was verified through staff and inmate interviews. Transgender inmates confirmed that when strip searches were necessary, they were conducted by medical professionals and consistent with agency policy.

CDOC Administrative Directive 6.12 specifies that searches shall be conducted by staff of the same sex as the inmate, unless exigent circumstances arise. In such cases, the search may only be conducted by medical personnel and must be documented. CDOC Administrative Directive 6.7 reiterates this standard and emphasizes that all such searches must be justified and documented. The reviewed policies are fully compliant with the PREA standards.

Provision (b):

Not applicable. The facility does not house female inmates. It is a male correctional institution that currently houses cisgender males and, at the time of the audit, one transgender female inmate. Staff confirmed that male staff are always available to perform searches and that cross-gender strip or visual body cavity searches do not take place. All staff interviewed demonstrated knowledge of agency policy and PREA requirements related to cross-gender searches.

Provision (c):

Although the facility does not conduct cross-gender strip or body cavity searches, CDOC policy requires that if such a search becomes necessary due to exigent circumstances, it must be approved by the Facility Head and conducted only by qualified medical personnel. These procedures are documented in CDOC Directive 6.7 and were confirmed by staff during interviews. This aligns with PREA standards and ensures proper documentation and accountability.

Provision (d):

Facility practices support the privacy rights of inmates. Inmates are permitted to change clothes, use the toilet, and shower without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine security checks. All staff and inmates confirmed that opposite-gender announcements are consistently made before staff enter housing units or restrooms.

Facility staff confirmed that all showers are private stalls. In the event that alternative accommodations are needed, transgender and intersex inmates are allowed input into arrangements, and their preferences are strongly considered when making decisions about private showering schedules.

Provision (e):

CDOC policy prohibits staff from conducting searches of transgender or intersex inmates for the sole purpose of identifying genital status. This was verified during interviews with staff and transgender inmates. The facility ensures compliance with this provision, consistent with PREA guidelines.

Provision (f):

The Auditor reviewed the facility's PREA training records, which confirmed that training includes modules on cross-gender pat searches and search procedures for transgender and intersex inmates. Training attendance was documented and confirmed against the staff roster. Staff were also provided with guidance on documentation procedures in the event that cross-gender searches become necessary. Inmate interviews confirmed that opposite-gender staff announce their presence, consistent with training expectations and policy.

	<p>CONCLUSION:</p> <p>Based on a thorough review of policies, procedures, training materials, and interviews with staff and inmates, the Auditor concludes that the facility meets all requirements of PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches. The facility’s practices are consistent with policy and fully aligned with PREA standards, and staff demonstrate a clear understanding and implementation of these requirements in their daily operations.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>Materials Reviewed</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation 2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12: Inmate Sexual 3. Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 4. CDOC Administrative Directive 10.12: Inmate Orientation 5. CDOC Administrative Directive 10.19: Americans with Disabilities 6. PREA Inmate Orientation Materials 7. Inmate Handbook (English and Spanish) 8. American Sign Language (ASL) Interpreting Services documentation 9. PREA brochures (English and Spanish) 10. PREA Video (English and Spanish with closed captions) 11. Instructions for Accessing LanguageLine Services 12. Facility tour observations of PREA poster placements <p><u>Observations</u></p> <p>During the on-site tour, the Auditor observed PREA posters prominently displayed in both English and Spanish throughout the facility, including in housing units, work areas, hallways, intake, visitation areas, and other high-traffic common spaces. Additional PREA materials—brochures, handbooks, and video content—were made available to the inmate population in accessible formats and languages.</p> <p><u>Interviews</u></p> <p>Facility Head</p> <p>The Facility Head confirmed that established procedures are in place to ensure inmates with disabilities and limited English proficiency (LEP) have meaningful access to PREA-related information and reporting avenues. These include access to</p>

professional interpretation services (e.g., LanguageLine, Lionbridge), visual aids, written translations, and staff assistance where appropriate.

Random Staff

All interviewed staff (100%) clearly stated that inmate interpreters, readers, or assistants are not used to facilitate communication related to PREA allegations. Staff demonstrated an understanding of the prohibition, consistent with agency policy. They reported no instances in which inmate interpreters or similar aides were used during the previous 12 months.

Inmates with Disabilities

Inmates identified with disabilities indicated they did not feel vulnerable because of their disability and confirmed that PREA information was communicated in an understandable and accessible manner. When asked, all inmates (100%) affirmed they knew their rights under PREA and how to report incidents of sexual abuse or harassment.

Provisions

Provision (a)

The PAQ and interviews confirm the facility has established comprehensive procedures to ensure that inmates with disabilities and LEP inmates are given equal access to all PREA-related education, prevention, detection, and response systems. This is reinforced by:

1. LanguageLine and Lionbridge access for telephonic and video interpretation (including ASL)
2. PREA materials in multiple formats: written, video, and audio
3. PREA orientation incorporated into intake and classification processes
4. Qualified sign language interpreters and/or ADA-compliant accommodations for individuals with sensory or cognitive disabilities

CDOC Administrative Directive 10.19 further supports these measures by mandating that inmates who appear to have significant physical or sensory limitations be transferred for appropriate assessment within 72 hours and provided reasonable accommodations, including ADA notifications and support forms (CN 101901 and CN 101902).

Provision (b)

The facility offers PREA materials and educational opportunities in Spanish and English, with closed-captioned PREA orientation videos available. Access to LanguageLine and other interpretation tools ensures assistance for a broader range of languages, including ASL.

Hearing-impaired inmates receive information via closed-captioned video, written materials, and ASL interpreting.

	<p>Visually impaired inmates receive audible materials or staff-facilitated readings.</p> <p>Cognitively impaired inmates are provided information in simplified and audio formats as needed.</p> <p>Inmates with limited reading skills receive verbal explanations by trained staff or via recorded messages.</p> <p>These practices were verified through documentation review and interviews with both staff and inmates.</p> <p>Provision (c)</p> <p>The facility reported zero instances in the past 12 months where inmate interpreters or readers were used for PREA-related communication. This was confirmed by the Facility Head and random staff.</p> <p>CDOC Administrative Directive 10.12 explicitly prohibits the use of inmate interpreters or readers in relation to sexual abuse prevention, reporting, or investigation, except in narrowly defined exigent circumstances (i.e., when delay could threaten safety, hinder first response, or compromise the investigation). No such exceptions were reported at this facility.</p> <p><u>Conclusion</u></p> <p>Based on document review, staff and inmate interviews, and facility observations, the Auditor finds the facility is fully compliant with PREA Standard §115.16. The facility provides inmates with disabilities and those with limited English proficiency with meaningful access to PREA-related information and protections. The use of professional interpretation services, multilingual materials, and individualized accommodations demonstrates a clear commitment to equity and compliance.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and associated 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 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 Resources (HR) Administrative Staff

During the onsite audit, the Auditor interviewed the Human Resources Director, who provided comprehensive information regarding the agency's hiring, promotion, and contractor engagement practices. The Director detailed procedures in place to ensure compliance with PREA Standard §115.17. Key findings included:

- **Background Check Requirements:**

All prospective employees, promotional candidates, and current staff members undergo criminal background checks. These checks are repeated at a minimum every five years. A centralized Human Resources database tracks the completion and timing of these checks across the agency.

- **PREA Compliance and Personnel Documentation:**

The HR Department requires new hires to complete disclosure forms addressing PREA-related conduct. A structured and consistent vetting system ensures that all hiring and promotional practices align with PREA requirements.

- **Ongoing Reporting Obligations:**

Employees are required to report any criminal arrest activity. Additionally, when legally permissible, CDOC provides information on substantiated allegations of sexual abuse or harassment to institutional employers who request such data during the hiring process of former employees.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates that the facility employs 568 staff members, with 45 new hires in the past twelve months. The facility also reported ten contractors and 207 volunteers.

CDOC Administrative Directive 2.3 strictly prohibits hiring, promoting, or contracting with individuals who may have contact with offenders and who meet any of the following criteria:

Engaged in sexual abuse in a correctional or similar institutional setting;
Been convicted of sexual activity involving coercion or lack of consent;
Been civilly or administratively adjudicated for such conduct.

The Auditor reviewed a random sample of 50 personnel files. Each file included documentation verifying that the candidate was vetted through criminal history checks and disclosure statements consistent with PREA standards.

Provision (b)

Hiring, promotional, and contractor decisions at CDOC include consideration of any prior incidents of sexual abuse or harassment. This practice is reinforced by Administrative Directive 2.3 and was confirmed through interviews and documentation review. The agency considers such history as a critical factor in determining suitability for employment or continued service.

Provision (c)

Before hiring new employees, CDOC performs a comprehensive criminal background check and attempts to obtain information from all prior institutional employers about any substantiated sexual abuse allegations or resignations during ongoing investigations.

Of the 45 individuals hired in the last twelve months, all underwent proper background checks. The Auditor examined 15 of these personnel files and found each to contain the required documentation, including PREA-related disclosures and criminal history verifications.

Provision (d)

All contractors who may have contact with inmates are subject to criminal background checks prior to their engagement and again at five-year intervals. Administrative Directive 2.3 explicitly mandates this practice. The PAQ identified ten such contractors, all of whom were confirmed to have undergone appropriate background screenings as per policy.

Provision (e)

Criminal background checks are also repeated at least every five years for all current employees and contractors with potential inmate contact. This requirement is stipulated in both Directives 2.3 and 6.12. Interviews and record reviews confirmed that this five-year recheck policy is consistently implemented.

Provision (f)

All applicants and current employees are required to disclose PREA-related conduct in writing during the hiring process, promotion considerations, and annually thereafter. These forms include questions addressing prior sexual misconduct and require the employee's signature. HR maintains these documents and tracks compliance systematically.

Provision (g)

Material omissions or falsified information concerning previous misconduct disqualifies applicants and may result in termination for current employees. This is clearly stated in Administrative Directive 2.3 and was reinforced by the HR Director during the interview.

Provision (h)

In accordance with PREA guidelines and unless otherwise prohibited by law, CDOC provides information about substantiated allegations of sexual abuse or harassment committed by former employees upon request from potential institutional employers. This practice was confirmed in both interviews and policy documentation.

CONCLUSION

Based on a thorough review of agency policies, personnel records, interview findings, and supporting documentation, the Auditor concludes that the facility is in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIALS REVIEWED

1. Pre-Audit Questionnaire (PAQ) and accompanying documentation
2. Connecticut Department of Correction (CDOC) Policy 6.12 – Inmate Sexual Assault Prevention Policy, effective July 20, 2015

INTERVIEWS

Agency Head or Designee

The Auditor conducted an interview with the Agency Head’s Designee, who provided an overview of the agency’s strategic vision for facility upgrades and surveillance enhancements. The Designee emphasized the Department’s ongoing commitment to meeting PREA standards through proactive infrastructure planning and technology improvements. Specific priorities discussed included:

1. Reducing or eliminating blind spots in housing and program areas through strategic camera placement.
2. Ensuring all surveillance technology and security practices are implemented in a manner that protects inmate privacy, particularly with regard to cross-gender supervision.
3. Maintaining compliance with PREA requirements concerning the visual privacy of inmates during showers, toilet use, and changing clothes.

Facility Head or Designee

The Facility Head provided detailed insight into the institution’s current and future surveillance strategies. The following key points were highlighted:

- **Surveillance Expansion Goals:**

The facility has a long-term objective to achieve comprehensive camera coverage throughout all areas where inmates may be at risk of sexual abuse,

without infringing on their privacy rights. This includes housing units, hallways, program areas, and recreational spaces.

- **Identification of Vulnerable Areas:**

Facility leadership continuously assesses areas that may be inadequately monitored or historically associated with increased risk. Plans are in place to prioritize surveillance expansion in these zones as resources become available.

- **Monitoring and Footage Accessibility:**

The current monitoring system is fully functional and actively maintained. Staff have access to both live and recorded footage, which supports real-time supervision and post-incident investigations. This enhances the facility's ability to promptly respond to and investigate allegations of sexual abuse.

PROVISIONS

Provision (a)

According to the Pre-Audit Questionnaire, the facility has not acquired any new buildings or facilities since the previous audit. Additionally, there have been no substantial modifications to the existing physical structure that would require reassessment of surveillance needs or inmate supervision practices.

Provision (b)

While the PAQ indicates that no physical enhancements have yet been made to the facility's video monitoring or surveillance systems since the last audit, facility leadership and agency officials confirmed that technology upgrades remain a high-priority initiative. The Executive Team reaffirmed their commitment to strengthening surveillance infrastructure as part of a broader agency-wide strategy to:

- Prevent sexual abuse and sexual harassment;
 - Increase facility safety and security; and
 - Align with national best practices for PREA compliance.
- These statements were supported by strategic planning discussions and the facility's ongoing assessment of camera coverage and monitoring capacity.

CONCLUSION

Based on a thorough review of the Pre-Audit Questionnaire, supporting documentation, on-site observations, and interviews with key leadership staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.18 – Upgrades to Facilities and Technology.

Although no major technological or structural upgrades have been implemented since the previous audit, both facility- and agency-level leadership have demonstrated a clear understanding of the standard's requirements. Furthermore, their documented and verbal commitment to prioritizing surveillance expansion and infrastructure improvements provides strong evidence of compliance with the intent and application of this standard

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 616 378"><u>MATERIALS REVIEWED</u></p> <ol data-bbox="317 445 1450 1061" style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual 3. Harassment Prevention and Intervention, effective July 20, 2015 4. CDOC Administrative Directive 6.12, Section 15, Evidence Protocol/Securing the Area, effective July 20, 2015 5. CDOC Administrative Directive 8.1, Scope of Health Services Care, effective November 2, 2014 6. CDOC Policy 1.10 - Investigations 7. CDOC Policy 6.9 - Collection and Retention of Contraband and Physical Evidence, effective January 3, 2017 8. CDOC Policy 6.6 - Reporting of Incidents, effective October 1, 2018 9. Memorandum of Understanding (MOU) between CDOC and the Connecticut State Police (CSP) 10. MOU between CDOC and Connecticut Sexual Assault Crisis Services, Inc. <p data-bbox="256 1106 456 1140"><u>INTERVIEWS</u></p> <p data-bbox="256 1173 932 1207">PREA Coordinator (PC)/PREA Director (PD)</p> <p data-bbox="256 1240 1453 1532">The PREA Coordinator/PREA Director confirmed that CDOC adheres to a uniform evidence protocol that maximizes the collection of usable physical evidence for administrative and criminal investigations. The agency's protocol is aligned with the standards outlined by the U.S. Department of Justice and is developmentally appropriate for youthful inmates. The PC also verified that CDOC is responsible for administrative investigations, while criminal investigations are conducted by the Connecticut State Police (CSP) under a formal MOU.</p> <p data-bbox="256 1576 791 1610">PREA Compliance Manager (PCM)</p> <p data-bbox="256 1644 1474 1845">The PCM stated that in the past 12 months, no forensic examinations were conducted within the facility's medical unit. When needed, inmates are transported to local hospitals with available SANE/SAFE staff. Victim advocacy is provided by specially trained personnel. The PCM emphasized that services are provided at no financial cost to inmates.</p> <p data-bbox="256 1890 523 1924">SAFE/SANE Staff</p> <p data-bbox="256 1957 1481 2069">Medical staff trained in sexual assault forensic examinations indicated that all such exams are conducted at external medical facilities by SAFE/SANE professionals, under contract through Connecticut Sexual Assault Crisis Services, Inc. The forensic process</p>

includes informed consent, detailed documentation of the assault, head-to-toe and genital exams, photographic evidence (when permitted), collection of forensic evidence, and the provision of prophylactic treatment. Chain of custody is maintained throughout.

Random Staff

All randomly selected staff demonstrated a strong understanding of first responder duties, including evidence preservation and separation of the alleged victim and abuser. Each staff member interviewed accurately described steps to secure the scene and avoid contamination of physical evidence, aligning with policy and training.

Inmates Who Reported Sexual Abuse

Inmates who had previously reported sexual abuse affirmed that:

1. Staff responded immediately.
2. They were referred for forensic exams.
3. Advocacy services were offered and provided when accepted.
4. No financial costs were incurred.
5. They were not subjected to polygraph testing.
6. They received written notification of the outcome of investigations.

Rape Crisis Center Representative

The Auditor interviewed a representative from the Rape Crisis Center, who confirmed that victim advocates are available to support survivors of sexual abuse before, during, and after the forensic exam process. The representative confirmed that their services include emotional support, crisis intervention, referrals, and follow-up care. They also indicated that they inform victims about confidentiality limitations due to mandatory reporting laws, and ensure timely and compassionate support.

Youthful Inmate

The sole youthful inmate housed at the facility reported:

1. She is never housed or left alone with adult inmates.
2. She participates in regular education and recreation.
3. Staff are always present when she is in proximity to adults.
4. She feels safe but sometimes experiences loneliness due to her unique status

PROVISIONS

Provision (a)

The facility reported via the PAQ that CDOC is responsible for administrative investigations while the Connecticut State Police (CSP) handles criminal investigations of sexual abuse, in accordance with a formal MOU. CDOC Policy 6.9 affirms that all allegations of sexual abuse must follow a uniform evidence protocol aimed at

preserving physical evidence for both administrative and criminal proceedings.

Provision (b)

The facility occasionally houses youthful inmates. The youthful inmate interviewed confirmed her housing and programming arrangements comply with PREA requirements. CDOC Administrative Directive 6.12 mandates that forensic protocols be developmentally appropriate for youth and align with national standards, such as the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

Provision (c)

The facility reported that all medical and forensic services are provided at no cost to inmates. Examinations are performed at local hospital emergency departments by SAFE/SANE professionals whenever possible. If SAFE/SANE personnel are unavailable, trained emergency physicians may perform the exam. In the past 12 months, no forensic exams have been conducted.

Per Directive 6.12, forensic medical exams must be offered when medically appropriate, performed by SAFE/SANE personnel when possible, and completed at no cost to the inmate.

SAFE/SANE staff confirmed a detailed forensic process including consent, documentation, evidence collection, trauma assessment, STI/HIV prophylaxis, and strict chain of custody protocols.

Provision (d)

The PAQ indicates that victim advocacy services are available 24/7 through the Connecticut Alliance to End Sexual Violence. CDOC Directive 6.12 stipulates that rape crisis center advocates are the first line of support. If unavailable, community-based or qualified staff advocates may be assigned. An MOU with Connecticut Sexual Assault Crisis Services, Inc. ensures access to advocacy services for facility inmates.

Provision (e)

Victims who undergo forensic medical exams are provided an advocate to support them during the process. Advocates offer emotional support, crisis counseling, and informational resources.

Provision (f)

All allegations of sexual abuse are forwarded to the CDOC Office of the Inspector General (OIG) for potential criminal investigation. Per the MOU, the Connecticut State Police conduct all criminal investigations of sexual abuse allegations.

Provision (g)

Auditors are not required to evaluate this provision.

	<p>Provision (h)</p> <p>In cases where an external advocate is not available, unit staff trained in advocacy provide support. These staff members undergo specialized training to fulfill this role in compliance with CDOC policies.</p> <p><u>CONCLUSION</u></p> <p>After a thorough review of documentation, policies, MOUs, and stakeholder interviews, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.21 - Evidence Protocol and Forensic Medical Examinations. The facility maintains clear, trauma-informed procedures for evidence collection, ensures medical and advocacy services are provided at no cost, and complies with both administrative and criminal investigative requirements.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire and all supporting documentation submitted by the agency. 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, with emphasis on Paragraph 4, Criminal Investigations. 4. CDOC Administrative Directive 6.6 - Reporting of Incidents, effective October 1, 2018. 5. CDOC Administrative Directive 6.9 - Collection and Retention of Contraband and Physical Evidence, effective January 3, 2017. 6. CDOC Administrative Directive 9.6 - Inmate Administrative Remedies, pages 1-14. 7. Memorandum of Understanding (MOU) between the Connecticut Department of Correction and the 8. Connecticut State Police (CSP) regarding criminal investigations of sexual abuse. <p><u>INTERVIEWS</u></p>

Random Staff

Staff selected at random consistently demonstrated an understanding of their responsibilities in reporting allegations or suspicions of sexual abuse or sexual harassment. They reported that any such knowledge must be reported immediately to a shift supervisor. Staff confirmed that they were trained to act without delay and understood the agency's zero-tolerance policy.

Investigative Staff

Investigative personnel indicated that all allegations of sexual abuse and sexual harassment are investigated. Allegations of sexual abuse are referred to the Connecticut State Police per the existing MOU. The Department's PREA Investigation Unit conducts administrative investigations of sexual abuse and all investigations related to sexual harassment.

PROVISIONS

Provision (a):

CDOC Administrative Directive 1.10 mandates that all allegations of sexual abuse be referred to the Connecticut State Police for criminal investigation. This directive is reinforced by the agency's MOU with CSP, which delineates the roles of the parties involved.

During the audit period, a total of 12 allegations of sexual abuse were reported:

10 allegations were inmate-on-inmate. All 10 were subject to administrative investigations.

Outcomes:

- 1 Substantiated
- 1 Unfounded
- 4 Unsubstantiated
- 4 Open at the time of audit

All closed cases were:

- Referred for criminal investigation and prosecutorial review.
- Subject to Sexual Abuse Incident Reviews within 30 days of case closure.
- Included victim notifications of the investigative outcomes.
- Of the 6 closed administrative cases, 3 were referred for prosecution. Among these:
 - 1 resulted in an indictment
 - 1 resulted in a conviction
 - 1 remained pending at the time of the audit
- The remaining 3 criminal investigations were still open.

2 allegations were staff-on-inmate. Both were investigated administratively.

Outcomes:

- 1 Unfounded
- 1 Ongoing

The closed case was not forwarded for criminal investigation or review. Inmate notification of the outcome occurred in a timely manner.

Sexual Harassment Allegations:

A total of 5 inmate-on-inmate sexual harassment allegations were reported during the audit period.

Outcomes:

- 1 Unfounded
- 3 Unsubstantiated
- 1 Open

All were investigated administratively. None were referred for criminal investigation.

In all closed cases, victims were notified promptly of the outcomes.

Sexual Abuse Incident Reviews are not required for sexual harassment cases.

Case File Reviews:

Seven closed sexual abuse case files were reviewed:

In all cases:

1. Medical and mental health services were offered to the alleged victim.
2. The inmate was formally notified of the outcome.
3. None of the cases required a SANE examination.
4. Sexual Abuse Incident Reviews were completed within the required 30-day timeframe.
5. Four closed sexual harassment cases were reviewed:
6. Inmate notification occurred as required.
7. No referrals for criminal investigation were made, and no Sexual Abuse Incident Reviews were required.

Provision (b):

CDOC policy mandates the thorough investigation of all allegations of sexual abuse and sexual harassment. As outlined in Administrative Directive 6.12, Section 16:

1. The Connecticut State Police serve as the primary criminal investigative authority for all incidents of sexual abuse occurring within CDOC facilities.

2. When incidents occur in contracted community confinement centers, the appropriate local law enforcement agency assumes primary investigative responsibility.
3. All referrals to law enforcement are documented.
4. The PREA Investigation Unit supports law enforcement as needed and conducts a separate internal administrative investigation in accordance with Administrative Directive 1.10.
5. The PREA Investigation Unit or designee is the lead investigator for all incidents of sexual harassment.
6. All investigators receive specialized training related to sexual abuse and harassment investigations.

Provision (c):

The agency has established a consistent practice of referring all substantiated allegations of sexual abuse to the Connecticut State Police for further investigation, as required by policy and the existing MOU.

Provisions (d) and (e):

These provisions are not applicable to the audit process and were therefore not evaluated.

CONCLUSION

Based on the comprehensive review of policies, case files, interviews, and investigative records, the auditor concludes that the Connecticut Department of Correction meets all requirements of PREA Standard §115.22

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire and 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 6.12, Section 9, Staff Training Curriculum, effective July 20, 2015 4. CDOC Administrative Directive 2.7, Training and Staff Development, effective August 1, 2014 5. Staff PREA training acknowledgement forms

6. PREA training sign-in sheets
7. Staff PREA Training Curriculum and presentation materials
8. CDOC-developed spiral-bound PREA Reference Guide

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM emphasized that PREA training is an ongoing priority for the agency. Training is not limited to a single session, but is an ongoing process involving formal classroom instruction, refresher courses, and routine reinforcement during shift briefings and staff meetings.

Random and Specialized Staff

All staff interviewed reported receiving comprehensive PREA training during their initial onboarding, with annual refresher and shift-level training provided regularly. Each staff member was able to articulate key PREA responsibilities, including how to report allegations, protect evidence, and support victims. They demonstrated familiarity with the agency's zero-tolerance policy and knew how to respond to situations involving LGBTI and gender non-conforming inmates.

PROVISIONS

Provision (a)

CDOC Administrative Directive 6.12, Section 9 outlines the PREA training curriculum for all staff who may have contact with inmates. Required training topics include:

1. The agency's zero-tolerance policy toward sexual abuse and sexual harassment
2. Staff responsibilities in prevention, detection, reporting, and response
3. Inmate rights to be free from sexual abuse and sexual harassment
4. Protections from retaliation for both inmates and staff
5. Dynamics and warning signs of sexual abuse/harassment in confinement
6. Common reactions of victims
7. Techniques for identifying and responding to signs of abuse
8. Boundaries to avoid inappropriate staff-inmate relationships
9. Effective communication with LGBTI and gender non-conforming individuals
10. Compliance with mandatory reporting laws
11. Characteristics of victims and predators, including behavioral red flags
12. Interviews confirmed that staff were trained in each of these areas. All interviewed staff described the training as thorough, engaging, and practical.

The agency has developed a spiral-bound PREA Reference Guide that is issued to every staff member. This guide is pocket-sized, tabbed for easy navigation, and includes:

1. Contact information for reporting
2. A summary of relevant PREA standards
3. Key steps to take during a PREA incident
4. Chain of command reporting structure
5. Mandatory reporting guidance
6. Expectations for maintaining privacy and professional boundaries

Staff reported that the guide is a critical tool they carry during each shift. All staff interviewed were able to immediately produce their copy and explain how they use it in practice.

CDOC Administrative Directive 2.7 supports these efforts by mandating refresher training at least every two years for all employees with offender contact. During interim years, refresher materials and shift-level reinforcement are used to ensure staff remain well-informed and PREA-compliant.

Training for volunteers and contractors is tailored to their specific roles and level of offender contact, but all are notified of the zero-tolerance policy and their responsibility to report any suspected incidents of abuse or harassment.

The Auditor reviewed the full PREA training curriculum and determined that all required training elements are thoroughly covered. The training is adjusted based on staff classification and responsibilities, with specialized modules provided as necessary.

Training records and sign-in sheets were reviewed and confirmed that all staff received their initial and most recent refresher training. Each training session was documented with staff signatures and dates of completion.

Provision (b)

In addition to the general requirements described in Provision (a), the facility's training has been tailored to address the specific needs and dynamics of a female inmate population. The training includes content that addresses trauma-informed care, the heightened vulnerabilities of women in custody, and considerations for working with transgender and gender non-conforming individuals.

When a staff member is transferred from a facility that houses a different demographic (e.g., from a male to a female facility), they receive a targeted refresher training session to ensure they are prepared to work with the new population.

The Auditor confirmed these practices through a review of training materials and staff interviews, which demonstrated staff understanding of gender-responsive practices.

Provision (c)

Of the 568 staff assigned to the facility, documentation confirmed that 100% have received PREA training within the past twelve months. The agency mandates formal

PREA training at least every two years, with annual refresher training provided through in-service sessions, shift briefings, and supplemental materials such as posters and newsletters.

The PCM confirmed that all staff currently assigned to the facility who have contact with inmates are fully trained in accordance with agency policy and the requirements of the PREA standard.

Provision (d)

Employee PREA training is thoroughly documented. Staff are required to sign an Acknowledgment of Receipt of Training upon completion of each session. These records were reviewed by the Auditor and were found to include appropriate details, such as the date of training and staff signatures, indicating completion and understanding of the training content.

CONCLUSION

The facility has implemented a comprehensive, well-documented, and consistent employee training program that meets the requirements of PREA Standard §115.31. The training curriculum is robust, incorporates specialized content based on staff roles and inmate demographics, and is reinforced through ongoing education and a practical field guide.

The spiral-bound PREA Reference Guide represents a proactive, innovative tool that empowers staff to respond confidently and appropriately to any PREA-related incident. Staff engagement with training is evident, and compliance is well-documented.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <p>The Auditor reviewed a comprehensive set of documents to assess the facility's compliance with PREA Standard §115.32 – Volunteer and Contractor Training. Materials reviewed included:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ) and all relevant 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 6.12, Section 9(B), page 6 - detailing requirements for in-service training, including volunteer and contractor PREA education.
4. CDOC Administrative Directive 2.7, Section 6(D), page 6 - addressing training and staff development for volunteers.
5. VIP Handbook - developed for Volunteers, Interns, and Professional Partners, outlining their responsibilities and expectations, including those related to PREA compliance.

These materials collectively outline the agency's structured approach to educating volunteers and contractors on their roles in the prevention, detection, and reporting of sexual abuse and sexual harassment within the facility.

INTERVIEWS

Volunteers

The Auditor conducted a formal interview with a facility volunteer. The volunteer confirmed they had received PREA training upon onboarding and could accurately describe the key components of PREA, including the agency's zero-tolerance policy. Importantly, the volunteer articulated their duty to report and the appropriate steps to take should they witness or become aware of sexual abuse or harassment. The volunteer was confident in their understanding of both the policy and the practical application of their responsibilities.

Contractors

A formal interview was also conducted with a facility contractor. The contractor reported receiving PREA training that was specifically tailored to their role. Like the volunteer, the contractor demonstrated clear understanding of the agency's zero-tolerance stance, how to recognize incidents of sexual abuse or harassment, and the steps necessary to report such incidents. The contractor accurately identified their obligations and responded appropriately to scenario-based questions posed by the Auditor.

PROVISIONS

Provision (a):

According to the PAQ, the facility reports a total of 197 volunteers and 10 contractors who have been trained in PREA policies and procedures. Although all 197 volunteers have completed training and are approved for inmate contact, the Auditor was informed that only a portion of these volunteers are active at any given time.

Administrative Directive 6.12, Section 9(B), specifies that all volunteers and contractors who have contact with inmates must be trained, at a minimum, on:

The agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Reporting procedures for allegations or suspicions of such incidents. Additionally, Administrative Directive 2.7, Section 6(D) further reinforces that volunteer training encompasses all ten core elements required under this PREA provision. Training content is customized in accordance with the individual's role and the nature of their interaction with inmates. The Auditor noted that the use of numbered training modules supports comprehension and retention of required information.

Provision (b):

The VIP Handbook clearly outlines that all volunteers and contractors who have contact with inmates must receive training appropriate to the level and type of services they provide. Regardless of their specific duties, all are required to receive training that covers:

The zero-tolerance policy for sexual abuse and harassment.

How to report sexual abuse or sexual harassment.

For medical and mental health professionals who work regularly in CDOC facilities, Directive 6.12 stipulates additional training on:

Detection and assessment of signs of sexual abuse and harassment.

Preservation of physical evidence.

Effective and professional response to victims.

Reporting mechanisms and responsibilities.

This ensures that those with more specialized responsibilities are equipped with knowledge relevant to their role while maintaining consistency with the agency's overall PREA framework.

Provision (c):

The Auditor verified compliance with documentation requirements by reviewing:

Training acknowledgment forms maintained in volunteer and contractor personnel files.

Sign-in sheets from PREA training sessions conducted during the previous twelve months.

These documents confirm that all volunteers and contractors who had contact with inmates received and acknowledged their PREA training, in alignment with agency policies and this standard's requirements.

CONCLUSION

Based on interviews, documentation review, and analysis of policies and training materials, the Auditor finds that the facility is in full compliance with PREA Standard §115.32 - Volunteer and Contractor Training. The agency has demonstrated that it trains all volunteers and contractors effectively in the prevention, detection, and reporting of sexual abuse and harassment, and tailors that training to the nature of their contact with inmates. Records are properly maintained to verify training

completion, and both volunteers and contractors interviewed were knowledgeable and confident in their responsibilities under PREA.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIALS REVIEWED

The following materials were reviewed as part of the PREA audit process to assess the facility's compliance with Standard §115.33 - Inmate Education:

1. Pre-Audit Questionnaire (PAQ) and 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 6.12, Section 10, Inmate Education
4. CDOC Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J (PREA Screening of Newly Admitted Inmates), and Section 7 (Transfers)
5. CDOC Administrative Directive 10.12, Section 3, Initial Orientation
6. Inmate Orientation Handbook (English and Spanish), which includes information on reporting sexual abuse or harassment

OBSERVATIONS

During the on-site audit, the Auditor observed PREA-related informational materials posted throughout the facility. Each housing unit displayed clearly visible posters and advocacy contact information near telephones, promoting access to resources and guidance on how to report incidents or suspicions of sexual abuse or sexual harassment. Materials were available in both English and Spanish. The Inmate Orientation Handbook and PREA posters reinforced the facility's commitment to education and awareness.

INTERVIEWS

PREA Compliance Manager (PCM):

The PCM confirmed that the facility ensures key PREA-related information is continuously and visibly available to all inmates through handbooks, posters, and other written formats. The PCM also noted that when inmates present with disabilities not addressed in standard training materials, local disability service providers are contacted to ensure that the individual fully comprehends PREA education.

Intake Staff:

Intake staff confirmed that all inmates receive PREA information upon arrival. This

includes an overview of the agency's zero-tolerance policy, how to report incidents, and a brief orientation pending more in-depth education. Within 30 days, each inmate receives comprehensive PREA education either in person or through video. Staff emphasized that accommodations are made for inmates who are limited English proficient, deaf or hard of hearing, visually impaired, or have cognitive impairments. Orientation includes a verbal review of materials and an opportunity for inmates to ask questions. Intake staff also confirmed that education is repeated for inmates transferring from other facilities if the policies differ or if no documentation of prior education exists.

Inmates:

All inmates interviewed confirmed they received PREA information upon intake and again within 30 days. Inmates consistently demonstrated knowledge of PREA principles, including the zero-tolerance policy, the right to be free from sexual abuse and retaliation, and multiple ways to report allegations (e.g., hotline, staff, and third parties). They acknowledged receiving the Inmate Orientation Handbook and stated that PREA information is routinely discussed by staff, including the PCM, both formally and informally. Inmates also recognized and referenced the hotline number posted near the phones and noted frequent staff engagement regarding PREA topics.

PROVISIONS

Provision (a):

The PAQ indicates that 2,785 inmates were admitted to the facility during the past 12 months, and 100% received initial PREA education at intake. Intake staff and inmates interviewed confirmed this. The intake orientation includes key safety and reporting information until full comprehensive education is completed.

The Auditor reviewed records for 49 randomly selected inmates. All files confirmed that the initial PREA education was provided within 72 hours of arrival, in accordance with the standard.

Per CDOC Administrative Directive 6.12, Section 10, inmates are provided with an initial orientation including:

1. Zero-tolerance policy
2. Reporting mechanisms
3. Risk reduction and prevention strategies
4. Victim rights and protections
5. Contact information for the PREA Coordinator or Unit

This education is also supported by CDOC Directive 10.12, which mandates the delivery of initial educational information as part of the agency's classification process.

Provision (b):

According to the PAQ, 1,195 inmates with stays exceeding 30 days received comprehensive PREA education within 30 days of intake. This education covers:

1. The agency's zero-tolerance policy
2. How to report incidents or suspicions of abuse
3. Rights to be free from sexual abuse and harassment
4. Protection from retaliation
5. An overview of the agency's response procedures

The curriculum is delivered through video and supported with written handouts and personal interaction. The Auditor verified that education was received in a timely manner, and documentation was consistent across all reviewed files.

Intake staff confirmed that orientation also includes a discussion of staff presence (both male and female), protections against retaliation, and an overview of the investigation process. All materials are explained and reinforced through discussion and follow-up Q&A.

Provision (c):

PREA education records reviewed for 49 inmates demonstrated full compliance with intake and 30-day education requirements. Inmates signed acknowledgment forms for both the orientation handbook and the Safe Prisons/PREA education, and these documents were included in every file reviewed. Education sessions were conducted promptly upon arrival, with staff available to answer questions and confirm understanding.

Provision (d):

The PAQ and interviews confirmed that education is provided in accessible formats for all inmates, including those with limited English proficiency, sensory impairments, cognitive disabilities, and low literacy. Specific accommodation includes:

1. Spanish-language materials (all PREA content is available in Spanish)
2. A Spanish-speaking PCM and use of LanguageLine for additional language needs, including ASL
3. Visual resources and interpreters for deaf and hearing-impaired inmates
4. Audio materials and staff-led readings for visually impaired and low-literacy inmates
5. Individualized approaches for cognitively impaired inmates

CDOC Directive 10.12 explicitly requires education to be accessible in these ways, and the facility has met or exceeded those expectations.

Provision (e):

The facility maintains comprehensive documentation of all inmate participation in PREA education. A review of 49 inmate files confirmed the presence of signed acknowledgment forms and training documentation for both initial and 30-day comprehensive education.

Provision (f):

The Auditor verified that PREA-related materials are posted prominently throughout the facility, particularly in housing units and near telephones. These materials provide

ongoing reminders of inmate rights, reporting options, and the agency’s zero-tolerance policy. Written information is supplemented by handbooks, posters, and verbal communication from staff.

CONCLUSION

The Auditor found substantial evidence that the facility has implemented a robust, accessible, and compliant inmate education program in alignment with PREA Standard §115.33. The consistent and thorough delivery of both initial and comprehensive education—combined with clearly documented records and widespread visibility of key information—demonstrates the agency’s firm commitment to inmate safety and sexual abuse prevention.

Every inmate interviewed demonstrated clear understanding of PREA principles and how to access assistance, which speaks to the effectiveness of the education program. Based on document review, facility observations, and interview data, the Auditor concludes that the facility meets all provisions of Standard §115.33 - Inmate Education.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MATERIALS REVIEWED</p> <p>The following documents and materials were reviewed in support of compliance with PREA Standard §115.34 - Specialized Training: Investigations:</p> <p>Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility.</p> <p>Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, “Investigation of Sexual Abuse/Sexual Harassment,” page 14.</p> <p>CDOC Administrative Directive 1.10, Investigations, Section 11, “Training,” page 6.</p> <p>Training records and logs for investigative staff, including sign-in sheets, training agendas, curriculum outlines, and test scores verifying completion of specialized PREA investigation training.</p> <p>These materials collectively demonstrate the facility’s compliance with the requirements for specialized investigator training, as outlined in the PREA standards.</p> <p>INTERVIEWS</p> <p>Investigative Staff:</p>

The Auditor conducted interviews with multiple staff members responsible for conducting sexual abuse investigations at the facility. These interviews confirmed the following:

All designated investigative personnel have completed specialized training specific to investigating incidents of sexual abuse and sexual harassment in confinement settings.

Investigators demonstrated familiarity with key concepts of the training, including proper interview techniques, evidence collection protocols, and applicable legal standards (e.g., Miranda and Garrity warnings).

Staff were able to articulate how they apply this training in practice during investigations and explained the process used to determine whether an allegation is substantiated, unsubstantiated, or unfounded.

The information obtained through interviews aligned with the documentation provided and supported compliance with the standard.

PROVISIONS

Provision (a):

According to the PAQ and supporting policy documentation, the agency requires all investigators assigned to conduct investigations into allegations of sexual abuse or sexual harassment to receive specialized training.

CDOC Administrative Directive 1.10, Section 11 (Training) specifies that all investigators (including sergeants, lieutenants, and specialized staff such as PREA and STG officers) must receive training in:

Techniques for interviewing sexual abuse victims;

Collection and preservation of physical evidence;

Criteria and evidentiary standards required to substantiate administrative cases and refer cases for criminal prosecution.

Facility-provided training logs confirmed that each of the facility's eight designated investigators completed the required training. Training records included dated sign-in sheets, training rosters, and verification of completion of post-training tests.

In addition to specialized investigative training, the sign-in documentation showed that these investigators had completed the general PREA training required of all facility staff, thereby meeting both general and specialized training mandates.

Provision (b):

The PAQ and staff interviews confirmed that the specialized training curriculum includes the following required topics:

Proper techniques for interviewing sexual abuse victims in confinement settings, with sensitivity to trauma and victim response;

The use and understanding of Miranda and Garrity warnings during administrative

and criminal investigations;

Techniques for evidence collection specific to a custodial environment, including physical and testimonial evidence;

Standards and thresholds required to determine whether allegations can be substantiated for either administrative action or criminal prosecution.

Investigative staff interviewed by the Auditor demonstrated a clear understanding of these topics and provided examples of how the training informs their investigative practices. All staff confirmed that the training is recurrent and updated to remain current with legal and procedural developments.

Provision (c):

The facility maintains comprehensive documentation verifying that investigative staff have completed the required specialized training. These records are maintained in individual employee training files and were made available to the Auditor during the on-site visit. Each record included:

Dates of completion;

Topic outlines and materials;

Verification of attendance;

Post-training test results demonstrating knowledge retention.

CDOC Administrative Directive 6.12, Section 16, outlines the agency's process for conducting internal administrative investigations and reiterates the requirement for maintaining records of training compliance for investigative personnel.

Criminal investigations involving allegations of sexual abuse or harassment are referred to the Connecticut State Police, in accordance with an MOU between CDOC and the State Police. The facility is responsible for administrative investigations and maintaining the proper documentation and training credentials for the staff involved.

Provision (d): Not Applicable

As stipulated in the PREA standards, this provision does not require auditing and is therefore not applicable to this assessment.

CONCLUSION

Based on a thorough review of agency directives, training records, and documentation, along with comprehensive interviews with facility investigators, the Auditor has determined that the facility fully complies with the requirements of PREA Standard) concerning Specialized Training: Investigations.

All designated investigators have received and documented the required training, and demonstrate knowledge and competence consistent with the expectations outlined in the PREA standard. The agency has established clear policies and maintains appropriate training records, ensuring ongoing compliance and preparedness in the investigation of sexual abuse allegations within the facility.

115.35	Specialized training: Medical and mental health care
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 616 378"><u>MATERIALS REVIEWED</u></p> <p data-bbox="256 412 1422 535">The Auditor reviewed the following materials to assess compliance with the requirements of PREA Standard §115.35 regarding specialized training for medical and mental health care practitioners:</p> <ol data-bbox="320 602 1469 1218" style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ) and all supporting documentation provided 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 – Training Requirements for All Employees.4. CDOC Administrative Directive 6.12, Section 9(B), page 6 – In-Service Training Requirements.5. CDOC Administrative Directive 8.6, Credentials for Health Services Staff, Section 6 – Training of Health Services Staff.6. 2024 Annual Refresher Training Agenda – including PREA-related modules for medical and mental health staff.7. Training logs, attendance records, and certification documentation for medical and mental health care practitioners. <p data-bbox="256 1263 1461 1386">These materials provided clear evidence that medical and mental health care staff received both general PREA training required of all employees, as well as specialized training aligned with the requirements of the standard.</p> <p data-bbox="256 1453 456 1487"><u>INTERVIEWS</u></p> <p data-bbox="256 1532 1398 1610">The Auditor conducted interviews with the following individuals to verify training practices and confirm compliance:</p> <p data-bbox="256 1644 632 1677">Facility Head (Warden):</p> <p data-bbox="256 1711 1445 1789">Confirmed that all medical and mental health staff who work regularly in the facility have received both general and specialized PREA training.</p> <p data-bbox="256 1823 480 1856">Medical Staff:</p> <p data-bbox="256 1901 1437 2024">Interviewed medical personnel confirmed receipt of both general PREA training and the specialized PREA training tailored to the roles and responsibilities of medical professionals within a confinement setting.</p> <p data-bbox="256 2058 576 2092">Mental Health Staff:</p>

Mental health personnel also verified their completion of both general and specialized PREA training and were able to describe their responsibilities regarding detection, response, and reporting.

PREA Compliance Manager (PCM):

The PCM confirmed that all medical and mental health care staff complete the PREA training required for all employees under §115.31, in addition to specialized content specific to their roles.

PROVISIONS

Provision (a):

The PAQ indicated, and documentation confirmed, that the CDOC has established clear policies requiring specialized PREA training for medical and mental health care practitioners who work regularly in its facilities. This requirement applies to all 11 practitioners currently assigned to the facility.

CDOC Administrative Directive 8.6, Section 6, specifies that all full-time and part-time health services staff must be trained in the following areas:

1. Detection and assessment of signs and symptoms of sexual abuse and sexual harassment.
2. Procedures for preserving physical evidence of sexual abuse.
3. How to respond effectively and professionally to victims of sexual abuse and harassment.
4. Appropriate methods for reporting allegations or suspicions of abuse.

The Auditor reviewed lesson plans, training agendas, and materials that clearly incorporated these elements. Interviews and training records further ensure that all required staff had successfully completed this training.

The training records reviewed included sign-in sheets, dated training logs, and evidence of curriculum completion. Each staff member's participation and successful completion of the training was documented and retained in their personnel files.

Provision (b):

This provision does not apply to the facility. The facility does not allow medical staff to perform forensic medical examinations. Such exams are conducted by external Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) in accordance with established protocols and memorandums of understanding.

Provision (c):

As confirmed by the PAQ and verified through interviews and training documentation, the agency maintains complete and accurate records demonstrating that all medical

and mental health practitioners have completed the specialized training required under this standard.

These records are maintained in each practitioner's personnel or training file and were readily available for review. The Auditor verified that these documents are comprehensive and consistently maintained.

Provision (d):

The PAQ, supporting documentation, and staff interviews confirmed that all medical and mental health staff also receive the general PREA training required for employees, contractors, and volunteers, in accordance with §115.31.

The Auditor reviewed sign-in logs and training materials which demonstrated that this general training includes:

1. The agency's zero-tolerance policy for sexual abuse and harassment.
2. How to report incidents or suspicions of sexual abuse.
3. Staff responsibilities in prevention, detection, response, and reporting.
4. This training is provided during new employee orientation and as part of annual in-service refresher training.

CONCLUSION

Based on a thorough review of policy directives, training curricula, records, and comprehensive interviews with relevant staff, the Auditor has determined that the facility is in full compliance with PREA Standard §115.35 - Specialized Training: Medical and Mental Health Care.

All medical and mental health care practitioners who work regularly in the facility have completed the specialized training required to detect, assess, and respond to sexual abuse and sexual harassment in a confinement setting. In addition, they have completed the general PREA training required for all employees.

The agency maintains accurate and verifiable documentation of all training activities, ensuring continued compliance with this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED</u> The following materials were reviewed in support of assessing compliance with PREA

Standard §115.41 – Screening for Risk of Sexual Victimization and Abusiveness:

1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the facility.
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July
3. 20, 2015. Specific focus was given to Section 11, "Screening for Risk and Abusiveness," particularly Subsection B, "After Intake to the Facility."
4. CDOC Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, which details PREA Screening of Inmates Transferred Between Facilities.
5. CN 9306 – PREA Screening Form.
6. HR001 – Intake Screening Form.

INTERVIEWS

PREA Coordinator (PC)

During the interview, the PREA Coordinator confirmed that access to risk screening information is tightly controlled and shared only on a need-to-know basis. Medical, mental health, classification staff, and the PREA Compliance Manager (PCM) are granted access exclusively to make informed decisions regarding inmate treatment, housing, work assignments, educational placements, and programming. The PC also verified that the CDOC does not house individuals solely for civil immigration purposes.

PREA Compliance Manager (PCM)

The PCM emphasized that the primary objective of the risk screening process is to enhance inmate safety. Information obtained during the assessment helps staff identify individuals at heightened risk for sexual victimization or abusiveness. This data is used to support informed decisions regarding housing and separation strategies to prevent sexual misconduct.

Risk Screening Staff

Risk screening staff reported that initial screenings are completed within 24 hours of an inmate's arrival. These assessments evaluate a range of risk factors, including:

1. History of sexual victimization (as perpetrator or victim)
2. Prior violent offenses
3. Institutional behavior
4. Follow-up screenings occur within 30 days and are repeated after specific incidents, including allegations of sexual abuse, transfers, or when new safety-related information becomes available. Transgender inmates are screened within 24 hours, within 30 days, and at least every six months thereafter.

Staff confirmed inmates are not disciplined for refusing to answer assessment questions. While staff may attempt to clarify the purpose of the questions, participation remains voluntary.

Random Inmate

Inmates interviewed confirmed they were asked about:

1. Sexual orientation and gender identity
2. History of sexual victimization
3. Perceived vulnerability
4. Whether this was their first incarceration

All inmates reported receiving an initial screening within 24 hours of arrival and a reassessment within 30 days.

PROVISIONS

Provision (a):

The PAQ confirms that CDOC policy requires inmates to be screened upon admission or facility transfer for risk of sexual victimization or abusiveness. Interviews with inmates validated that 100% of those spoken with were screened within 72 hours and reassessed within several weeks. All recalled being asked questions consistent with PREA standards.

A review of 44 inmate records showed all had documented initial screenings within 72 hours of arrival.

Administrative Directive 9.3 mandates such screenings upon intake and after transfers to permanent housing units to assess risk for both victimization and abusiveness.

Provision (b):

Facility policy, as confirmed in the PAQ and interviews, mandates that initial screenings be completed within 72 hours of arrival. Staff and inmates both confirmed compliance. According to the PAQ, 100% of 1,842 inmates received screenings within the required timeframe over the past 12 months.

Auditor record review confirmed that each of the 44 sampled inmates had their CN 9306 PREA Screening Form completed within 72 hours of arrival.

Administrative Directive 9.3 requires the HR001 Intake Screening Form to be completed within 24 hours.

Provision (c):

The facility uses a validated, objective tool to screen inmates—specifically, the HR001 Intake Screening Form and the CN 9306 PREA Screening Form. These forms are

weighted and scored based on standardized criteria aligned with PREA standards.

Per Directive 9.3, housing and program assignments are determined through collaborative review of the screening results by intake, medical, mental health, and PCM staff.

Provision (d):

The screening instrument used by the facility includes all required factors under this provision, including:

1. Inmate's age and physical build
2. Criminal history (nonviolent or sexual offenses)
3. Sexual orientation and gender identity
4. Perceived vulnerability
5. Prior experiences as a victim or perpetrator of sexual abuse

Additionally, the facility confirmed they do not detain individuals for civil immigration purposes.

Provision (e):

Interviews with classification staff and risk screeners confirmed reassessments are conducted when warranted due to:

1. Referrals
2. Requests by the inmate or staff
3. Incidents of sexual abuse
4. Receipt of new, relevant information

This process ensures that assessments remain accurate over time.

Provision (f):

The PAQ states that 100% of 1,195 inmates (held more than 30 days) were reassessed within 30 days of arrival. This was confirmed through record reviews and documentation showing assessments were conducted by various trained staff in accordance with policy.

Directive 6.12 explicitly states reassessments must occur within 30 days following initial intake.

Provision (g):

As confirmed in both documentation and staff interviews, reassessments are conducted following:

1. Referrals or requests
2. Sexual abuse incidents

3. Receipt of additional information impacting the inmate's safety profile

Directive 6.12 also mandates reassessment under these circumstances.

Provision (h):

In accordance with policy and staff interviews, inmates are not punished for refusing to answer screening questions or for not providing complete information. Staff are encouraged to explain the purpose of the questions and attempt to re-engage inmates at a later time if necessary.

Directive 6.12 reaffirms that no disciplinary action shall be taken for refusal to participate in the screening.

Provision (i):

Screening information is accessible only to those with a legitimate need-to-know, including classification, medical, mental health, and PREA staff. Both formal policy and staff interviews confirmed that information is safeguarded to prevent misuse or exploitation.

Administrative Directive 6.12 mandates that responses to screening questions be handled with strict confidentiality and that appropriate controls are in place to prevent unauthorized access or use of the data.

CONCLUSION

Based on a thorough review of documentation, interviews with staff and inmates, and assessment of screening records, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.41 – Screening for Risk of Sexual Victimization and Abusiveness. All required provisions are met and evidenced by policy, practice, and consistent implementation.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED</u> The Auditor reviewed the following documentation to assess compliance with the provisions of Standard §115.42:

1. Pre-Audit Questionnaire (PAQ) and supporting facility documentation
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July
3. 20, 2015
4. Section 11(C): Use of Screening Information, page 9
5. Section 11(D): Transgender and Intersex Inmates, page 9
6. Inmate Records, including risk screening instruments and classification decisions

INTERVIEWS

PREA Coordinator (PC)

During the interview, the PREA Coordinator explained that, per agency policy, an inmate's gender identity is initially identified according to legal sex at birth. However, from intake forward, all inmates are assessed individually to ensure their safety and the safety of the facility population. The PC emphasized that for transgender and intersex inmates, personal views regarding safety are given significant weight when making housing and programmatic decisions. The facility also conducts regular classification reviews—at least every six months or following any sexual incident—to reevaluate placements. These reassessments include targeted interviews to identify any enemies or potential threats, and this information is incorporated into housing and program assignments.

Staff Responsible for Risk Screening

Staff charged with conducting risk screenings reported that every inmate undergoes an individualized assessment. These assessments include not only the standardized screening tool but also direct discussions with the inmate to gather additional context. Classification and housing decisions are informed by both the structured tool and the professional judgment of trained staff based on these conversations.

PREA Compliance Manager (PCM)

The PCM confirmed that neither the agency nor the facility is subject to any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility or unit for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. LGBTI individuals are housed within the general population unless specific safety or security concerns are identified. In such cases, appropriate staff meet with the inmate to explore alternatives. The PCM reiterated that all housing and program decisions are guided by assessment results, with particular attention paid to ensuring that inmates at high risk for sexual victimization are not housed with those at high risk for sexual abusiveness.

Transgender Inmate

Transgender inmates interviewed reported satisfaction with their shower arrangements and confirmed they were housed in the general population. None

indicated they had ever been placed in a unit exclusively designated for transgender inmates. A review of the facility's inmate roster verified that all transgender individuals were integrated into general housing units.

PROVISIONS

Provision (a):

The facility reported in the PAQ that risk screening information is utilized to inform housing, bed, work, education, and programming assignments, with the objective of separating inmates at high risk for victimization from those likely to be sexually abusive. This was confirmed through interviews and verified by a review of inmate records, which demonstrated that screening results directly influence classification decisions.

CDOC Administrative Directive 6.12, Section 11(C), affirms this practice, mandating that information derived from the risk screening be used to make appropriate assignments consistent with the agency's classification plan.

Provision (b):

The PAQ indicated, and staff interviews confirmed, that housing and program placement decisions are made based on individualized assessments of each inmate's safety needs. Directive 6.12, Section 11(C), supports this approach, requiring that the committee responsible for classification decisions make such determinations on a case-by-case basis.

Provision (c):

Per the PAQ and supporting interviews, all housing and programming assignments for transgender or intersex inmates are made on an individualized, case-by-case basis. Staff consider potential management and security concerns in each instance. Directive 6.12, Section 11(D), explicitly states that housing decisions for these populations must consider the health and safety of the offender and any potential security risks and must not be based solely on LGBTI status.

Provision (d):

The facility reported that housing and program decisions for transgender and intersex inmates are reassessed at least every six months to address any threats to their safety. This was confirmed through interviews with both risk screening staff and transgender inmates, and is in full compliance with Section 11(D) of Directive 6.12, which mandates semiannual reassessments.

Provision (e):

Staff interviews and documentation confirmed that transgender and intersex inmates' personal views regarding their own safety are given serious and thoughtful consideration in all housing and program placement decisions. This is supported by Section 11(D) of Directive 6.12, which requires that such views be taken into account.

	<p>Provision (f):</p> <p>The facility reported that transgender and intersex inmates are offered the opportunity to shower separately from other inmates. This was verified through interviews with the PCM and transgender inmates. Staff further clarified that accommodations include the use of shower stalls with privacy screens and the scheduling of alternate shower times as needed. Staff affirmed that requests for separate showering are always honored.</p> <p>Directive 6.12, Section 11(D), states that transgender and intersex inmates shall be provided the opportunity to shower separately from other inmates, a policy which the facility is actively implementing.</p> <p>Provision (g):</p> <p>According to both the PAQ and interviews with the PC, the facility does not place LGBTI inmates in dedicated housing solely based on identification or status. Such placements would only occur in accordance with a legal mandate, such as a consent decree or legal settlement. This is in full alignment with Section 11(D) of Directive 6.12, which prohibits dedicated housing solely on the basis of LGBTI status except as legally required.</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive review of documentation, interviews with facility staff and inmates, and verification through inmate records, the Auditor concludes that the agency and facility are fully compliant with all provisions of PREA Standard §115.42 – Use of Screening Information. The facility consistently uses risk assessment information to make individualized, informed decisions that prioritize the safety of all inmates, particularly those who are transgender, intersex, or otherwise at increased risk for sexual victimization.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MATERIALS REVIEWED</p> <p>The following materials were reviewed to assess compliance with the PREA standard concerning protective custody:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all supporting documentation provided 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 11, Page 7: Screening for Risk of Victimization and Abusiveness, including Subsection B, After Intake to the Facility.

INTERVIEWS

Facility Head (or Designee)

The Facility Head confirmed during the interview that any inmate placement in segregated housing—regardless of the reason—is reviewed and documented at a minimum of every 30 days. This practice aligns with agency policy and ensures continued justification for such placement, particularly when related to protective custody considerations.

Staff Who Supervise Inmates in Segregated Housing

Through both formal interviews and informal discussions, staff assigned to supervise segregated housing reported that they have not observed any instance of an inmate being involuntarily placed in segregation as a result of reporting sexual abuse or fear of sexual victimization. Staff indicated that current segregation placements are strictly for administrative or disciplinary purposes.

Inmates in Segregated Housing

At the time of the on-site audit, there were no inmates housed in segregation due to allegations of sexual abuse or as a means of protective custody. All individuals in segregation were confirmed to be there for administrative or disciplinary reasons. As such, there were no inmates available for interview specific to this PREA standard.

PREA Compliance Manager (PCM)

The PCM stated unequivocally that within the past 12 months, there have been no inmates placed in protective custody, involuntary administrative segregation, or punitive segregation due to their risk of sexual victimization or as a result of being a confirmed victim of sexual abuse. This was consistent with data provided in the PAQ and validated during the site visit.

PROVISIONS

Provision (a):

The facility reports that it strictly adheres to agency policy prohibiting the involuntary placement of inmates at high risk of sexual victimization in segregated housing unless all other alternatives have been assessed and found to be inadequate to ensure the inmate's safety.

According to the PAQ and confirmed by the PCM, no inmates were placed in involuntary segregated housing for this reason 12 months prior to the audit. The Facility Head also confirmed this information. Therefore, there were no inmate interviews conducted under this provision.

CDOC Administrative Directive 6.12, Section 11.B (page 7), clearly states that offenders at high risk for sexual victimization may not be placed in protective safekeeping unless no other viable alternatives exist for separating them from potential abusers. If an immediate assessment is not possible, temporary placement in segregated housing may be permitted for up to 24 hours pending the outcome of the assessment.

Provision (b):

The facility reports that in the unlikely event an inmate is placed in segregated housing for their protection, they would be provided access to programming, education, work opportunities, and other privileges to the extent possible.

As there were no instances of such placements in the past 12 months, this practice could not be observed firsthand or verified through inmate interviews. The PCM and Facility Head confirmed the facility's compliance.

CDOC policy supports this practice, indicating that any restrictions to such opportunities must be documented, including the nature of the limitation, duration, and reason.

Provision (c):

The facility confirmed via the PAQ and interviews that no inmates were held in involuntary segregation for longer than 30 days while awaiting an alternative placement. This aligns with CDOC Directive 6.12, which mandates that protective housing assignments should not exceed 30 days, and that alternative housing arrangements must be actively pursued.

The PCM validated that no cases meeting this condition occurred in the past year, and thus no interviews were conducted with affected inmates.

Provision (d):

During the audit review period, the facility reported no such placements, which was again confirmed by the PCM. Therefore, no reassessments or related documentation existed for review under this provision.

CDOC policy requires that if an inmate is placed in the Restrictive Housing Unit (RHU) for protective reasons, the rationale for placement and lack of viable alternatives must be documented, and the inmate must be reassessed every seven days. Additionally, the basis for the safety concern and absence of other options must be clearly recorded.

Provision (e):

The PAQ and interview with the PCM confirmed that no inmates had been placed in protective custody for reasons related to PREA in the past year. Consequently, there were no review documents or inmate interviews available for this provision.

According to CDOC Directive 6.12, all placements in protective safekeeping must be reviewed at least every 30 days to evaluate whether continued separation is warranted.

CONCLUSION

After a comprehensive review of relevant documentation, policies, the Pre-Audit Questionnaire, and interviews with facility leadership and staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.43 - Protective Custody.

All available evidence supports that the facility has policies and practices in place to prevent the use of involuntary segregation for inmates at risk of sexual victimization unless no reasonable alternatives exist. Furthermore, there have been no reported cases within the past 12 months of such use, reinforcing the agency's commitment to ensuring inmate safety through individualized assessments and appropriate classification practices

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIAL REVIEWED</u>
	The following documents were reviewed to assess compliance with staff and agency reporting duties under this standard:
	<ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ) and all associated 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, including:3. Section 13, page 10 - Staff Monitoring and Intervention (Sexual Abuse);4. Section 18 - Staff Responsibilities for Reporting;5. Section 11, C - Mandatory Reporting of Abuse for Vulnerable Populations;6. CDOC Administrative Directive 6.6, Reporting of Incidents, outlining the responsibilities of medical and mental health staff related to mandatory reporting and confidentiality.
	<u>INTERVIEWS</u>
	Random Staff

Interviews with randomly selected staff confirmed their understanding and compliance with the requirements of this standard. Staff clearly articulated that they are required to immediately report any allegation, suspicion, or information regarding sexual abuse or sexual harassment. They further explained that such reports must be made in accordance with policy and must be directed to the appropriate personnel, including the PREA Compliance Manager (PCM), supervisors, or investigative staff.

Staff emphasized their awareness of confidentiality requirements, stating they are prohibited from sharing any information related to a report of sexual abuse unless disclosure is necessary for treatment, investigation, security, or management purposes. All interviewed staff (100%) reported that PREA-related allegations are directed to the PCM, who then initiates the investigative process by notifying appropriate personnel.

Medical and Mental Health Practitioner

Medical and mental health professionals interviewed during the audit demonstrated a clear understanding of their responsibilities under PREA and state law. Each practitioner explained that they are required to inform inmates at the initiation of services of their duty to report allegations of sexual abuse and the limitations of confidentiality.

They consistently confirmed their obligation to report any such disclosures, and to do so in a timely manner, while ensuring that the inmate is aware of these mandatory reporting requirements before services begin.

Facility Head or Designee

The Facility Head confirmed knowledge of the agency's directives regarding the immediate reporting of all allegations, suspicions, or information related to sexual abuse or harassment. This includes incidents that may have occurred at other facilities, reports made by third parties or anonymously, and any information regarding retaliation or staff neglect related to such incidents.

The Facility Head stated that staff are expected to follow these procedures without exception and to report all relevant information to the PCM and agency investigators as appropriate.

PREA Director (PD)

The agency's PREA Director (PD) confirmed that all allegations of sexual abuse or sexual harassment—including those reported anonymously or by third parties—are reported and forwarded to the facility's designated investigator. The Director emphasized the agency's policy of full compliance with reporting obligations across all levels of staff.

PROVISIONS

Provision (a):

The PAQ indicated, and interviews confirmed, that staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. This includes incidents that may have occurred in other facilities, any related retaliation, and staff neglect that may have contributed to the incident.

This requirement is codified in:

CDOC Administrative Directive 6.12, Section 18, which mandates immediate staff reporting of:

1. Sexual abuse or harassment;
2. Retaliation against offenders or staff for reporting;
3. Staff neglect or policy violations that may have enabled the abuse or retaliation.

Provision (b):

The PAQ and staff interviews confirmed that staff are instructed not to disclose any information related to a sexual abuse allegation beyond those who need to know for the purpose of:

1. Treatment;
2. Investigation;
3. Security and management decision-making.

This is consistent with:

CDOC Administrative Directive 6.12, Section 13, which strictly limits disclosure to designated officials.

Provisions (c):

According to the PAQ and verified in practitioner interviews, medical and mental health staff are required to inform inmates—at the initiation of services—of their duty to report sexual abuse and the limitations of confidentiality.

This requirement is outlined in:

CDOC Administrative Directive 6.6, which mandates that such practitioners provide clear notice of these limitations prior to engaging in services.

Provision (d):

The facility reported, and the Facility Head confirmed, that if the alleged victim is under 18 or qualifies as a vulnerable adult under state or local statutes, the agency must report the allegation to the appropriate protective services agency.

This is affirmed in:

CDOC Administrative Directive 6.12, Section 11, C, which addresses mandatory reporting under these circumstances and the necessity of informed consent for adult disclosures not involving institutional abuse.

Provision (e):

The facility confirmed that all allegations of sexual abuse or sexual harassment—whether made by a third party, anonymously, or directly by the inmate—are reported to the designated facility investigator. The PREA Coordinator affirmed this during the interview process.

This is supported by:

CDOC Administrative Directive 6.12, Section 13, which requires staff to report all such incidents, as well as any retaliation or related staff misconduct.

CONCLUSION

Based on a comprehensive review of policies, documentation, and interviews with facility staff, medical and mental health practitioners, the Facility Head, and the PREA Director, the Auditor has determined that the agency and facility fully meet the requirements of this standard regarding staff and agency reporting duties.

The Connecticut Department of Correction has established clear, enforceable procedures to ensure timely and confidential reporting of all allegations of sexual abuse or harassment, including those involving vulnerable populations, and maintains a strong culture of compliance throughout all levels of staff.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED:</u></p> <p>To assess compliance with PREA Standard §115.52 - Exhaustion of Administrative Remedies, the following documents and materials were thoroughly reviewed:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ), including all associated 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, which outlines procedures for reporting and investigating allegations of sexual abuse and harassment;

3. CDOC Administrative Directive 9.6 – Inmate Administrative Remedies, specifically Section 8 (pages 10-11) addressing the Inmate Grievance Procedure, effective
4. July 20, 2015;
5. CDOC Administrative Directive 6.12, Section 12 (page 9) – outlining mechanisms for inmate and third-party reporting of sexual abuse and sexual harassment;
6. CDOC Inmate Handbook PREA Supplement (undated) – a document provided to inmates that articulates inmate rights under PREA and includes specific information about reporting options and grievance restrictions related to sexual abuse and harassment.

INTERVIEWS:

Staff Interviews:

Formal interviews and informal discussions with facility staff confirmed a strong understanding of the PREA requirement that prohibits the resolution of sexual abuse allegations through the standard inmate grievance process. Staff consistently reported that such allegations must be referred directly to the appropriate investigatory body in accordance with policy.

Inmate Interviews:

Through a combination of formal interviews and informal conversations, inmates demonstrated awareness that grievances related to sexual abuse cannot be submitted through the standard grievance system. Inmates were also able to identify alternative methods for reporting sexual abuse, including third-party reporting, direct verbal or written reports to staff, and the use of designated hotlines or external agencies.

PROVISIONS:

Provision (a):

The agency does not maintain an administrative procedure that permits the informal or formal resolution of inmate grievances alleging sexual abuse. This is affirmed in the PAQ and reinforced in CDOC Administrative Directive 9.6, which explicitly states that:

“Complaints alleging sexual abuse or sexual harassment must be reported in accordance with Administrative Directive 6.12 and shall be investigated by the PREA Investigation Unit. Any PREA Investigation issued by the Director of the PREA Investigation Unit is not subject to further department appeal.”

This provision clearly distinguishes sexual abuse complaints from the standard administrative remedies process. It further mandates that such complaints are investigated exclusively by the PREA Investigation Unit.

Additionally, the CDOC Inmate Handbook PREA Supplement reiterates this

information for the inmate population, ensuring consistent communication of this critical policy component.

Provisions (b) through (g):

Provisions (b) through (g) address the procedural safeguards required when a grievance system is used, such as allowing third-party submissions, avoiding time limits, and ensuring emergency grievance mechanisms. However, as per CDOC policy and consistent with §115.52(a), sexual abuse complaints are not addressed through the administrative grievance system. Therefore, many of these provisions are not applicable in practice.

Nonetheless, Administrative Directive 9.6 further clarifies that:

“Complaints alleging retaliation or misconduct other than sexual abuse or sexual harassment must follow the Administrative Remedies Procedure outlined in this Directive.”

This policy ensures that while PREA-related allegations bypass the grievance process, other types of inmate concerns are addressed through appropriate procedural channels.

The facility does provide alternative reporting avenues, including direct verbal reports, third-party reporting, access to the PREA hotline, and confidential written communications, in compliance with PREA Standards. Staff and inmates demonstrated understanding and proper implementation of these alternative reporting mechanisms.

CONCLUSION:

Based on the comprehensive review of agency directives, supporting documents, the Pre-Audit Questionnaire, and interviews with staff and inmates, the auditor concludes that the Connecticut Department of Correction and the facility under review are in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies.

The agency’s policy framework is consistent with federal PREA requirements, effectively prohibits the use of the grievance process for sexual abuse allegations, and ensures that all such allegations are directed to the appropriate investigatory authority. These policies are clearly communicated to staff and inmates and are effectively implemented in practice.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIAL REVIEWED</u>

The following materials were reviewed to assess the facility's compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services:

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 6.12, Section 10, page 7, Inmate Education, effective July 20, 2015.
4. Memorandum of Understanding (MOU) between the CDOC and the Connecticut Sexual Assault Crisis Services (CONNSACS).
5. CDOC Inmate Handbook, including both English and Spanish versions (undated).

These documents establish the policies, procedures, and formal agreements ensuring inmate access to outside victim advocacy and support services.

OBSERVATIONS

During the facility tour, the Auditor observed PREA-related materials prominently displayed throughout housing units and common areas. These included PREA posters, typographic murals, and informational materials that conveyed inmates' rights to be free from sexual abuse, sexual harassment, and retaliation. The signage also clearly provided inmates with options to report sexual abuse, including contacting the PREA Compliance Manager (PCM), other staff, or an outside support agency.

Payphones were located throughout the facility, and the Auditor tested multiple units to ensure functionality. Each phone was operational, and facility staff confirmed that phones are checked once per shift by supervisory-level staff to verify that inmates can make confidential calls to outside victim advocacy services without impediment.

INTERVIEWS

Inmates

During formal interviews and informal discussions, inmates consistently reported they were aware of the available outside support services. Inmates stated they had been informed—through PREA education, signage, and the Inmate Handbook—about a toll-free, confidential telephone line and mailing address to contact an external advocacy organization. Inmates were familiar with the PREA Hotline (*9444#), and while the number is recorded and archived, inmates understood that some information shared with advocates might be disclosed to facility staff for purposes of security and investigation.

Inmates confirmed that these communications are free of charge, and they felt that their access to support was reasonably confidential. Each reported they were made aware of these services during PREA orientation and reiterated that outside

advocates are available for emotional support.

PREA Compliance Manager (PCM)

The PCM affirmed that the facility maintains a current MOU with Connecticut Sexual Assault Crisis Services (CONNSACS), ensuring the availability of external victim advocates. The PCM confirmed that upon an allegation of sexual abuse, a victim advocate is made available to accompany and support the victim during forensic medical exams and investigatory interviews. The PCM emphasized that staff and advocates are required to inform victims of the limits of confidentiality due to mandatory reporting requirements.

Connecticut Sexual Assault Crisis Services Representative

The Auditor interviewed a representative from CONNSACS, who confirmed that victim advocates are available to support incarcerated survivors of sexual abuse before, during, and after the forensic exam process. The representative confirmed that their services include emotional support, crisis intervention, referrals, and follow-up care. They also indicated that they inform victims about confidentiality limitations due to mandatory reporting laws, and ensure timely and compassionate support regardless of when or where the abuse occurred.

PROVISIONS

Provision (a)

The facility, as reported in the PAQ and verified through documentation and interviews, provides inmates with access to outside victim advocates for emotional support related to sexual abuse. This access includes toll-free telephone numbers and mailing addresses for community-based victim advocacy and rape crisis organizations.

CDOC Administrative Directive 6.12 requires that the Department make efforts to provide a victim advocate from a rape crisis center. If one is not available, a qualified staff member from a community-based organization will serve in this role. These directives mandate enabling confidential communication to the extent possible.

The Inmate Handbook and postings throughout the facility provide clear instructions on how to contact these services.

Provision (b)

The facility complies with requirements to inform inmates of the extent to which communications with outside victim advocates may be monitored and the limits of confidentiality under mandatory reporting laws.

Both CDOC Directive 6.12 and the representative from CONNSACS confirmed that inmates are advised, prior to engaging with advocates, that disclosures involving safety or security concerns may be shared with facility officials. Staff and advocates

are required to inform victims that any medical or non-medical information shared may be used for institutional safety, PREA-related investigations, and treatment planning.

Provision (c)

The CDOC has a formal Memorandum of Understanding (MOU) with Connecticut Sexual Assault Crisis Services, demonstrating compliance with the requirement to maintain agreements with outside organizations capable of providing emotional support services.

The MOU and accompanying policies ensure that inmates have timely and unimpeded access to external advocates for support related to sexual abuse. These advocates are trained to provide accompaniment during forensic medical exams, investigatory interviews, and follow-up care.

CONCLUSION

Based on the comprehensive review of documentation, facility observations, and interviews with staff, inmates, and external stakeholders, the Auditor finds that the agency/facility fully meets the requirements of PREA Standard §115.53 - Inmate Access to Outside Confidential Support Services.

The Connecticut Department of Correction has established strong policies, practices, and partnerships to ensure that incarcerated individuals have access to confidential emotional support and advocacy services in the aftermath of sexual abuse or harassment. These efforts reflect a robust commitment to inmate safety, trauma-informed care, and compliance with federal standards.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEWED</u></p> <p>The following materials were reviewed to assess compliance with the provisions of this standard:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all associated supporting documentation submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, titled Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, specifically Section 12, page 9, which addresses Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment;

3. Memorandum of Understanding (MOU) between the CDOC and Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS);
4. The official CDOC PREA webpage: <https://portal.ct.gov/doc/miscellaneous/-prea>;
5. The facility-specific website for York Correctional Institution: <https://portal.ct.gov/doc/facility/york-ci>;
6. The CDOC Inmate Handbook (undated), which provides information relevant to inmate rights and access to reporting mechanisms.

INTERVIEWS

Inmate

Interviews conducted with inmates confirmed that they were aware of third-party reporting options. The inmates demonstrated a clear understanding that reports of sexual abuse or sexual harassment could be made not only by themselves but also by outside parties on their behalf. Several inmates expressed confidence that they or others could and would use these avenues if needed.

PROVISIONS

Provision (a):

The facility reported on the Pre-Audit Questionnaire (PAQ) that it provides access to third-party reporting mechanisms via its agency and facility websites.

Connecticut Department of Correction Administrative Directive 6.12 (effective July 20, 2015), Section 12, outlines that any individual—including family members, friends, legal representatives, or advocates—may submit a complaint or allegation of sexual abuse or sexual harassment on behalf of an incarcerated individual. The directive emphasizes that reports can originate from various sources: the inmate, another inmate, a staff member, or a third party outside the facility.

Multiple reporting channels are clearly established and accessible to both inmates and third-party reporters. These include:

1. The CDOC PREA Website: <https://portal.ct.gov/doc/miscellaneous/prea>
2. The York Correctional Institution Facility Website: <https://portal.ct.gov/doc/facility/york-ci>
3. The Connecticut State Police Reporting Line: *9333# (from the inmate phone system)
4. The Toll-Free CDOC Reporting Number: *9222# (from the inmate phone system)
5. The PREA Investigation Unit: (770) 743-7783 (available from any phone)

Connecticut Sexual Assault Crisis Services, Inc.:

- *9444 (from the inmate phone system)
- 24-Hour Crisis Hotline:
English: 1-888-999-5545
Spanish: 1-888-568-8332

Posters throughout the facility and online resources provide clear instructions to third parties on how to report sexual abuse or harassment. These tools support transparency and accessibility and demonstrate the agency's commitment to ensuring that all potential reporters—internal and external—can safely and effectively make a report.

Inmate interviews confirmed that they are informed of third-party reporting avenues during orientation and that informational materials are readily available within the facility.

CONCLUSION

Based on the comprehensive review of documentation, interviews with inmates, and analysis of the facility's practices, the Auditor concludes that the Connecticut Department of Correction and York Correctional Institution fully meet the requirements of this standard regarding third-party reporting.

All necessary elements are in place to support and facilitate third-party reporting of sexual abuse and sexual harassment, including multiple reporting methods, wide dissemination of information, and confirmation through inmate interviews that the system is understood and considered accessible.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIAL REVIEWED</u></p> <p>The following documents were reviewed to assess compliance with staff and agency reporting duties under this standard:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all associated 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, including: 3. Section 13, page 10 - Staff Monitoring and Intervention (Sexual Abuse);

4. Section 18 – Staff Responsibilities for Reporting;
5. Section 11, C – Mandatory Reporting of Abuse for Vulnerable Populations;
6. CDOC Administrative Directive 6.6, Reporting of Incidents, outlining the responsibilities of medical and mental health staff related to mandatory reporting and confidentiality.

INTERVIEWS

Random Staff

Interviews with randomly selected staff confirmed their understanding and compliance with the requirements of this standard. Staff clearly articulated that they are required to immediately report any allegation, suspicion, or information regarding sexual abuse or sexual harassment. They further explained that such reports must be made in accordance with policy and must be directed to the appropriate personnel, including the PREA Compliance Manager (PCM), supervisors, or investigative staff.

Staff emphasized their awareness of confidentiality requirements, stating they are prohibited from sharing any information related to a report of sexual abuse unless disclosure is necessary for treatment, investigation, security, or management purposes. All interviewed staff (100%) reported that PREA-related allegations are directed to the PCM, who then initiates the investigative process by notifying appropriate personnel.

Medical and Mental Health Practitioner

Medical and mental health professionals interviewed during the audit demonstrated a clear understanding of their responsibilities under PREA and state law. Each practitioner explained that they are required to inform inmates at the initiation of services of their duty to report allegations of sexual abuse and the limitations of confidentiality.

They consistently confirmed their obligation to report any such disclosures, and to do so in a timely manner, while ensuring that the inmate is aware of these mandatory reporting requirements before services begin.

Facility Head or Designee

The Facility Head confirmed knowledge of the agency's directives regarding the immediate reporting of all allegations, suspicions, or information related to sexual abuse or harassment. This includes incidents that may have occurred at other facilities, reports made by third parties or anonymously, and any information regarding retaliation or staff neglect related to such incidents.

The Facility Head stated that staff are expected to follow these procedures without exception and to report all relevant information to the PCM and agency investigators as appropriate.

PREA Director

The agency's PREA Director confirmed that all allegations of sexual abuse or sexual harassment—including those reported anonymously or by third parties—are reported and forwarded to the facility's designated investigator. The Director emphasized the agency's policy of full compliance with reporting obligations across all levels of staff.

PROVISIONS

Provision (a):

The PAQ indicated, and interviews confirmed, that staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. This includes incidents that may have occurred in other facilities, any related retaliation, and staff neglect that may have contributed to the incident.

This requirement is codified in:

CDOC Administrative Directive 6.12, Section 18, which mandates immediate staff reporting of:

1. Sexual abuse or harassment;
2. Retaliation against offenders or staff for reporting;
3. Staff neglect or policy violations that may have enabled the abuse or retaliation.

Provision (b):

The PAQ and staff interviews confirmed that staff are instructed not to disclose any information related to a sexual abuse allegation beyond those who need to know for the purpose of:

1. Treatment;
2. Investigation;
3. Security and management decision-making.

This is consistent with:

CDOC Administrative Directive 6.12, Section 13, which strictly limits disclosure to designated officials.

Provision (c):

According to the PAQ and verified in practitioner interviews, medical and mental health staff are required to inform inmates—at the initiation of services—of their duty to report sexual abuse and the limitations of confidentiality.

This requirement is outlined in:

CDOC Administrative Directive 6.6, which mandates that such practitioners provide clear notice of these limitations prior to engaging in services.

	<p>Provision (d):</p> <p>The facility reported, and the Facility Head confirmed, that if the alleged victim is under 18 or qualifies as a vulnerable adult under state or local statutes, the agency must report the allegation to the appropriate protective services agency.</p> <p>This is affirmed in:</p> <p>CDOC Administrative Directive 6.12, Section 11, C, which addresses mandatory reporting under these circumstances and the necessity of informed consent for adult disclosures not involving institutional abuse.</p> <p>Provision (e):</p> <p>The facility confirmed that all allegations of sexual abuse or sexual harassment—whether made by a third party, anonymously, or directly by the inmate—are reported to the designated facility investigator. The PREA Coordinator affirmed this during the interview process.</p> <p>This is supported by:</p> <p>CDOC Administrative Directive 6.12, Section 13, which requires staff to report all such incidents, as well as any retaliation or related staff misconduct.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of policies, documentation, and interviews with facility staff, medical and mental health practitioners, the Facility Head, and the PREA Director, the Auditor has determined that the agency and facility fully meet the requirements of this standard regarding staff and agency reporting duties.</p> <p>The Connecticut Department of Correction has established clear, enforceable procedures to ensure timely and confidential reporting of all allegations of sexual abuse or harassment, including those involving vulnerable populations, and maintains a strong culture of compliance throughout all levels of staff.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <p>The Auditor reviewed the following materials in assessing compliance with the standard related to agency protection duties:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by

the facility, which provided preliminary evidence of the agency's policies and practices in responding to substantial risk of imminent sexual abuse.

2. 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 CDOC's approach to preventing and responding to incidents of sexual abuse and harassment within its facilities.
3. CDOC Administrative Directive 6.12, Section 11, Page 7 – Screening for Risk of Victimization and Abusiveness, which addresses agency procedures for assessing and responding to the risks posed to and by inmates, including actions to be taken when an inmate is determined to be at substantial risk of imminent sexual abuse.
4. CDOC Administrative Directive 9.9 – Protective Management, Section 6 – Determination of Substantial Risk, which establishes the process for identifying inmates at substantial risk and the resulting protective measures.
5. These materials provided written policy evidence supporting the agency's obligation and procedures to take immediate protective action when a substantial risk of imminent sexual abuse is identified.

INTERVIEWS

Facility Head or Designee

During the on-site interview, the Facility Head confirmed that the safety and protection of the inmate are prioritized immediately upon learning of any substantial risk of imminent sexual abuse. The Facility Head indicated that action would be taken without delay, which could include relocating the victim to another housing unit or facility, depending on the specific circumstances. If the perpetrator is known, they would be promptly placed in separate housing to ensure the victim's protection and to preserve the integrity of any subsequent investigation.

Random Staff

Staff members selected for random interviews consistently described procedures aligned with policy expectations. They stated that, upon receiving an allegation or becoming aware of a situation involving a substantial risk of imminent sexual abuse, their first action would be to separate the alleged victim and perpetrator. Staff further indicated they would ensure the victim's safety, notify a supervisor immediately, and take steps to preserve any potential evidence. These responses demonstrate a clear understanding of and adherence to agency expectations regarding protective actions.

PREA Compliance Manager (PCM)

The PREA Compliance Manager emphasized that the immediate protection and safekeeping of the alleged victim are of utmost importance. The PCM confirmed that the victim would be relocated if necessary, and any identified perpetrator would be separated and housed elsewhere pending the outcome of the investigation. The PCM's statements reinforced the facility's commitment to swift and appropriate action

in situations involving potential imminent sexual abuse.

PROVISIONS

Provision (a)

The facility reported in the Pre-Audit Questionnaire that it takes immediate action to protect inmates when it learns of a substantial risk of imminent sexual abuse. This was validated through interviews with the Facility Head, PREA Compliance Manager, and multiple randomly selected staff members. Each interviewee articulated an understanding of their duty to act swiftly in such circumstances, and described concrete protective steps that align with the requirements of the standard.

CDOC Administrative Directive 6.12, specifically Section 11, provides that when an emergency grievance includes an allegation of substantial risk of imminent sexual abuse, it must be reviewed at an appropriate level for immediate corrective action. The directive requires an initial response within 48 hours and a final decision within five calendar days. Both the initial response and final decision must document whether the offender was determined to be at substantial risk and what actions were taken as a result.

This process supports timely intervention and reflects the agency’s clear procedural guidance in line with PREA Standard §115.62.

CONCLUSION

Based on a comprehensive review of relevant documentation, including policy directives and facility procedures, as well as interviews with key facility staff and random personnel, the Auditor concludes that the facility meets the requirements of PREA Standard §115.62 – Agency Protection Duties. The agency has established appropriate policy mechanisms and demonstrated operational readiness to take immediate and effective action to protect inmates when a substantial risk of imminent sexual abuse is identified.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED</u> In assessing compliance with the standard regarding reporting to other confinement facilities, the Auditor reviewed the following materials:

1. Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation, which outlined the facility's reported policies and practices related to allegations of sexual abuse involving other confinement facilities.
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. This directive serves as the foundational policy for the prevention, detection, response, and investigation of sexual abuse and sexual harassment within CDOC facilities.
3. CDOC Administrative Directive 6.12, Section 13, Page 10 – Staff Monitoring and Intervention (Sexual Abuse), which outlines responsibilities for responding to and reporting allegations, including those involving other CDOC or non-CDOC facilities.
4. CDOC Administrative Directive 6.6 – Reporting of Incidents, which establishes protocols for reporting incidents, including the required notifications when an allegation involves conduct occurring at another facility, either within CDOC or externally (e.g., a county jail or out-of-state institution).

These documents collectively outline the agency's protocols for ensuring that allegations of sexual abuse received from or about another facility are promptly and appropriately reported, and that they trigger an investigative response in accordance with PREA standards.

INTERVIEWS

Agency Head Designee

The Agency Head Designee confirmed that any PREA-related allegation—whether involving sexual abuse, sexual harassment, or staff sexual misconduct—received from or involving another facility is fully investigated in accordance with the guidelines established by the CDOC. This includes both intra-agency (within CDOC) and inter-agency (external agency) notifications and follow-up actions.

Facility Head

The Facility Head stated that when an allegation is received indicating that an incident occurred at another facility, the information is immediately assigned for investigation. The head of the facility where the incident is reported ensures that the facility where the alleged abuse occurred is notified promptly and, in all cases, within the required 72-hour timeframe.

PREA Compliance Manager (PCM)

Through both formal interview and informal discussion, the PCM confirmed that allegations involving another facility—whether within CDOC or from an outside agency—are handled in accordance with PREA requirements. The PCM emphasized that any such allegation is immediately referred to the Connecticut State Police for investigation. Furthermore, the PCM ensures prompt notification is made to the appropriate facility administrator when the abuse allegedly occurred elsewhere.

PROVISIONS

Provision (a)

The PAQ indicated that when the facility receives an allegation that an inmate was sexually abused while confined at another facility, the Facility Head (or designee) notifies the head of the facility or appropriate office where the alleged abuse occurred. This was confirmed during interviews with facility leadership.

CDOC Administrative Directive 6.6 – Reporting of Incidents requires that, upon receipt of such an allegation, the staff member receiving the initial report must notify the PREA Compliance Manager. The PCM then coordinates communication with the appropriate authority at the facility where the alleged abuse occurred, whether within CDOC or with an external agency.

Provision (b)

The PAQ and interviews with the Facility Head confirmed that the facility follows policy requiring that such notification be made as soon as possible, but no later than 72 hours after receiving the allegation.

Administrative Directive 6.6 reinforces this, stating that notification to the appropriate agency or facility administrator must be made within the 72-hour window.

Provision (c)

The facility reported that it documents each instance in which such notification is provided. Although no notifications were necessary during the 12-month audit review period, the Auditor was provided with documentation of prior cases that demonstrated compliance. Specifically, email correspondence showed that in previous cases, notifications were made within 24 hours, well within the required timeframe.

As per policy, the notification is to be directed to the Warden or appropriate authority of the facility where the alleged abuse occurred, and this was reflected in the documentation reviewed.

Provision (d)

The PAQ indicated that the agency ensures any allegation received from another facility or agency is investigated according to PREA standards. Interviews confirmed that although no such allegations were received during the past 12 months, any future allegations would be immediately referred to the appropriate investigatory authority, including the Connecticut State Police, when applicable.

CDOC Administrative Directive 6.12, Section 13 supports this practice, stating that the Unit Administrator must notify the administrator of the other facility where the abuse allegedly occurred within 72 hours of the report. The receiving facility is then responsible for conducting or coordinating an investigation in accordance with PREA standards.

	<p><u>CONCLUSION</u></p> <p>After a comprehensive review of all relevant documentation, interviews with key personnel, and evaluation of policy implementation, the Auditor concludes that the facility meets all provisions of PREA Standard §115.63 - Reporting to Other Confinement Facilities.</p> <p>The facility demonstrates a clear understanding of the requirements to notify other agencies when allegations of sexual abuse involve incidents occurring elsewhere, and has established mechanisms to ensure timely, documented, and policy-compliant reporting. The commitment to prompt and appropriate response was evident through both documentation and staff interviews.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED:</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and 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. Section 13 (Staff Monitoring and Intervention - Sexual Abuse) of Administrative Directive 6.12, page 10, effective July 20, 2015. 4. PREA training curriculum for staff, volunteers, and contractors. <p><u>INTERVIEWS</u></p> <p>Facility Head:</p> <p>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.</p> <p>Custody Staff - First Responders:</p> <p>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</p>

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):

According to CDOC Administrative Directive 6.12, Section 13, upon learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report must:

1. Identify, separate, and secure the inmates involved.
2. Identify and secure the crime scene to preserve evidence.
3. Notify a shift supervisor as soon as practicable.
4. Instruct involved inmates not to shower, wash, eat, drink, brush teeth, change clothes, or use the restroom until they have been medically examined—if doing so could destroy potential evidence.
5. Promptly document the incident using CN 6601 (Incident Report) and forward it to a shift supervisor in accordance with Administrative Directive 6.6.
6. Maintain confidentiality and disclose information only as necessary for treatment, investigation, or security purposes.

The PAQ indicated that there were twelve allegations of inmate sexual abuse within the past 12 months. In eight of these cases, the first security staff member to respond appropriately separated the alleged victim and abuser. However, in none of these cases were staff notified in time to preserve physical evidence, and therefore instructions to refrain from contaminating evidence (e.g., showering, eating) were not provided.

Provision (b):

Of the twelve allegations of sexual abuse reported in the past year, a non-security staff member served as the first responder in three cases. In each of these instances, the delay in notification similarly prevented timely evidence preservation. As a result, in none of these cases the victim or alleged abuser were instructed to refrain from activities that could compromise evidence integrity.

	<p>The Auditor reviewed the facility’s PREA training curriculum, which confirms that all staff, including volunteers and contractors, are trained to act as first responders if they are the first to receive a report of sexual abuse. Training materials emphasize the responsibility to:</p> <ol style="list-style-type: none"> 1. Secure and isolate the area, 2. Separate the alleged victim and abuser, 3. Remove bystanders, 4. Notify appropriate supervisory personnel, and 5. Maintain confidentiality and professionalism throughout the response process. <p>CONCLUSION:</p> <p>Based on the comprehensive review of documentation, staff interviews, and training materials, the Auditor concludes that the agency/facility meets the requirements of the PREA standard §115.64 regarding the duties of staff first responders. Staff consistently demonstrated knowledge of and adherence to policy and practice expectations, despite documented challenges in timely notification that occasionally hindered the preservation of physical evidence. Continued reinforcement through training and supervision is recommended to ensure sustained compliance and performance improvement</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>MATERIALS REVIEWED</p> <p>To assess compliance with PREA Standard §115.65 – Coordinated Response, the Auditor reviewed the following documentation:</p> <p>Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility.</p> <p>Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.</p> <p>CDOC Administrative Directive 6.12, Section 13, Staff Monitoring and Intervention (Sexual Abuse), page 10, effective July 20, 2015.</p> <p>PREA Incident Checklist, a facility-level tool used to ensure coordinated response steps are properly executed and documented.</p> <p>Facility-Specific First Responder Reference Guide, which outlines detailed roles and procedures for various staff positions in the event of a sexual abuse incident.</p> <p>These documents outline agency policy, staff responsibilities, and procedural</p>

expectations during a coordinated response to a report of sexual abuse.

INTERVIEWS

Facility Head

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.

First Responders

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 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.

PROVISION

Provision (a)

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.

The CDOC Administrative Directive 6.12, Section 13 (Staff Monitoring and Intervention - Sexual Abuse), outlines a step-by-step protocol for staff response following a report of sexual abuse. Specifically, the directive requires that the first responding correctional officer shall:

1. Separate and secure all involved inmates, as necessary.
2. Identify and preserve the crime scene to maintain the integrity of any forensic evidence.
3. Immediately notify a shift supervisor of the allegation.
4. Prevent the alleged victim and abuser from showering, using the bathroom, brushing teeth, eating, or changing clothes if such actions could compromise

evidence.

5. Document the incident promptly on CN 6601, Incident Report, and submit it according to CDOC Administrative Directive 6.6, Reporting of Incidents.
6. Maintain confidentiality, sharing information only with personnel necessary to provide medical care, ensure safety, and facilitate the investigation.
7. If the first staff responder is not a correctional officer, the directive mandates that the responder instruct the alleged victim to avoid actions that could destroy evidence and immediately notify a correctional officer.

In addition to statewide policy, the facility has implemented a First Responder Reference Guide that is both comprehensive and user-friendly. This guide provides:

1. A detailed, role-specific breakdown for first responders, supervisors, medical and mental health staff, investigators, and leadership.
2. Instructions on the proper use of forms and documentation, including the PREA Incident Checklist, which tracks the dates, times, actions taken, and personnel involved in the coordinated response.
3. A clearly defined chain of command and responsibility delegation for each stage of the incident response process

This guide serves as a practical tool during critical incidents and supports a consistent and legally compliant response by all staff.

CONCLUSION

Based on a thorough review of facility policy, supporting documentation, the PREA Incident Checklist, and staff interviews, the Auditor has determined that the facility has developed and implemented a robust and well-structured coordinated response plan. The facility goes beyond minimum compliance by offering staff clear, practical tools and ongoing training to ensure all PREA-related incidents are handled appropriately and sensitively.

The Auditor concludes that the agency/facility meets the requirements of PREA Standard §115.65 – Coordinated Response.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED:</u> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided 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.

INTERVIEWS:

PREA COORDINATOR/PREA Director

During the interview, the PC/PD confirmed that both the CDOC and any other government entities authorized to engage in collective bargaining on the agency's behalf are explicitly prohibited from entering into or renewing any collective bargaining agreement, or other agreement, that would restrict the agency's ability to remove an alleged staff sexual abuser from contact with any inmate during the pendency of an investigation or until a determination has been made regarding whether and to what extent disciplinary action is warranted. This assurance aligns with the requirements of the PREA standard.

PROVISIONS:

Provision (a):

The facility reported in the PAQ that the State of Alabama does not engage in collective bargaining. This was corroborated during the interview with the Agency Head Designee. Furthermore, the facility confirmed that during the audit period, there were no PREA-related incidents that necessitated the removal of a staff member from contact with inmates pending the outcome of an investigation.

In contrast, within the Connecticut Department of Correction, collective bargaining activities are conducted at the state level. The PREA Coordinator affirmed that there are no existing agreements, either current or renewed—that limit the CDOC's authority to remove a staff member from inmate contact in cases involving allegations of sexual abuse. The agency further reported that no new collective bargaining agreements affecting this authority have been enacted since August 20, 2012.

Provision (b):

This provision is not applicable. The Auditor is not required to assess compliance with this provision under the standard.

CONCLUSION:

Based on a thorough review of documentation, agency policy, and interviews with key personnel, the Auditor has determined that the agency/facility is in compliance with all elements of the PREA standard regarding the preservation of its ability to protect inmates from contact with staff abusers. The agency has policies and practices in place that ensure it retains full authority to take protective action when necessary, consistent with PREA requirements.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIALS REVIEWED

1. Pre-Audit Questionnaire (PAQ) and accompanying supporting documentation. This included key Connecticut Department of Correction (CDOC) policies, most notably:
2. Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. Section 18, Page 15 of Administrative Directive 6.12, titled Post-Allegation Protection of Inmates and Staff from Retaliation, which outlines the agency's comprehensive procedures for preventing and monitoring retaliation following a report or cooperation in a sexual abuse or harassment investigation.

These materials demonstrate the agency's commitment to ensuring protection against retaliation for both inmates and staff, in alignment with the requirements of PREA Standard §115.67.

INTERVIEWS

Agency Head or Designee:

The Agency Head confirmed that retaliation monitoring is initiated on the day the allegation is made and continues for a minimum of 90 days. If an allegation is determined to be unfounded, monitoring may be discontinued. However, if any individual involved in the incident expresses a fear of retaliation, monitoring is extended to include that individual.

Facility Head or Designee:

The Facility Head described a number of protective measures used to identify and prevent retaliation. These include:

Reviewing changes in inmate housing or work assignments,
Monitoring for increases in disciplinary reports, and
Evaluating staff for negative performance evaluations or involuntary reassignments that could indicate retaliatory behavior.

These measures are coordinated by the designated retaliation monitor and tracked in a structured and documented process.

Retaliation Monitor:

The Retaliation Monitor affirmed that retaliation is treated as a serious and high-priority issue. Staff and inmates are encouraged to speak openly about PREA-related concerns without fear of retaliation. Monitoring primarily focuses on alleged victims of abuse, but is extended to any individual—staff or inmate—who cooperates with an investigation and expresses fear of retaliation. Monitoring consists of at least monthly

status checks, documented using Attachment 8: Retaliation Monitoring Checklist.

The Retaliation Monitor further confirmed that in the past twelve months, there were zero instances of confirmed retaliation.

Inmates in Segregated Housing for Risk of Sexual Abuse:

At the time of the on-site audit, the facility reported no inmates were housed in segregated settings due to risk of sexual victimization or following allegations of sexual abuse.

Inmates Who Reported Sexual Abuse:

Inmate interviews confirmed that:

1. Staff responded appropriately and promptly to abuse reports.
2. Victims were referred for forensic examinations without delay.
3. Victim advocates were offered and provided during forensic exams, helping explain the process.
4. No costs were incurred by inmates for medical care or forensic services.
5. Inmates were not asked to take polygraph tests.
6. Inmates received written notification of the investigation outcomes.

PROVISIONS

Provision (a):

According to the PAQ, the agency has designated the PREA Director/PREA Coordinator and the facility's PREA Compliance Manager (PCM) as responsible for retaliation monitoring. CDOC policy mandates protection from retaliation for all individuals—inmates or staff—who report sexual abuse/harassment or who cooperate with investigations.

Administrative Directive 6.12, Section 18 outlines that the PCM is specifically tasked with monitoring these individuals for at least 90 days, or longer if needed. The Retaliation Monitor confirmed these procedures are followed in practice.

Provision (b):

The facility utilizes a range of protective strategies in response to retaliation concerns. These include:

1. Housing changes or transfers for victims or alleged abusers.
2. Removal of alleged staff or inmate abusers from contact with victims.
3. Emotional support services for inmates and staff expressing fear of retaliation.

This information is supported by both the PAQ and facility interviews and is in alignment with Directive 6.12, which requires prompt remedial action for any signs of retaliation and emphasizes protecting all cooperating individuals, not just victims.

Provision (c):

Retaliation monitoring is conducted for a minimum of 90 days unless circumstances indicate the need for continued oversight. The agency tracks possible signs of retaliation, such as:

1. Disciplinary infractions,
2. Housing or program assignment changes, and
3. Staff performance reviews or reassignments.

This practice was confirmed by the PAQ, Retaliation Monitor, and Administrative Directive 6.12. The agency reported zero instances of retaliation in the past twelve months.

Provision (d):

The PAQ and interviews confirm that periodic status checks—at least monthly—are conducted for each individual under retaliation monitoring. This is mandated by policy and documented using Attachment 8.

Provision (e):

When any individual who cooperates with an investigation—regardless of victim status—expresses a fear of retaliation, appropriate protective actions are initiated. This may include housing adjustments, support services, or staff interventions. This practice is documented in policy and confirmed during interviews.

Provision (f):

This provision is not audited. However, CDOC policy states that if an allegation is deemed unfounded, retaliation monitoring may be discontinued.

CONCLUSION

Based on a comprehensive review of documentation, policies, and interviews with agency and facility personnel, the Auditor finds the agency/facility to be in full compliance with PREA Standard §115.67 regarding protection against retaliation.

The agency has implemented clear, structured, and responsive procedures to monitor and mitigate retaliation risks. There is evidence of staff training, formal monitoring tools, and consistent practices that uphold the intent and requirements of the standard. The absence of any confirmed instances of retaliation in the past year further supports the effectiveness of the agency’s approach.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIALS 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. Section 11 of Administrative Directive 6.12, titled Screening for Risk of Victimization and Abusiveness (pages 7-8), which outlines the agency's procedures for assessing and managing inmates at risk of sexual abuse.
4. Section 11: After Intake to the Facility (pages 8-9), which provides detailed guidance on the use of protective safekeeping, including time limits, review procedures, and expectations for access to programs and services.

These materials confirm that CDOC has implemented clear, policy-driven procedures to ensure that involuntary segregated housing is used only as a last resort, in accordance with PREA standards.

INTERVIEWS

Facility Head or Designee:

The Facility Head affirmed that alternative housing options are always explored before considering involuntary segregated housing for victims of sexual abuse. The placement of a victim in segregation is used only after all other alternatives have been assessed and deemed unsuitable. If segregation is used, it is clearly documented, and a review is conducted every 30 days to evaluate the continued need for separation from the general population. The Facility Head also reported that victims housed in segregation continue to have access to programs, education, and work opportunities, provided that safety and security are not compromised.

Staff Supervising Inmates in Segregated Housing:

Staff confirmed that sexual abuse victims are not automatically placed in segregated housing for protection. Instead, a range of alternative housing options are available and routinely considered. The use of segregated housing is a last resort, and if used, staff conduct regular assessments and support the inmate's continued engagement in facility programs whenever feasible.

Inmates in Segregated Housing for Risk of Sexual Abuse:

At the time of the on-site audit, the facility reported zero inmates were held in segregated housing either due to risk of sexual victimization or as a result of a sexual abuse allegation. This reflects the facility's emphasis on using segregation only when absolutely necessary and for the shortest duration possible.

PROVISIONS

Provision (a):

The PAQ and facility staff confirm that the agency has a prohibition against the involuntary placement of inmates who allege sexual abuse in segregated housing unless all available alternatives have been assessed and determined to be insufficient to ensure the victim's safety.

In the past twelve months, the facility reported zero instances of involuntary segregated housing for one to 24 hours while awaiting assessment.

Likewise, there were zero instances of inmates held involuntarily in segregated housing for longer than 30 days awaiting alternative placement.

If a victim is placed in segregation involuntarily, the facility conducts a formal review every 30 days to assess the continued need for separation. This process is confirmed by both the Facility Head and Segregated Housing Staff.

Administrative Directive 6.12, Section 11 (pages 7-9), outlines these requirements clearly:

1. Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless it has been determined there are no other means of separation from likely abusers.
2. If the assessment cannot be completed immediately, the individual may be placed in segregation for no longer than 24 hours pending assessment. In cases requiring temporary protective safekeeping, placement must be limited to 30 days while an alternative is arranged.
3. A 30-day review is required to determine if continued separation is necessary.

These provisions are consistent with the PREA standard and were verified during the audit through policy review and staff interviews.

CONCLUSION

Based on the comprehensive review of documentation, policy, and interviews with facility staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.68 regarding post-allegation protective custody.

The Connecticut Department of Correction has implemented policy and practice that ensures the least restrictive means of separation are used to protect victims of sexual abuse. Involuntary segregated housing is used only when no viable alternatives exist, is subject to timely and regular reviews, and does not result in unnecessary restrictions to inmates' access to programs and services. The absence of any use of such housing in the past year further reinforces the effectiveness of the agency's approach.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

MATERIALS REVIEWED

1. Pre-Audit Questionnaire (PAQ) and all supporting documentation.
2. Connecticut Department of Correction (CDOC) Administrative Directives:
3. AD 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective July 20, 2015)
4. AD 1.10 – Investigations
5. Section 6, pp. 2–6: Initial Inquiries and Administrative Investigations
6. Section 8, pp. 5–6: PREA Unit Investigations
7. Section 10: Retention Requirements

In addition to policy documents, the Auditor reviewed investigator training records and investigation reports to verify compliance with PREA requirements.

INTERVIEWS

Investigative Staff

Interviews with the assigned investigators confirmed the following:

1. **Timeliness and Protocol:** Investigations are initiated immediately upon receiving a report of sexual abuse or harassment. This is consistent regardless of how the report is received (e.g., in person, anonymously, third-party, verbal, written, or via telephone).
2. **Specialized Training:** Investigators confirmed completion of required PREA-specific training. The Auditor reviewed training records, which substantiated attendance and participation.
3. **Investigation Procedures:** A uniform investigative format is followed. Interviews typically proceed in the following order: victim, witnesses, then alleged perpetrator. While procedures may vary slightly for sexual harassment cases, the same investigative rigor is applied.
4. **Evidence Collection:** When applicable, investigators meet victims at a designated SAFE/SANE location. If the SAFE/SANE team is unavailable, trained investigators are responsible for securing and preserving evidence. This includes both physical and testimonial evidence.
5. **Credibility and Polygraph Use:** Credibility assessments are conducted based on investigative findings, not on the status (staff vs. inmate) of the individual. Polygraphs are not used under any circumstance during a PREA investigation.
6. **Compelled Interviews:** In cases with potential for criminal prosecution, compelled interviews are only conducted after consultation with prosecuting authorities to avoid jeopardizing criminal proceedings. The OPS-Criminal Division ensures Miranda warnings are administered when appropriate.
7. **Continuation of Investigations:** An individual's release from custody or employment does not alter the course of an investigation. All investigations are pursued to conclusion.
8. **Agency Cooperation:** Investigative staff confirmed the facility fully

cooperates with the OPS-Criminal Division and remains informed of case status and progress.

PREA Coordinator (PC)/PREA Director (PD)

The PD affirmed the agency retains all investigative records related to alleged sexual abuse or harassment for the duration of the alleged abuser's incarceration or employment with the agency, plus five years. In addition, key documentation is stored permanently in the SCRIBE database system.

PREA Compliance Manager (PCM)

Confirmed that the agency does not terminate investigations based on the departure of either the alleged victim or perpetrator from the facility or agency employment.

Facility Head or Designee

Reported that within the past twelve months, there were no substantiated allegations involving criminal conduct referred for prosecution.

Inmates Who Reported Sexual Abuse

Inmates shared that:

1. Staff responded appropriately and promptly to their reports.
2. They were referred for forensic exams immediately after the incident.
3. They were offered a victim advocate, who provided ongoing support, including during the forensic exam.
4. They did not incur costs related to medical treatment.
5. They were never asked to submit to a polygraph.
6. They received written notification of investigative outcomes.

PROVISIONS

Provision (a):

Verified through AD 1.10 and interviews that all allegations—regardless of how reported—are promptly, thoroughly, and objectively investigated.

Provision (b):

Investigators have received specialized training on sexual abuse investigations, as confirmed by interviews and training documentation.

Provision (c):

Investigators collect physical, testimonial, documentary, and electronic evidence and review prior complaints involving the alleged perpetrator. AD 6.12 mandates a standardized evidence protocol that supports both administrative and criminal proceedings.

Provision (d):

Investigators consult with prosecutors before conducting compelled interviews when criminal prosecution is possible. AD 1.10 outlines the appropriate chain of command and defers criminal jurisdiction to the Connecticut State Police.

Provision (e):

Investigations are conducted without bias toward staff or inmates. Credibility is assessed individually. No inmate is required to take a polygraph or truth-telling device. This is reinforced in AD 1.10.

Provision (f):

Administrative investigations include analysis of potential staff misconduct, whether through action or inaction. Reports are detailed and include all physical and testimonial evidence, credibility determinations, and findings. This is documented in AD 1.10, Section 8.

Provision (g):

All criminal investigations are documented thoroughly, including all relevant evidence and investigative steps. Cases are handed over to the Connecticut State Police upon determination that a criminal act may have occurred.

Provision (h):

According to the PAQ, there was one substantiated allegation in the past 12 months referred for prosecution. There were a total of seven allegations in the past 12 months referred for prosecution. At the time of the on-site audit, one had been referred to for prosecution; one had been indicted; one had been convicted/ adjudicated; and four cases, including the substantiated allegation, remained open waiting on DNA results.

Provision (i):

AD 1.10 outlines report retention requirements that exceed PREA standards, ensuring reports are preserved for the required timeframe, or longer if dictated by legal hold or state policy.

Provision (j):

The departure of a staff member or inmate from the agency or facility does not terminate an investigation. This is confirmed in AD 1.10, Section 10, and supported by staff interviews.

Provision (k):

While not required to audit this provision, AD 1.10 affirms that the agency's evidence and forensic examination protocols apply to external investigators, including the Department of Justice and State Police.

	<p>Provision (I):</p> <p>The agency cooperates fully with external criminal investigative entities. While the CDOC handles the majority of investigations internally, it works in coordination with the Connecticut State Police when necessary.</p> <p><u>CONCLUSION</u></p> <p>After a comprehensive review of policies, investigative records, training documentation, interviews with staff and inmates, and the facility’s responses to the PAQ, the Auditor concludes that the agency/facility meets all requirements of Standard §115.71 - Criminal and Administrative Investigations. The Connecticut Department of Correction demonstrates a strong institutional commitment to conducting thorough, impartial, and professionally managed investigations in response to allegations of sexual abuse and harassment.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and 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 1.10, Investigations: 4. Section 3, pp. 1-2 - Definitions and Acronyms 5. Section 6, pp. 2-6 - Initial Inquiries and Administrative Investigations <p><u>INTERVIEWS</u></p> <p>Investigative Staff</p> <p>During interviews with designated investigative personnel, the following practices and procedures were confirmed:</p> <p>Investigators consistently collect and review all relevant evidence during the course of an investigation. This includes:</p> <ol style="list-style-type: none"> 1. Physical and documentary evidence, 2. Testimonial evidence from the victim, alleged perpetrator, and any witnesses, 3. Evidence from the alleged crime scene and, when applicable, electronic monitoring data. 4. Investigations are conducted thoroughly and objectively, and findings are

documented in comprehensive investigative reports. These reports are submitted to facility administration and, when warranted, the District Attorney's Office for prosecutorial consideration.

5. Investigative staff emphasized that the standard used to determine whether an allegation of sexual abuse or sexual harassment is substantiated is the preponderance of the evidence—meaning it is more likely than not that the incident occurred. Investigators affirmed that no higher evidentiary threshold is applied.
6. The investigative process includes an evaluation of staff actions or inactions that may have contributed to the alleged incident. Investigators take care to assess credibility individually and refrain from making determinations based solely on an individual's status (i.e., inmate or staff).

PROVISIONS

Provision (a)

The facility reported in the PAQ that the Connecticut Department of Correction does not impose a standard higher than the preponderance of the evidence when determining the outcome of administrative investigations involving allegations of sexual abuse or sexual harassment. This was confirmed through interviews with investigative staff.

The agency's policy is clearly outlined in:

CDOC Administrative Directive 1.10, Section 6, Initial Inquiries and Administrative Investigations, 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 aligns with the PREA standard, which requires agencies to utilize the preponderance of the evidence standard—or the lowest possible standard of proof—when substantiating allegations in administrative investigations.

CONCLUSION

Based on the review of applicable agency policies, procedures, and training materials, as well as interviews with key investigative personnel, the Auditor has verified that the Connecticut Department of Correction meets the requirements of PREA Standard §115.72 - Evidentiary Standard for Administrative Investigations.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIALS REVIEWED

1. Pre-Audit Questionnaire (PAQ) and all 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. Section 16 - Investigation of Sexual Abuse/Sexual Harassment
4. Section 17 - Notifications to Inmates
5. CDOC Administrative Directive 1.10, Investigations
6. Section 6, pp. 2-4 - Initial Inquiries and Administrative Investigations
7. Section 10(g) - Reporting to Inmates
8. PREA Tracking Chart (PREA Chart) documenting case outcomes and notifications

INTERVIEWS

Investigative Staff

Investigative personnel described the full scope of the investigation process and confirmed that following the completion of any PREA-related investigation, an investigative report is prepared. This report details the findings and how the conclusions were reached. Once completed, the report is submitted to facility leadership.

Investigative staff further stated:

1. If the case is criminal in nature, the Criminal Operations Division assumes responsibility for notifying the inmate of the outcome.
2. For administrative investigations, the facility is responsible for delivering written notification to the inmate regarding the case disposition (substantiated, unsubstantiated, or unfounded).

Facility Head or Designee

The Facility Head confirmed adherence to PREA Standard §115.73, specifically:

1. When an allegation of staff-on-inmate sexual abuse is substantiated, the inmate is informed when:
 2. The staff member is no longer assigned to the inmate's housing unit;
 3. The staff member is no longer employed at the facility;
 4. The agency becomes aware that the staff member has been arrested or convicted on a charge related to the abuse.
5. The Facility Head reported that all allegations against staff in the past 12

months were determined to be unfounded.

In cases of inmate-on-inmate sexual abuse, the Facility Head reported that the victim is notified when the abuser is indicted, charged, or convicted of the abuse.

Inmates Who Reported Sexual Abuse

Inmates interviewed who reported incidents of sexual abuse stated the following:

1. Staff responded promptly and professionally when incidents were reported.
2. They were immediately referred for forensic medical examinations.
3. Those who underwent forensic exams were offered access to a victim advocate.
4. The victim advocate remained present during the exam and explained each step of the process.
5. Inmates were not charged for medical care associated with the sexual abuse.
6. All reported that they were not asked to submit to a polygraph examination.
7. All received written notification of the outcome of their investigation.

PROVISIONS

Provision (a)

The PAQ reported that CDOC policy requires all inmates alleging sexual abuse to be notified of the results of the investigations—substantiated, unsubstantiated, or unfounded—either verbally or in writing. This was confirmed through interviews with the Facility Head and Investigative Staff.

The PAQ indicated that 12 criminal or administrative sexual abuse investigations were completed in the previous 12 months. Each of the 8 (4 remained open) involved inmates received written notification using SOP 208.60, Attachment 3. Investigative staff confirmed that this notification process is implemented consistently.

As per Administrative Directive 1.10, Section 10(g):

“Following an investigation into an inmate’s allegation of sexual abuse, the PREA Unit shall inform the inmate whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation is conducted by an outside agency, the PREA Unit shall request the relevant outcome information in order to notify the inmate.”

The directive also specifies that the obligation to notify terminates upon the inmate’s release from CDOC custody.

Provision (b)

The PAQ identified ten investigations of alleged inmate sexual abuse conducted by an

outside agency (Connecticut State Police) during the review period.

Criminal cases referred to the State Police are coordinated through CDOC's PREA Unit, which is responsible for:

1. Obtaining outcome information from the outside agency, and
2. Ensuring the facility notifies the inmate of the results.

This documentation is maintained within the PREA investigative file.

Provision (c)

The PAQ states, and the Facility Head confirmed, that when an inmate alleges staff-on-inmate sexual abuse, and the allegation is substantiated, the inmate is informed when:

1. The staff member is no longer in the inmate's housing unit;
2. The staff member is no longer employed at the facility;
3. The staff member is arrested on a charge related to the abuse;
4. The staff member is convicted on such a charge.

CDOC Administrative Directive 6.12, Section 17(A)(1-4) affirms these requirements. The Facility Head verified that no substantiated or unsubstantiated staff-on-inmate allegations were reported within the past 12 months.

Provision (d)

When the perpetrator is an inmate, the victim is notified if the perpetrator has been:

- Indicted on a charge related to the sexual abuse, or
- Convicted on such a charge.

This mirrors the procedure outlined for staff-related cases and was verified through both interview and policy documentation.

Provision (e)

The facility reported that, in the past 12 months:

- 8 inmates received written notification regarding sexual abuse investigation outcomes.
- 4 inmates received written notification regarding sexual harassment investigation outcomes.

As outlined in Directive 1.10, Section 10(g), the requirement to provide this notification ends once the inmate is no longer in CDOC custody.

Provision (f)

	<p>This provision pertains to documentation retention and is not required to be audited.</p> <p><u>CONCLUSION</u></p> <p>Based on an extensive review of documentation, agency policies, and interview data, the Auditor finds that the Connecticut Department of Correction and the audited facility fully meet the requirements of PREA Standard §115.73 – Reporting to Inmates.</p> <p>The agency has implemented a clear, consistent, and policy-based process for informing inmates of investigation outcomes related to allegations of sexual abuse or harassment. The process is uniformly applied and well-documented, and inmates confirmed their awareness and receipt of written notifications. Therefore, the Auditor concludes that the facility is in full compliance with all provisions of this standard.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <p>The Auditor reviewed a comprehensive set of materials to assess the facility’s compliance with the provisions of the standard related to staff disciplinary sanctions for violations of sexual abuse and sexual harassment policies. These materials included:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided 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 2.17, Employee Conduct, specifically Section 6: Staff Discipline, effective September 26, 2014. 4. CDOC Administrative Directive 6.12, Section 21, page 16, which specifically addresses Disciplinary Sanctions, effective July 20, 2015. <p>These documents collectively outline the agency’s policies and procedures regarding staff conduct, disciplinary measures for sexual abuse and harassment violations, reporting responsibilities, and alignment with PREA standards.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p>

During the onsite audit, the Facility Head's designee was interviewed. The interview confirmed the following:

All staff are subject to disciplinary sanctions, up to and including termination, for violations of agency policies related to sexual abuse, sexual harassment, or sexual misconduct.

In the previous 12 months:

1. There were zero staff found to have violated agency policies regarding sexual abuse, harassment, or misconduct.
2. There were no terminations or resignations of staff due to such violations.

Termination is the presumptive disciplinary sanction for any staff member found to have engaged in sexual abuse.

PROVISIONS

Provision (a):

The Pre-Audit Questionnaire and interview confirmed that all staff are subject to disciplinary sanctions, up to and including termination, for violations of agency sexual abuse and sexual harassment policies.

CDOC Administrative Directive 2.17 (Section 6, Staff Discipline) explicitly states that staff shall be subject to such disciplinary sanctions in accordance with Administrative Directive 2.6. Termination is the presumed outcome for substantiated cases of sexual abuse. The directive also mandates that all terminations or resignations in lieu of termination for such violations shall be reported to law enforcement unless the activity is clearly non-criminal, and to relevant licensing bodies. Disciplinary actions must be based on job-related, non-discriminatory criteria.

Provision (b):

The facility reported, and the Facility Head confirmed through the interview, that no staff were found to have violated the agency's sexual abuse or sexual harassment policies in the past 12 months. Likewise, no staff were terminated or resigned in lieu of termination for such violations during this period.

This is consistent with Administrative Directive 2.17, which mandates termination as the presumptive disciplinary action for substantiated sexual abuse.

Provision (c):

According to the PAQ and interview responses, disciplinary sanctions for policy violations not involving actual sexual abuse are determined based on the nature and circumstances of the offense, the employee's disciplinary history, and consistency with sanctions imposed in similar cases.

There were no staff disciplined (short of termination) for violations of these policies in

the past 12 months. CDOC policy, as outlined in Directive 2.17, aligns with this provision by requiring that sanctions be proportional and equitable, reinforcing the agency’s commitment to fairness and due process.

Provision (d):

The facility reported, and the Facility Head confirmed, that all terminations or resignations in lieu of termination for violations of sexual abuse or harassment policies are reported to law enforcement and licensing bodies, unless the activity was clearly not criminal in nature.

No such reports were necessary in the past 12 months due to the absence of any such incidents. CDOC Directive 2.17 Section 6(g) reinforces this requirement and outlines the mandatory reporting process.

CONCLUSION

Based on the review of documentation, policies, and staff interviews, the Auditor concludes that the facility fully meets all provisions of the PREA standard related to §115.76 – Disciplinary Sanctions for Staff. The facility’s policies are well-aligned with federal requirements, and staff are held appropriately accountable for any violations involving sexual abuse or harassment.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <p>To evaluate the facility’s compliance with the requirements for corrective action regarding contractors and volunteers who engage in sexual abuse or violate agency sexual abuse or sexual harassment policies, the following materials were reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and 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. Administrative Directive 6.12, Section 21, Page 16 – Disciplinary Sanctions, including provisions for corrective action related to contractors, vendors, and volunteers. 4. CDOC Policy 10.4 – Volunteer and Recreation Services, which outlines expectations, orientation content, and disciplinary processes for volunteers and contractors.

These materials collectively establish the agency's policies on prohibiting continued inmate contact for contractors and volunteers who engage in sexual abuse, the obligation to report such behavior to appropriate authorities, and the application of remedial measures in other cases of policy violations.

INTERVIEWS

Facility Head or Designee

The Facility Head (or designee) was interviewed regarding the facility's implementation of agency policy concerning contractor and volunteer misconduct. The following was confirmed during the interview:

During the past 12 months, there were zero incidents in which a contractor or volunteer was reported to law enforcement agencies or licensing bodies for engaging in sexual abuse of an inmate. Likewise, there were no instances in which a contractor or volunteer violated agency sexual abuse or sexual harassment policies requiring corrective action or removal from inmate contact.

PROVISIONS

Provision (a):

Agency policy, as reported in the PAQ and confirmed through interviews and policy review, requires that any contractor or volunteer who engages in sexual abuse must:

1. Be prohibited from any further contact with inmates, and
2. Be reported to law enforcement agencies (unless the activity is clearly not criminal) and to relevant licensing bodies.

Administrative Directive 6.12, Section 21 - Disciplinary Sanctions, supports these requirements. It mandates that contractors, vendors, and volunteers who engage in sexual abuse will be permanently restricted from inmate access and reported to the appropriate authorities.

The directive also states that, in cases of other violations of agency sexual abuse or sexual harassment policies (short of actual sexual abuse), the facility is required to take appropriate remedial measures and consider whether to prohibit further contact with inmates.

During the audit period, the facility reported no incidents involving contractors or volunteers who required removal or were reported under this policy.

Provision (b):

The facility reported in the PAQ that it takes appropriate corrective action for any contractor or volunteer who violates sexual abuse or sexual harassment policies, even if the violation does not rise to the level of sexual abuse. This includes assessing

the need to restrict further access to inmates.

CDOC Policy 10.4 - Volunteer and Recreation Services reinforces this approach. The policy indicates that during orientation, all contractors and volunteers are informed that:

1. Engaging in sexual abuse will result in permanent loss of inmate access, and
2. The incident will be reported to law enforcement and licensing bodies, unless clearly non-criminal.
3. This information is clearly communicated in the Volunteer-In-Prison (VIP) Handbook, which is distributed to all volunteers and contractors during onboarding and training.

CONCLUSION

Based on the review of applicable policies, documentation, and staff interviews, the Auditor has determined that the facility is in full compliance with §115.77 - Corrective Action for Contractors and Volunteers.

The agency has comprehensive policies in place to address sexual abuse by non-staff personnel, including mandatory reporting, prohibition of inmate contact, and appropriate remedial measures for lesser violations. There were no incidents requiring such corrective action during the audit review period, indicating the facility is adhering to policy requirements.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <p>To assess the facility's compliance with the standard regarding disciplinary sanctions for inmates who engage in sexual abuse, the following documents were reviewed:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ) and accompanying 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 6.12, Section 21(C), p. 16 - Inmate Discipline, outlining procedures and limitations concerning disciplinary sanctions related

to sexual abuse.

4. CDOC Administrative Directive 9.5 - Code of Penal Discipline, detailing the formal disciplinary process for inmates and applicable sanctions for various offenses.

These materials collectively establish the agency's procedures for the imposition of disciplinary sanctions in accordance with the PREA standard and the safeguards in place to ensure fair, proportional, and appropriate responses to findings of sexual abuse.

INTERVIEWS

Facility Head or Designee

During the interview process, the Facility Head confirmed the following:

1. The agency prohibits all sexual activity between inmates.
2. There was one administrative finding of inmate-on-inmate sexual abuse at the facility within the past 12 months.
3. There were no criminal findings of guilt for inmate-on-inmate sexual abuse during the same period.
4. Inmates are disciplined for sexual contact with staff only when there is a finding that the staff member did not consent to the contact.
5. The facility prohibits disciplinary action against an inmate who makes a report of sexual abuse in good faith, based on a reasonable belief that the alleged conduct occurred.

Medical and Mental Health Staff

Medical and mental health professionals confirmed that the facility offers therapy, counseling, and other interventions intended to address underlying causes of sexual abuse. Additionally, the facility considers whether participation in such interventions may be required as a condition of access to certain programs or privileges for inmates found to have committed sexual abuse.

PROVISIONS

Provision (a):

According to the PAQ and verified by the Facility Head:

1. Inmates are subject to disciplinary sanctions only following a formal disciplinary process, which must be initiated after either:
2. An administrative finding that the inmate engaged in sexual abuse; or
3. A criminal finding of guilt for inmate-on-inmate sexual abuse.

This is supported by Administrative Directive 6.12, Section 21(C), which mandates that such findings must align with Administrative Directive 9.5 - Code of Penal Discipline before sanctions are imposed.

Provision (b):

The facility reported that any sanctions imposed are commensurate with:

1. The nature and circumstances of the abuse;
2. The inmate's disciplinary history; and
3. The sanctions imposed for comparable offenses by other inmates with similar backgrounds.
4. This practice is explicitly stated in Directive 6.12, Section 21(C), and was confirmed by the Facility Head during interviews.

Provision (c):

When determining appropriate sanctions, the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the behavior. This requirement is codified in Directive 6.12, Section 21(C) and was verified through the interview with the Facility Head.

Provision (d):

The facility provides therapy, counseling, or other behavioral interventions designed to address the motivations behind sexually abusive behavior. According to the PAQ and mental health staff interviews, the facility considers requiring participation in these interventions as a condition for access to programming or other privileges. This aligns with policy guidance in Directive 6.12, Section 21(C).

Provision (e):

The PAQ and interview responses confirmed that inmates are only disciplined for sexual contact with staff when there is a determination that the staff member did not consent. This protects inmates from unfair discipline and complies with Directive 6.12, Section 21(C).

Provision (f):

The facility prohibits disciplinary action against inmates who make good-faith reports of sexual abuse, even if those reports are not substantiated. Directive 6.12, Section 21(C) affirms this policy, stating that reports made in good faith based on a reasonable belief shall not be considered false reporting or lying. However, it does note that inmates may be disciplined if an investigation determines that a report was made in bad faith, in accordance with Directive 9.5.

Provision (g):

The agency prohibits all sexual activity between inmates, as noted in the PAQ and confirmed during the Facility Head interview. However, such activity is classified as

sexual abuse only if it is determined to be coerced. Non-coerced sexual activity may still result in disciplinary action, though not as sexual abuse. This position is consistent with Directive 6.12, Section 21(C).

CONCLUSION

After a thorough review of facility documentation, interviews with key personnel, and analysis of applicable policies, the Auditor has determined that the facility is in full compliance with PREA Standard §115.78 - Disciplinary Sanctions for Inmates.

The facility’s disciplinary process is aligned with agency directives and PREA requirements, ensuring sanctions are applied fairly, proportionally, and only after a formal process. Inmate rights are protected through safeguards such as the consideration of mental health factors, the prohibition of sanctions for good-faith reports, and the requirement of consent findings in cases of inmate-staff sexual contact.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

MATERIALS REVIEWED

1. Pre-Audit Questionnaire (PAQ) and 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 6.12, Section 11, Screening for Risk of Victimization and Abusiveness.
4. CDOC Administrative Directive 8.5, Mental Health Services, pp. 1-6.
5. PREA Emergency Medical and Mental Health Services Log (Sample).

INTERVIEWS

Risk Screening Staff

Staff responsible for conducting PREA risk screenings confirmed during interviews that all medical and mental health records are maintained in a secure, confidential database. Access to this database is restricted exclusively to authorized medical and mental health personnel. Any sharing of information with other staff, including classification or custody staff, is done strictly on a need-to-know basis in accordance with policy and professional standards.

Medical and Mental Health Staff

Medical and mental health personnel verified that inmates who disclose a history of sexual victimization are offered timely follow-up care. Informed consent is obtained before disclosing any information regarding prior victimization that occurred outside an institutional setting, unless the inmate is under 18 years old.

When an inmate discloses prior sexual victimization or is identified as having a history of perpetrating sexual abuse, a referral to a medical or mental health practitioner is made. Follow-up services are scheduled within 14 days of the initial intake screening. Staff emphasized that all such referrals are documented, and treatment decisions are based on clinical assessments and professional judgment.

Inmates Who Disclosed Prior Victimization

One inmate who had disclosed prior victimization during the intake screening was interviewed. The inmate confirmed that a mental health referral was generated on the day of intake and that an appointment was scheduled for the following week. However, the inmate voluntarily declined to proceed with the appointment. This aligns with policy, which allows the inmate to decline offered services while ensuring that appropriate referrals are initiated.

PROVISION

Provision (a)

The facility reported in the PAQ that inmates disclosing prior sexual victimization—whether the abuse occurred in the community or a correctional setting—are provided with timely, unimpeded access to medical and mental health services. These services include crisis intervention, risk evaluation, and continued support.

This was supported by interviews with staff and the review of medical and mental health referral documentation. Staff confirmed that follow-up care is offered within 14 days of disclosure, consistent with CDOC Administrative Directive 6.12, Section 11, which mandates that such offers be made following a disclosure of prior victimization

Provision (b)

According to the PAQ, the facility reassesses inmates within 30 days of arrival to evaluate any changes in risk of sexual victimization or abusiveness.

The Auditor reviewed 49 randomly selected inmate records. All inmates had received comprehensive PREA education at intake, including a signed acknowledgment form, PREA brochure, orientation handbook, and documentation of having viewed the PREA education video.

A review of 44 additional inmate records confirmed that each inmate had undergone the required risk reassessment within the 30-day timeframe, in accordance with CDOC policy and PREA standards

Provision (c)

If an inmate is identified during the screening process as having previously perpetrated sexual abuse—whether in the community or a correctional setting—facility policy mandates that the inmate be offered a follow-up meeting with a mental health practitioner within 14 days.

This was confirmed during staff interviews and is explicitly required in CDOC Administrative Directive 6.12, Section 11. Medical and mental health professionals explained that these follow-up meetings focus on behavioral risk assessment, potential treatment needs, and support strategies to mitigate future risk of harm to others

Provision (d)

The PAQ indicates that information obtained during the PREA screening process regarding sexual victimization or abusiveness is strictly limited to those with a need to know for purposes of housing, classification, security, or treatment planning.

Staff interviews confirmed that only authorized personnel involved in direct care, classification, or treatment decisions are granted access to this sensitive information. This policy is consistent with the confidentiality requirements outlined in CDOC Administrative Directive 6.12, Section 11

Provision (e)

The facility confirmed through the PAQ, and staff interviews validated, that informed consent is required before any report of prior sexual victimization that occurred outside of an institutional setting can be shared with other staff. The only exception is when the inmate is under the age of 18, in which case mandatory reporting laws apply.

This process is consistent with the provisions of CDOC Administrative Directive 6.12, which mandates obtaining consent prior to such disclosures unless required by law.

CONCLUSION

Based on the thorough review of relevant documentation, staff and inmate interviews, and facility practices, the Auditor concludes that the facility meets all provisions of PREA Standard §115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED</u>

1. Pre-Audit Questionnaire (PAQ) and all 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 6.12, Section 13(C), Medical Staff Action, pp. 12-13.

INTERVIEWS

Medical and Mental Health Staff

Interviews with medical and mental health staff confirmed that inmates who report sexual abuse are provided immediate access to emergency medical treatment and crisis intervention services, based on the professional judgment of the responding healthcare providers. Staff indicated that the nature and scope of services are determined in accordance with professionally accepted standards of care.

Medical and mental health staff reported collaborating closely to ensure appropriate care is delivered. This includes offering emergency contraception and prophylaxis for sexually transmitted infections (STIs), when medically appropriate.

Medical staff further explained that when an inmate arrives at the medical unit after a report of sexual assault, a physician performs a preliminary evaluation to determine whether the Sexual Assault Response Team (SART) should be activated or if the inmate requires immediate transfer to a hospital due to injury severity. If the SART is activated, the attending nurse provides initial treatment recommendations before the inmate leaves the facility. The facility physician then issues medical orders. Inmates receive detailed information regarding STI prophylaxis and other necessary post-assault medical care.

First Responders (Security and Non-Security Staff)

Security staff first responders stated that their primary duties include securing the safety of the victim, preserving potential evidence, and immediately notifying medical and mental health practitioners.

Non-security staff first responders similarly reported that their first priority is protecting the victim. They remain with the individual until relieved by security staff and promptly notify security responders of the incident.

Inmates Who Reported Sexual Abuse

Interviews with inmates who reported incidents of sexual abuse consistently confirmed the following:

1. Staff responded promptly and appropriately when the incident was reported.
2. Inmates were referred for medical and mental health services immediately.
3. Forensic medical examinations were offered without delay.

4. Those referred for forensic examinations were offered the services of a victim advocate, who remained present throughout the exam and explained the process.
5. Inmates were not financially responsible for any medical treatment related to the assault.
6. All inmates confirmed they were not asked or required to take a polygraph test.
7. Inmates received written notifications regarding the outcomes of their investigations.

PROVISIONS

Provision (a)

The facility reported in the PAQ that victims of sexual abuse receive timely and unimpeded access to emergency medical and crisis intervention services, which are determined by qualified medical or mental health practitioners. This was confirmed through staff interviews and review of case records involving reported sexual abuse incidents.

CDOC Administrative Directive 6.12, Section 13(C), mandates timely access to such services and that the nature and scope of treatment be determined by qualified professionals, in accordance with their clinical judgment.

Documentation reviewed by the Auditor demonstrated timely referrals and services rendered, including treatment initiation and follow-up care consistent with the scope and timing described in policy.

Provision (b)

The facility reported that if no qualified medical or mental health practitioners are on duty when a report of sexual abuse is received, first responders take preliminary steps to protect the victim and immediately notify the appropriate health professionals. First responder interviews corroborated this process.

CDOC policy confirms that security and non-security staff must act promptly in the absence of on-site clinical staff and initiate the necessary notifications to medical personnel.

Provision (c)

The facility stated in the PAQ, and medical staff verified, that victims of sexual abuse are offered timely information about and access to emergency contraception and prophylaxis for sexually transmitted infections, consistent with community standards and where medically appropriate.

CDOC Directive 6.12 requires that such services be made available in accordance with professionally accepted healthcare standards. Interviews confirmed that these

	<p>services are regularly and appropriately provided following an allegation of sexual abuse.</p> <p>Provision (d)</p> <p>According to both the PAQ and interviews, all treatment services are provided to victims at no cost, regardless of whether the victim names the perpetrator or participates in a resulting investigation. Inmates who had reported abuse affirmed they were not billed for medical services related to the incident.</p> <p>Directive 6.12, Section 13(C), clearly states that treatment services must be provided free of charge and independent of the inmate's cooperation with investigative processes.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of documentation, interviews with medical and mental health staff, first responders, and inmates, and an evaluation of the facility's policies and procedures, the Auditor concludes that the agency/facility meets all provisions of PREA Standard §115.82 - Access to Emergency Medical and Mental Health Services.</p> <p>The facility demonstrates a timely and professional response to reports of sexual abuse, ensuring inmate victims receive emergency medical care and crisis intervention consistent with community standards and in alignment with CDOC policy.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>MATERIALS REVIEWED:</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and 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 6.12, Section 13C, Medical Staff Action, pp. 12-13 4. Correctional Managed Health Care (CMHC) Policy Manual, Sexual Assault/ Sexual Abuse, G-57.1, dated August 28, 2019 <p><u>INTERVIEWS:</u></p>

Medical and Mental Health Staff

Interviews with medical and mental health professionals confirmed that comprehensive services are offered to inmates who have been victimized by sexual abuse. Staff emphasized that treatment is initiated immediately upon disclosure or discovery of abuse, guided by clinical judgment and in accordance with community standards of care. These services include:

1. Medical and mental health evaluation and treatment
2. Emergency contraception and sexually transmitted disease prophylaxis, when medically indicated
3. Testing for sexually transmitted infections
4. Pregnancy testing and access to lawful pregnancy-related services, if applicable

Staff confirmed that all services are provided at no cost to the inmate, regardless of whether the victim names the abuser or cooperates with an investigation. Mental health professionals also indicated that an evaluation of known inmate-on-inmate abusers is initiated within 60 days of discovery, with treatment offered when appropriate.

Inmates Who Reported Abuse

Inmates who reported sexual abuse to facility staff consistently described a trauma-informed response, confirming that:

1. Facility staff responded promptly and professionally
2. They were immediately referred for medical and mental health treatment
3. Forensic examinations were facilitated without delay
4. Victim advocates were offered and provided support throughout the examination process
5. No inmate was required to pay for any medical or mental health services related to the abuse
6. No inmate was subjected to polygraph testing
7. Inmates received written notification of the outcome of the investigation

PROVISIONS:

Provision (a):

The PAQ confirms, and interviews with medical and mental health staff verify, that the facility offers medical and mental health evaluations and treatment to all inmates who report sexual abuse.

CDOC Administrative Directive 6.12, Section 13C, mandates the provision of medical and mental health evaluations and treatment for all inmates who have been sexually abused, regardless of where the abuse occurred. The CMHC Policy Manual G-57.1 reinforces this obligation, stating that all offenders presenting with sexual abuse

complaints must be evaluated, examined, and referred for necessary services immediately, even if the abuse occurred in the distant past.

Documentation reviewed by the auditor corroborated the facility's adherence to community standards of care, including crisis intervention, STI testing and treatment, and mental health follow-up. All services are provided without financial cost to the inmate.

Provision (b):

The PAQ states that evaluation and treatment include follow-up services, treatment planning, and referrals for continued care upon transfer or release. This was substantiated through staff interviews and supported by documentation reviewed by the auditor.

Administrative Directive 6.12, Section 13C, requires that victim care includes follow-up services and referrals for ongoing treatment in the event of a transfer or release. Reviewed records showed consistent follow-up care, detailed treatment plans, and continuity of care in accordance with CMHC standards.

Provision (c):

Facility staff confirmed during interviews that medical and mental health services are provided at a standard consistent with that available in the community. This is in line with Directive 6.12, which explicitly requires that such services meet the community level of care.

Provision (d):

The PAQ and the PREA Compliance Manager (PCM) confirmed that there were no inmates referred for Sexual Assault Nurse Examiner (SANE) exams within the past 12 months. Nonetheless, policy and staff interviews affirmed that the facility has established procedures to facilitate timely access to forensic examinations and associated care should such a referral be needed.

Directive 6.12 requires that victims with the capacity to become pregnant be offered pregnancy testing following sexually abusive penile-vaginal penetration, and that victims be provided with access to all lawful pregnancy-related medical services.

Provision (e):

The facility reported on the PAQ that victims of sexual abuse resulting in pregnancy are provided with timely and comprehensive information about, and access to, all lawful pregnancy-related medical services. This is consistent with Directive 6.12 and CMHC policy.

Provision (f):

The PAQ and medical staff confirmed that inmate victims are offered STI testing and appropriate treatment, in accordance with medical necessity and CDOC policy.

Directive 6.12 mandates that such testing be conducted in alignment with CMHC guidelines.

Provision (g):

Facility documentation and staff interviews confirm that all medical and mental health services related to sexual abuse are provided at no cost to the inmate. This is true regardless of whether the inmate cooperates with the investigation or identifies the perpetrator, as required by the standard.

Provision (h):

Mental health staff verified that the facility attempts to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse. Treatment is offered based on the clinical judgment of the practitioner. Directive 6.12 reinforces this requirement and ensures such evaluations are integrated into ongoing treatment plans, consistent with CMHC policies.

CONCLUSION:

Based on the comprehensive review of the Pre-Audit Questionnaire, relevant policies, medical and mental health records, and interviews with both staff and inmates, the Auditor concludes that the facility meets all provisions of the PREA standard regarding ongoing medical and mental health care for sexual abuse victims. The facility has demonstrated a consistent and policy-driven approach to providing trauma-informed, timely, and professional care at a level equivalent to that available in the community.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ) and 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 6.12, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015.4. Completed Sexual Abuse Incident Review (SAIR) forms and logs.5. Documentation of SAIR team membership and meeting schedules.6. Examples of facility responses to SAIR recommendations.

INTERVIEWS

Facility Head

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 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 five 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 ten completed investigations, four were followed by a SAIR within the 30-day requirement. Interviews with the PCM and review of SAIR documentation confirmed that the 30-day review timeline is being followed. 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.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and 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 6.12, Section 3 – Definitions and Acronyms 4. CDOC Administrative Directive 6.12, Section 23 – Internal Reporting

5. Most recent Survey of Sexual Victimization (SSV-2)
6. Most recent PREA Annual Report published by the agency

INTERVIEWS

PREA Coordinator (PC) / PREA Director (PD)

The PC/PD confirmed that the agency maintains, collects, and reviews data from all available incident-based documentation, including incident reports, investigation files, and sexual abuse incident reviews. Upon request, the agency provides all data from the previous calendar year to the U.S. Department of Justice (DOJ), no later than June 30th. The agency also collects incident-based and aggregated data from every private facility with which it contracts for inmate housing.

PREA Compliance Manager (PCM)

The PCM verified that the agency collects and reviews all available incident-based documentation to ensure data accuracy and completeness. This includes reports, investigation files, and sexual abuse incident review documentation.

PROVISIONS

Provision (a)

The PAQ reported that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and consistent definitions. This was confirmed by the PC/PD.

Administrative Directive 6.12, Section 23(A) mandates that:

1. All reports of sexual abuse or sexual harassment are documented using CN 6601 (Incident Report) per Administrative Directive 6.6 and included in the monthly STARS report per Administrative Directive 1.6.
2. Each incident is reviewed by the facility PREA Compliance Manager and documented on CN 61203 (PREA Incident Post-Investigation Facility Review).
3. The STARS report includes:
 4. Substantiated allegations
 5. Unsubstantiated allegations
 6. Unfounded allegations

This data is also compiled for each contracted residential facility and is made publicly available annually via the Department's website. Data retention is required for at least 10 years unless otherwise required by law.

Provision (b)

The PAQ indicated that the agency aggregates incident-based sexual abuse data at

least annually. The PC/PD confirmed this during the interview. The Auditor reviewed the most recent Annual PREA Report and verified that data aggregation is consistent with the standard.

Administrative Directive 6.12, Section 23(B) states that annually, the agency shall report to the DOJ (Bureau of Justice Statistics) the following statistics:

1. Nonconsensual sexual acts
2. Abusive sexual contacts
3. Staff sexual misconduct
4. Staff sexual harassment
5. Total number of substantiated incidents

Each category includes: reported, substantiated, unsubstantiated, unfounded, and ongoing investigations.

Provision (c)

According to the PAQ, the agency's standardized data collection instrument includes the minimum data points required by the DOJ's most recent Survey of Sexual Violence (SSV). The PC/PD verified this.

Administrative Directive 6.12, Section 23(A) specifies that the annual report is submitted electronically to the DOJ at <http://harvester.census.gov/ssv>. Upon request, all data from the previous calendar year is provided.

Provision (d)

The agency maintains, reviews, and collects data from all incident-based documentation. The PC/PD confirmed this process.

Per Administrative Directive 6.12, Section 23(A), the PREA Coordinator is responsible for reviewing aggregated data to:

1. Identify problem areas
2. Recommend corrective actions on an ongoing basis
3. Prepare annual reports summarizing findings and actions taken at the facility and agency level

This data-driven approach supports continuous improvement of policies, procedures, and training.

Provision (e)

The PAQ noted that the agency collects both incident-based and aggregated data from all private facilities with which it contracts for inmate confinement. The PC/PD confirmed this.

Administrative Directive 6.12, Section 23(C) requires that the annual report:

1. Includes a comparison of the current year's data and corrective actions with prior years
2. Assesses the agency's progress in addressing sexual abuse
3. Is approved by the Commissioner and made publicly available on the CDOC website
4. May include redactions only where disclosure would compromise facility safety or security, with an explanation provided for each redaction

Provision (f)

According to the PAQ and confirmed by the PC/PD, the agency submits all requested data to the DOJ for the previous calendar year. The Auditor reviewed the most recent completed SSV-2 form to verify compliance with this provision.

CONCLUSION

Based on a thorough review of the agency's policies, procedures, documentation, and interviews with key personnel, the Auditor concludes that the Connecticut Department of Correction fully meets all provisions of PREA Standard §115.87 - Data Collection. The agency has established and implemented a standardized, comprehensive system for collecting and analyzing data related to sexual abuse, both at facilities under its direct control and those with which it contracts. This system aligns with federal requirements and supports transparency, accountability, and continual improvement of sexual abuse prevention and response efforts.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and 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. Most Recent Survey of Sexual Victimization (Form SSV-2) 4. Most Recent CDOC PREA Annual Data Report 5. CDOC Public Website: https://portal.ct.gov/DOC/Miscellaneous/PREA, which houses annual PREA reports and additional PREA-related data <p><u>INTERVIEWS</u></p>

Agency Head or Designee

The Agency Head's designee confirmed during the interview that the CDOC's annual PREA report includes a comparison of the current year's data and corrective actions with those from prior years. The designee explained the purpose of the annual report is to reflect the agency's ongoing commitment to protecting incarcerated individuals and staff from sexual victimization. It is a tool used to identify problem areas, ensure timely corrective action, and maintain transparency through public posting. All reports are available at: <https://portal.ct.gov/DOC/Miscellaneous/PREA>.

Facility Head or Designee

The Facility Head stated that the facility's internal PREA Committee reviews all allegations of sexual abuse or harassment. The findings are forwarded to the PREA Coordinator (PC) to inform the development of the agency's annual PREA report. This collaborative review supports data-informed corrective actions.

PREA Coordinator (PC) / PREA Director (PD)

The PC/PD stated that the agency conducts an annual review of data collected pursuant to §115.87 to evaluate the effectiveness of its sexual abuse prevention, detection, and response policies and training. This assessment directly informs the agency's annual report. The Coordinator emphasized that the only redactions made before publication are to remove personally identifying information, with all other data included as required.

PREA Compliance Manager (PCM)

The PCM confirmed that most PREA-related materials—including the annual reports—are accessible through the agency's public website, which serves as a central platform for transparency and accountability.

PROVISIONS

Provision (a)

The PAQ states that the agency reviews data collected and aggregated under §115.87 to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response strategies. This includes:

1. Identifying problem areas
2. Taking corrective action on an ongoing basis
3. Preparing an annual report summarizing findings and corrective measures for each facility and the agency as a whole
4. These practices were confirmed by the PC/PD during interviews. Additionally, CDOC Administrative Directive 6.12 specifies that the PREA Coordinator is responsible for reviewing data and producing institutional reports for the Commissioner, outlining issues identified and corrective actions taken. These

reports include year-to-year data comparisons.

Provision (b)

According to the PAQ and as verified through interviews with the Agency Head Designee and PC, the annual report includes comparative analysis between the current year and previous years. This ensures the agency tracks its progress in reducing sexual abuse and implementing effective responses.

The Auditor reviewed the most recent annual report and confirmed that it includes these comparisons and aligns with PREA requirements. The report is publicly available at: <https://portal.ct.gov/DOC/Miscellaneous/PREA>

Provision (c)

In compliance with PREA standards, CDOC makes its annual reports publicly accessible through its website. The reports are posted in a timely and organized manner and include comprehensive agency-level and facility-level data review.

Provision (d)

The PAQ reports, and the PC/PD confirmed, that any redactions from the annual report are limited strictly to personal identifying information or information that would pose a clear and specific threat to the safety and security of a facility. The Auditor verified that the publicly available reports are otherwise complete, in accordance with PREA standard §115.88.

CONCLUSION

Based on the review of agency policy, supporting documentation, annual reports, interviews with key personnel, and verification of publicly posted materials, the Auditor concludes that the Connecticut Department of Correction fully meets all provisions of PREA Standard §115.88 – Data Review for Corrective Action. The agency demonstrates a comprehensive, data-driven approach to assessing and improving its sexual abuse prevention and response practices, while maintaining transparency and accountability.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED</u>
	1. Pre-Audit Questionnaire (PAQ) and supporting documentation provided by the

facility and agency.

2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.
3. CDOC Public Website: <https://portal.ct.gov/DOC/Miscellaneous/PREA>, where annual aggregated sexual abuse data reports are publicly posted, in compliance with PREA standards.

INTERVIEW

PREA Director (PD) / PREA Coordinator (PC)

During the interview, the PREA Coordinator advised that the CDOC collects and retains sexual abuse data in multiple secure locations:

1. Local Level: Each facility maintains data in a Risk Management System with access restricted to staff who have a legitimate need to know.
2. Agency Level: Data is stored for the purpose of completing the Bureau of Justice Statistics' Survey of Sexual Victimization (SSV-2) and is also published online for public access as required by PREA Standard §115.89.
3. The PD confirmed that the agency conducts regular reviews of data collected under PREA Standard §115.87 and ensures that any personal identifying information is redacted prior to public release.

PROVISIONS

Provision (a)

The PAQ indicated, and the PREA Coordinator confirmed, that the CDOC securely retains both incident-based and aggregated sexual abuse data. CDOC Administrative Directive 6.12 mandates that such data be preserved for a minimum of ten years, ensuring security and integrity throughout the retention period. The Auditor verified this by reviewing data from previous years maintained in accordance with the agency's policy.

Provision (b)

The PAQ states that the agency makes aggregated sexual abuse data from facilities under its direct control—and any private facilities with which it contracts—available to the public at least annually. This was confirmed by the PD during the interview and verified via the CDOC PREA website. The website includes annual reports and data summaries that comply with PREA publication standards, accessible at <https://portal.ct.gov/DOC/Miscellaneous/PREA>.

Provision (c)

The facility reported, and the PD verified, that prior to public dissemination, all aggregated data is reviewed to ensure that all personal identifiers are removed. This

practice is consistent with the confidentiality requirements of the PREA standard.

Provision (d)

The PAQ states that the agency maintains PREA-related sexual abuse data for at least ten years following initial collection, unless federal, state, or local law mandates a longer retention period. The PD confirmed this during the interview. CDOC Administrative Directive 6.12, Section 21, also specifies that:

Sexual abuse data shall be securely retained for a minimum of ten years. Criminal and administrative investigation records must be maintained for the duration of the alleged abuser’s incarceration or employment with the agency, plus five additional years.

The Auditor reviewed data from previous years, verifying that the agency’s data retention practices align with the regulatory requirements outlined in the standard.

CONCLUSION

Based on the comprehensive review of agency policy, documentation, interviews, and online data postings, the Auditor concludes that the Connecticut Department of Correction fully meets all requirements of PREA Standard §115.89 – Data Storage, Publication, and Destruction. The agency demonstrates a robust and transparent approach to data management, consistent with the goals of PREA to ensure accountability, promote transparency, and protect sensitive information.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>MATERIALS REVIEWED</u> <ol style="list-style-type: none">1. Connecticut Department of Correction (CDOC) Public Website: https://portal.ct.gov/DOC/Org/PREA-Unit2. The website contains extensive information regarding the agency’s PREA compliance, including past audit reports, annual data summaries, corrective actions, and facility-level statistics. <p>The availability of this information demonstrates CDOC’s commitment to transparency and accountability in preventing and responding to sexual abuse within its facilities.</p>
	<u>INTERVIEWS</u>
	PREA Coordinator/PREA Unit Director (PD)

During the interview, the PREA Director confirmed that this audit falls within the first year of the current three-year audit cycle (2022-2025). The PD affirmed that all CDOC facilities were audited during the previous audit cycle (2019-2022). The PD also stated that the agency ensures compliance with all PREA standards, including the timely public posting of audit reports and data summaries on the CDOC PREA Unit webpage.

Inmates

Inmates interviewed confirmed they were informed of their right to send confidential correspondence to the PREA Auditor. They stated they were able to do so in the same manner as sending legal mail, without interference or inspection by facility staff.

PROVISIONS

Provision (a)

The PREA Director reported that all facilities under CDOC jurisdiction were audited during the previous three-year cycle (2019-2022), and that the department has entered the new cycle (2022-2025). All completed audit reports are publicly posted on the agency's website and are accessible for review. The CDOC PREA webpage contains multiple annual reports and data summaries in accordance with PREA standards.

Provision (b)

The Auditor verified that this facility audit is being conducted in the first year of the current audit cycle (2022-2025). The CDOC PREA Unit webpage continues to be updated with relevant reports, statistics, and audit findings as required under federal PREA guidelines.

Provisions (c) through (g)

Not applicable to this audit.

Provision (h)

During the on-site portion of the audit, the Auditor was granted full and unrestricted access to all areas of the facility, including housing units, administrative offices, medical and mental health areas, program spaces, and restricted housing units. Facility and agency staff were cooperative and responsive, accompanying the Auditor throughout the process and ensuring that all areas and records requested were made immediately available.

Provision (i)

The Auditor was provided with timely access to all documentation, records, and information requested throughout the pre-audit, on-site, and post-audit phases. Staff at both the facility and central office levels demonstrated a clear commitment

	<p>to transparency and cooperation.</p> <p>Provisions (j) through (l)</p> <p>Not applicable to this audit.</p> <p>Provision (m)</p> <p>The Auditor was provided with a secure, private space to conduct interviews with staff and inmates. Interviews were conducted confidentially, in a manner that ensured privacy and minimized potential intimidation or coercion.</p> <p>Provision (n)</p> <p>Inmates confirmed through interviews that they were informed about the opportunity to correspond confidentially with the Auditor prior to the on-site audit. They were aware that this communication would be treated in the same manner as legal correspondence, and they reported no barriers to sending or receiving confidential audit-related mail.</p> <p>Provision (o)</p> <p>Not applicable to this audit.</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive review of materials, interviews, and on-site observations, the Auditor has determined that the Connecticut Department of Correction and this facility fully meet the requirements of PREA Standard §115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>MATERIALS REVIEWED</u></p> <ol style="list-style-type: none"> 1. Connecticut Department of Correction (CDOC) Public Website: https://portal.ct.gov/DOC/Org/PREA-Unit 2. The publicly accessible webpage provides comprehensive information and resources related to the agency’s PREA compliance efforts. This includes annual reports and data reviews required under the Prison Rape Elimination Act. <p>PROVISION (f):</p>

The Connecticut Department of Correction complies with the requirements of Provision (f) by making its annual reports on sexual abuse data publicly available on its official website. These reports reflect aggregated data collected from across all CDOC facilities and are published in accordance with PREA Standard §115.88(f), which requires agencies to make their annual review findings publicly available while protecting sensitive and confidential information.

The PREA Unit webpage hosts:

1. Annual PREA data review reports, which identify problem areas and corrective actions taken.
2. Documentation of steps the agency has implemented to improve prevention, detection, and response to sexual abuse and sexual harassment.
3. Information about ongoing compliance efforts and summaries of findings from data analysis.

The website is easily accessible and user-friendly, demonstrating the agency's commitment to transparency and accountability regarding incidents of sexual abuse within its facilities.

Direct access to these reports is available at: <https://portal.ct.gov/DOC/Org/PREA--Unit>

CONCLUSION

Based on a comprehensive review of the materials and documentation, including the agency's public-facing transparency and compliance with reporting standards, the Auditor finds that the Connecticut Department of Correction fully meets the requirements of PREA Standard §115.403.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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.)	
115.13 (a)	Supervision and monitoring	
	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
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
115.13 (d)	Supervision and monitoring	
	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

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	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)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
115.15 (e)	Limits to cross-gender viewing and searches	
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
115.17 (b)	Hiring and promotion decisions	
	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
115.17 (c)	Hiring and promotion decisions	
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
115.21 (d)	Evidence protocol and forensic medical examinations	
	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
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	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
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	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
115.31 (b)	Employee training	
	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
115.31 (c)	Employee training	
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	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
115.33 (b)	Inmate education	
	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
115.33 (c)	Inmate education	
	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
115.33 (d)	Inmate education	
	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
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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?	
115.42 (a)	Use of screening information	
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	na

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
115.43 (b)	Protective Custody	
	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
115.43 (c)	Protective Custody	

	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
115.43 (d) Protective Custody		
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	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
115.51 (b) Inmate reporting		
	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
115.51 (c)	Inmate reporting	
	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
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
115.54 (a)	Third-party reporting	
	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
115.61 (a)	Staff and agency reporting duties	
	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?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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
115.67 (a)	Agency protection against retaliation	
	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
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against 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 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
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	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
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
115.71 (f)	Criminal and administrative agency investigations	
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	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
115.73 (d)	Reporting to inmates	
	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
115.77 (a)	Corrective action for contractors and volunteers	
	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
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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?	
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	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
115.401 (b)	Frequency and scope of audits	
	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.)	no
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

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