

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 6/27/2018

Auditor Information

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Company Name: Diversified Consultants Services	
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Telephone: (678) 200-3446	Date of Facility Visit: February 26-28, 2018

Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
State of Connecticut	State of Connecticut		
Physical Address: 24 Wolcott Hill Road	City, State, Zip: 24 Wolcott Hill Road		
Mailing Address: Wethersfield, CT 06109	City, State, Zip: Wethersfield, CT 06109		
Telephone: (860) 692-7480	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
	<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal

The Department of Correction shall strive to be a global leader in progressive correctional practices and partnered re-entry initiatives to support responsive evidence-based practices aligned to law-abiding and accountable behaviors. Safety and security shall be a priority component of this responsibility as it pertains to staff, victims, citizens, and offenders.

Agency Website with PREA Information: www.ct.gov/doc

Agency Chief Executive Officer

Name: Scott Semple	Title: Commissioner
Email: scott.semple@ct.gov	Telephone: (203) 250-8136

Agency-Wide PREA Coordinator

Name: David McNeil	Title: PREA Coordinator
Email: david.mcneil@ct.gov	Telephone: (203) 250-8136
PREA Coordinator Reports to: Commissioner of Corrections	Number of Compliance Managers who report to the PREA Coordinator 16

Facility Information

Name of Facility: Corrigan-Radgowski Correctional Center
Physical Address: 986 Norwich/New London Turnpike, Uncasville, CT 06382
Mailing Address (if different than above):

Telephone Number: (860) 848-5700

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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Facility Mission: In support of the Department of Correction's overall mission, the Corrigan-Radgowski Correctional Center shall strive to be a global leader in progressive correctional practices and partnered re-entry initiatives to support responsive evidence-based practices aligned to law-abiding and accountable behaviors. Safety and security shall be a priority component of this responsibility as it pertains to staff, victims, citizens and offenders.

Facility Website with PREA Information:
<https://www.ct.gov/doc/cwp/view.asp?a=1502&q=557868>

Warden/Superintendent

Name: Stephen Faucher	Title: Warden
Email: Stephen.Faucher@ct.gov	Telephone: (860) 848-5720

Facility PREA Compliance Manager

Name: Ronald Cotta	Title: Deputy Warden
Email: Ronald.Cotta@ct.gov	Telephone: (860) 848-5704

Facility Health Service Administrator

Name: Sharon Brown	Title: Health Services Administrator
Email: Sharon.Brown@ct.gov	Telephone: (860) 848-5059/5060

Facility Characteristics

Designated Facility Capacity: 1304	Current Population of Facility: 1195
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Number of inmates admitted to facility during the past 12 months		3496	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1625	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		2699	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		6	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 20-86	
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		2.55 months	
Facility security level/inmate custody levels:		4-2	
Number of staff currently employed by the facility who may have contact with inmates:		383	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		61	
Number of staff assigned to the facility (including current staff and new hires) since the last audit:		154	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		6	
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		11	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		24	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Corrigan-Radgowski CC has an electronic surveillance system that includes cameras strategically placed on the grounds to ensure the safety and security of both inmates and staff.			
Medical			
Type of Medical Facility: Inpatient and outpatient Services		Ambulatory	
Forensic sexual assault medical exams are conducted at:		Backus Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		242	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		11	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Pre-Audit Preparation

Prior to the on-site visit, a representative from the State of Connecticut, Department of Corrections, PREA Director, conducted a "pre-audit" review of the facility to ensure PREA compliance. The PREA Director was extremely knowledgeable of PREA and serve as the agency liaison for the upcoming PREA audit at Corrigan-Radgowski Correctional Institution (CORR-RAD CI). At the direction of the agency Commissioner of Corrections, the PREA Director and facility liaisons (PREA Compliance Manager and PREA Liaison Captain) were tasked with providing the auditor with all policies and supportive documentation for the auditor to review prior to the on-site visit. Policies and documentation were provided in the form of Administrative Directives (AD) and other forms/memos. Administrative Directives are agency-wide governing policies developed by the Connecticut Department of Corrections (CDOC) and Institution Supplements stipulate institution specific policies, in the event there is no agency-wide policy or site-specific policy required to expand on agency Administrative Directives.

During the Pre-Audit phase Radgowski-Corrigan Correctional Institution posted the required PREA Audit Notice of the upcoming audit scheduled for February 25-28, 2018. Diversified Consultants Services received two (2) letters from inmates assigned to RAD-CORR CI.

Entrance Briefing and Tour (On-site Audit)-First day

The on-site visit for the PREA (Prison Rape Elimination Act) compliance audit of the Corrigan-Radgowski Correctional Institution located in Uncasville, Connecticut, was conducted on February 25-28, 2018 by Diversified Consultant Services, certified PREA auditors Sonya Love (Lead) and Adam Barnett. Auditor Barnett conducted the climate survey for the inmate sample, targeted and random. A discussion took place outlining the audit sampling strategy, logistics for the facility tour, interview scheduling, the need for the review of additional policies and supplemental documents. This is the second PREA audit for this facility.

On arrival at the facility, an in-briefing meeting was held with the Warden, Deputy Warden/PREA Compliance Manager, PREA Liaison Captain (PREA facility liaison), State of Connecticut, Department of Corrections, Statewide PREA Director and Statewide PREA Liaison Captain. The lead auditor discussed the information contained in the Pre-Audit Questionnaire (PAQ) with the PREA Liaison Captain/PREA facility liaison, Statewide PREA Director to include missing or incorrect information. The State of Connecticut, Commissioner of

Corrections, State Contract Administrator for the Connecticut Department of Corrections, PREA Coordinator, PREA Investigator were previously interviewed telephonically. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility. The tour of the facility included the intake processing areas, all housing units, as well as the Segregated Housing Unit (SHU), the Health Services Departments, Recreation, Food Service, facility support areas, Education, Visiting Rooms and programming areas. During the tour, it was noted that there was sufficient staffing and surveillance cameras to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units.

The auditor noted that some units did not allow inmates to shower without exposing themselves to staff of the opposite gender. From several dayrooms, the auditor noticed inmates using jumpsuits to shield themselves from being publicly viewed from the dayroom by the opposite gender. The facility immediately corrected this problem throughout the entire facility by placing PREA friendly shower curtains in every shower. On the final day of the onsite audit the auditor verified the placement of the shower curtains. In addition, during a tour of medical the lead auditor noted that a urinal in a holding cell was quite visible to the opposite gender (nonmedical) from several angles in the medical department. CORR-RAD CI corrected this problem by restricting the use of the cell (holding cell) and posting a notice alerting staff and inmates about the restricted use. The auditor verified the posting of the alert notice.

Informal and formal conversations with employees and inmates regarding their understanding of the PREA standards were conducted. During the tour, three staff members were informally asked the questions outlined in the First Responder interview packet; all staff members answered correctly. Informal conversations were excluded in the sample random or specialized staff totals and constitute outliers thus excluded from the data set. One inmate housed in SHU requested an interview with the lead auditor during the tour. The inmate was interviewed in SHU. His complaint was unrelated to PREA and centered on upcoming litigation regarding a sentencing dispute with the State of Connecticut. The informal conversation with the inmate in SHU was also excluded from the sample of random and targeted inmate totals thus established as an outlier and excluded from the data set.

Postings, regarding PREA violation reporting and the agency's zero tolerance policy toward sexual abuse and sexual harassment, were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. The auditor did not receive correspondence from any inmates. The standards used for this audit became effective August 20, 2012.

Sampling Methodology- Inmates/ First Day

The inmate sample size was based on the population census on the first day of the audit, along with the established census criteria outlined by the PREA Resource Center (PRC). Moreover, the sampling methodology was based on the inmate population size that ranged between 501 and 1000 on the first day of the audit. A total of 31 inmates were interviewed, to included two disabled hearing-impaired inmate, two Limited English Proficient (LEP) inmates and three self-identified gay inmates. There were no inmates in the SHU for High Risk of

Sexual Victimization, no inmates who reported sexual abuse, no inmates who reported sexual victimization during risk screening and no inmates who were identified with limited cognitive disability. Also, there were no inmates who self-identified as transgender or intersex inmates in the population. It should be noted that no inmates refused to participate in the sample of random and targeted inmate interviews. Both inmates that sent correspondence prior to the on-site audit were included in the climate interviews conducted by the second certified PREA auditor, Adam Barnett. The inmates interviewed demonstrated a good understanding and knowledge of the Prison Rape Elimination Act (PREA) compliance and educational platform. If the services of a SANE nurse were required, the inmate would be transported to a local hospital for a forensic examination and treatment.

Communication #1

This inmate expressed concerns regarding the search practices conducted by some officers. He did not name the officers. The inmate denied being physically touch by the officers. He also denies sexual suggestive language, conversations or gestures. The inmate complained about the facility's search process. The inmate denied cross-gender viewing and searches, denied searches of his person were being conducted for the sole purpose of determining his genital status. The auditor confirmed staff training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. This inmate did not self-identify as a transgender or intersex.

Communication #2

This inmate expressed concerns regarding an officer commenting in a loud voice calling out statements such as "prisoners housed in cell # 105 was a child molester and that the inmate in cell #105 should be gang raped so that the alleged molester in cell 105 will know how it feels to be raped." These accusations were a serious concern for auditor Adam Barnett, so much so that he discussed his concerns with the lead auditor, the Warden, the PREA Compliance Manager, Deputy Wardens and the Statewide PREA Unit Director (telephonically). CORR-RAD CI management were made aware of the inmate's complaint during the exit briefing.

Staff Interviews-Second Day

A total of 38 random staff were interviewed and 16 specialized staff. The administrative staff interviewed included the Warden, Deputy Warden/PREA Compliance Manager, Human Resource Manager (HRM), PREA Liaison Captain, and the Health Services Administrator. Additionally, the auditor interviewed two volunteers (telephonic), two contract staff, a local Sexual Abuse Nurse Examiner (SANE) and a community victim advocate.

Investigations

A review of the eighteen (18) investigative files opened during the past 12 months, alleging sexual abuse or sexual harassment was conducted. During the current auditing period, there were a total of 18 reported allegations of sexual abuse/sexual harassment. Of the 18 cases reported, 16 were found to be unsubstantiated and two were determined to be unfounded.

During the on-site audit, the facility could not locate two investigations from 2017 (one criminal and one reported incident of sexual harassment) that were forwarded from the facility to the Statewide PREA Unit for investigation. The number of outstanding cases for 2017 was inconsistently documented by the facility. The system of review and accountability by the Statewide PREA Unit was disjointed. Some cases are routed to a District Administrator while others were routed to the PREA Unit for investigation. The process was inadvertently unclear and inconsistent. This issue was corrected by the Statewide PREA Director and a clear investigative path outlined for facilities to maintain a comprehensive reporting and monitoring system of accountability. CDOC also made an organizational change to improve the lines of supervision and accountability of PREA related investigations. CDOC facilities were advised in writing regarding the changes.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Corrigan Correctional Institution and Radgowski Correctional Institution were consolidated in May 2001 as the Corrigan-Radgowski Correctional Institution. The Corrigan building was named after then Connecticut Department of Correction (CDOC) employee and Chief of Engineering Services, Raymond L. Corrigan. After fourteen (14) years of faithful service, Corrigan died in February of 1983. The Radgowski building was named to honor then employee, Stanley J. Radgowski Jr., who worked with the CDOC in the commissary. The Corrigan Correctional Institution and the Radgowski Correctional Institution were consolidated in May 2001 as the Corrigan-Radgowski Correctional Center. This facility confines both pretrial and sentenced offenders. It serves superior courts in Danielson, New London, Norwich and Windham. Programs offered to offenders in the Corrigan Correctional Institution included an extensive anger management curriculum for inmates with a history of violent tendencies. A full complement of educational and addiction services programming is also to the inmate population to improve the rate recidivism in Connecticut.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

General Comments

CORR-RAD CI's systematic intake screening process, inmate interviews, their prevention program, and protection and reporting mechanisms, coupled with the on-site audit validation process, confirmed that CORR-RAD CI employees were responsive to the inmate's safety and security needs. Both staff and inmates indicated they generally felt safe at the facility and could report sexually abusive behavior and/or safety and security concerns to all levels of facility staff.

Staff interviewed confirmed they were aware of the institution's Zero Tolerance Policy and were aware and understood their responsibility and duty to protect inmates from sexual abuse/sexual harassment. Each staff member interviewed was also aware of the role and duties of a first responder in the event of a PREA related allegation. In addition, staff could clearly articulate their role as part of a coordinated response. All interviewed staff, contractors and volunteers verbally demonstrated an understanding of PREA and their responsibilities under the PREA mandate to report abuse.

Deficiencies Observe/Noted

1. Standard 115.15 The auditor noted that some units did not allow inmates to shower without exposing themselves to staff of the opposite gender. From several dayrooms, the auditor noticed inmates using jumpsuits to shield themselves from being publicly viewed from the dayroom by the opposite gender. The facility immediately corrected this problem by installing PREA friendly shower curtains in the applicable showers. On the final day of the onsite audit, the auditor verified the placement of the shower curtains. The facility corrected the problem during the onsite visit.

In addition, during a tour of medical the lead auditor noted that a urinal in a holding cell was quite visible to the opposite gender (nonmedical) from several angles in the medical department. CORR-RAD CI corrected this problem by restricting the use of the cell (holding cell) and posting a notice alerting staff and inmates about the restricted use. The auditor verified the posting of the alert notice. The facility corrected the problem during the onsite visit.

2. Standard 115.22, Standard 115.71, 115.73 During the on-site audit the facility could not locate 2 investigation (one criminal and one reported incident of sexual harassment) that were forwarded from the facility to the Statewide PREA Unit. The number of outstanding cases for 2017 was inconsistently documented by CDOC. CDOC's system of processing and review of PREA investigations is co-shared by the Statewide PREA Unit and another administrative branch of the Connecticut Department of Correction. The division of investigations and the review of cases was disjointed. The process in place during the on-site audit adversely impacted accountability of PREA investigations. CORR-RAD CI was unclear on the status of investigations that originated in 2017. After

making several calls CORR-RAD CI determined that at least two investigations (2017-04-099 and 2017-05-063) were not received or routed to the PREA Unit. For example, two cases were routed to a District Administrator while others were routed directly to the PREA Unit for investigation. The distribution and accountability process are inadvertently unclear and inconsistent. Investigation 2017-04-099 was assigned PREA case number 18-057. Investigation 2017-04-099 initiated on 4/23/17 closed and the inmate notified on 6/12/18. Investigation 2017-05-063 was assigned PREA 18-054 case number. The investigation was initiated on 5/15/17 closed and the inmate notified on 6/12/18. This issue was corrected by the Statewide PREA Director and a clear investigative path outlined for facilities to maintain a good system of accountability. All investigations were accounted for including one investigation conducted by CDOC Security Division.

Administrative Directive 6.12 Pg. 14, Section 16, Investigation of Sexual Abuse/ Sexual Harassment,

“The Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. All such referrals to police shall be documented. The Department’s PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10.

In the event the appropriate law enforcement agency refuses to investigate a sexual abuse allegation, such refusal shall be documented on an Incident Report Form CN 6601 and the Unit Administrator immediately notified.”

3. Standard 115. 52 CORR-RAD Administrative Directive 9.6, and Administrative Remedy Form, CN 9602, revised 9/20/17 states;

“Prior to filing a grievance (administrative remedy), you (inmate) must attempt informal resolution.”

Grievances (administrative remedies) must be filed within 30 days of the occurrence or discovery of the cause of the grievance.”

Section 2: Other Requirements for Using the Inmate Administrative Remedy Procedure states;

“This request for an administrative remedy must be filed by the inmate who is personally affected by the subject of the request and shall not be filed on behalf of another.”

Inmate Administrative Remedies, Directive Number 9.6, Inmate Grievance Procedure, page 5 of 14, section 6 (a) states;

“Informal resolution. An inmate must attempt to seek informal resolution prior to filing an inmate grievance. The inmate may attempt to resolve the issue verbally with the appropriate staff or with a supervisor or manager.”

The inmate handbook was updated to work in concert with applicable PREA Standards. The auditor confirmed by examination that the facility notified inmates of the changes to the inmate handbook by posting notices on the living units and issuing a supplemental insert to the handbook for new arrivals.

Exit Interview

When the onsite audit was completed, an exit briefing was held to discuss the second phase of the audit process. The meeting was held with Warden, the Deputy Warden/Institution PREA Compliance Manager, Deputy Warden from Corrigan, the PREA Liaison Captain from Corrigan, PREA and telephonically communications with the CDOC Statewide PREA Coordinator/Director of PREA Investigation Unit. Both auditor discussed action items requiring corrective actions at CORR-RAD CI. The managers were given an opportunity for questions.

The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be very good and the observed staff/inmate relationships were determined to be good. All areas of the facility were observed to be clean and well maintained. At the end of the audit, the auditors thanked the Warden and staff for their hard work and dedication to the PREA audit process.

Number of Standards Exceeded: 0

Number of Standards Met: 45
All standards were found to meet the standards.

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

All deficiencies observe/noted during the on-site audit or review of documentation were corrected before issuance of the final report.

1. Standard 115.15,

The facility furnished and installed PREA friendly curtains on all living units. The curtains provided inmates with a measure of privacy that enables inmates to shower, perform bodily functions, and changes without nonmedical staff of the opposite gender viewing their buttocks, genital, and breast except in exigent circumstances. The facility corrected this issue before the issuance of the final report.

2. Standard 115.22, Standard 115.71, 115.73

- a) When CDOC conducts its own investigation into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.
- b) CDOC will restructure the investigative branch of the organization only as it relates to investigating, monitoring and accountability of all PREA related allegations.
- c) CDOC will identify in writing specifically which department of the investigative branch of the organization will receive, triage and promptly conduct all PREA related incidents.
- d) The identified department will be responsible for accountability of all incidents for CDOC.
- e) The same department will also hold ultimate responsibility for all PREA related investigations involving CSP and the monitoring and accountability of the said incidents.
- f) The identified department will serve as the liaison between CDOC and CSP or the agency with the legal authority to investigate PREA incidents.
- g) All PREA related incidents will be numbered and assigned for investigation before the incident is transferred to CSP or an internal CDOC department for review and recommendations. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- h) All investigative or reviewing bodies will abide by the established standards associated with criminal and administrative investigations.

3. The inmate handbook was updated to work in concert with applicable PREA Standards using a supplemental informational page indicating changes made to the inmate handbook. The facility handbook is currently being revised to include changes in the handbook as it related to PREA and the administrative remedy process.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities?
 Yes No

115.11 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19 meet the requirements of Standard 115.11. The directive affirms the State of Connecticut, Connecticut Department of Corrections and CORR-RAD CI's commitment to maintaining a zero-tolerance policy of inmate sexual abuse/ sexual harassment. All employees, inmates, contractors, volunteers, vendors and visitors shall be subject to this zero-tolerance policy. The agency indicates that violations of the policy shall result in administrative and/or criminal sanctions. The agency has appointed an agency-wide PREA Coordinator/Director of PREA Investigative Unit. The Warden has appointed a Deputy Warden as the facility PREA Compliance Manager (PCM) and a PREA Liaison Captain of Security as an assistant to the PREA Compliance Manager. The PCM reports directly to the Warden regarding all PREA related concerns. Interviews with the agency-wide PREA Coordinator/Director of PREA Investigative Unit and PCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards.

All PREA related reading material is provided in two languages English and Spanish. Inmates are informed about zero-tolerance in the Admission and Orientation (A&O) Handbook, through educational pamphlets, PREA video and through wall postings displayed throughout the facility (observed during the tour). Additional interpretive services are available for inmates who do not speak or read English. The auditor also confirmed through interview with medical and mental health practitioner's other accommodations are also provided to disabled inmates on a case-by-case basis such as large print for the visually impaired. All interviews with staff (random and specialized), volunteers, contractors and inmates confirmed that each discipline was aware of the Zero-Tolerance Policy towards all forms of sexual abuse/harassment. The auditor found the State of Connecticut, Connecticut Department of Corrections and CORR-RAD CI commitment to enforce PREA was evident by examination of the agency's and CORR-RAD CI's zero-tolerance directive, and through interviews (random/specialized) all outline the approach taken to prevent all forms of sexual abuse and harassment and met the requirements of Standard 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- 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 No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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 OR the response to 115.12(a)-1 is NO.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency meets the requirements of Standard 115.12. A review of the documentation submitted confirmed the agency requires other entities contracted for the confinement of inmates (residential re-entry centers or half-way houses) to adopt and comply with the PREA standards.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including blind-spots or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 3 and 11, Section 4 Staffing Plan and Section 13, Staff Monitoring and Intervention (Sexual Abuse), directives confirmed by examination that CCRC made its best efforts to comply on a regular basis with general correctional practices regarding the planning, placement and positioning of staff to provide adequate levels of supervision and monitoring and, where applicable, video monitoring, to protect inmates from sexual abuse. The auditor

reviewed CORR-RAD CI's staffing plan. All essential posts were filled on each shift and no essential posts are kept open for salary savings. Programming is scheduled based upon the available supervision and staff levels available. Documents examined determined that overtime is assigned by CORR-RAD CI after designated Pull Posts and Shutdown Posts have been closed. Shutting down of a post triggered cessation of programming in a designated area. During the onsite interview with the PREA Liaison Captain, he confirmed that zero deviations to the staffing plan occurred in 2017. The PREA Liaison Captain provided the auditor with samples of staffing plan deviations from 2014 and 2015. PREA Liaison Captain explained what steps his facility would take in the event of insufficient staffing.

Additional examination of documentation submitted for review included a sample of random unit logbook entries that confirmed the practice by intermediate to upper level supervisors of making unannounced rounds throughout the day, on evening and night shifts throughout 2017. Interviews with the Warden, PREA Compliance Manager and PREA Liaison Captain confirmed that CORR-RAD CI makes its best effort to maintain adequate staffing levels and considers acceptable detention and correctional practices, mindful of blind spots and other physical aspects of the facility. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that CORR-RAD CI achieved compliance in all material ways with Standard 115.13, for the relevant review period. CORR-RAD CI is determined to be Meets Standard for this standard

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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 No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- 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 No NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CORR-RAD CI does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No
- 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 No

115.15 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.7, Searches Conducted in Correctional Facilities, pages 1 -14, addresses the requirements of Standard 115.15. CORR-RAD CI is a male facility. CORR-RAD CI's overall rated capacity exceeds 50 inmates. CORR-RAD CI does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. Exigent circumstances must be reported on a CN 6601 (Incident Report). CORR-RAD CI's Pre-Audit Questionnaire (PAQ) for this audit period indicated zero (0) cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. The Warden by way of memorandum confirmed zero (0) cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months.

Interviews (random and specialized) with CORR-RAD CI staff confirmed that each understood how and under what circumstances cross-gender strip searches and cross-gender visual body cavity searches could be conducted. Interviews with staff also confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex, except in exigent circumstances. The examination of staff training records, review of the training curriculum (CPS 301-H: Behavior Management - Searching Techniques) and staff (random) interviews all confirmed that correctional officers have been trained how to conduct cross-gender pat searches.

Staff confirmed during interviews (random and specialized) that they are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with randomly selected inmates confirmed that they had been pat-searched by officers of the same gender properly and professionally.

During the onsite audit tour of all housing units, the auditor observed that inmates on one living unit was not permitted to perform bodily functions and change clothing privately. The showers were centrally located on each housing unit. The showers required PREA friendly curtains to give inmates some degree of privacy in the showers. The facility corrected the problem.

CORR-RAD CI has an announce policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates when entering an inmate housing unit. Randomly interviewed inmates confirmed that female staff members announce their presence in this manner when entering a housing unit. Likewise, during the tour of the facility the auditor heard staff announcements before entering a living unit.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- 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 intellectual disabilities? Yes No
- 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 No

- 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 No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10 Inmate Education directive confirmed by examination of the policy that CORR-RAD CI has taken appropriate measures to safeguard that inmates with disabilities have equal access to and can benefit from CORR-RAD CI's effort to prevent, respond to and detect sexual abuse and harassment in the facility. Interviews of random and targeted inmates confirmed that CORR-RAD CI provided inmate education to all inmates including inmates with disabilities during the intake process. CORR-RAD CI PREA education includes a PREA video termed PREA What You Need to Know, an inmate handbook, a PREA brochure titled Sexual Abuse/Sexual Prevention and participated in the Admission and Orientation (A&O) Handbook address the requirements of Standard 115.16.

Through policy and practice, CORR-RAD CI ensures that inmates with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency has interpretive and language contracts to aid inmates with limited English proficiency. Likewise, as is necessary CORR-RAD CI confirming a contractual agreement with the National Registry of Interpreters for the Deaf or hearing Impaired for inmates who need assistance using sign language to communicate. CORR-RAD CI also employs staff members who are proficient in languages other than English. The facility does not use inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition for using inmate interpreters for PREA compliance functions. Interviews with staff (random and specialized staff) and an examination of supporting documentation, such as the contract for interpretive services, all confirmed the facility's compliance with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 No
- 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- 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 No
- 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 No

- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 6, page 4, Section 7, page 5, Section 8, page 4, confirmed by policy that Connecticut Department of Corrections provided hiring guidelines for correctional facilities to ensure strict adherence to Standard 115.17 in the selection, hiring and promotion decision-making process. CDOC prohibits per policy the hiring of anyone that;

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
2. 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; or

3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

CORR-RAD CI directives on selection, promotion and hiring decision replicates the DOC guidelines as it pertained to criminal background checks, promotion, hiring of employees.

CDOC completes a criminal background records check before enlisting the services of contractors who may have contact with inmates. The CDOC conducts pre-employment integrity interviews, asking the PREA questions as a separate set of interview questions.

CDOC requires the correctional facilities to conduct a national criminal background review through the Indiana Data and Communications System (IDACS) at least every five years of current employees and contractors and volunteers who have contact with inmates according to staff interviews with the Human Resource Manager (HRM).

CDOC asks 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 and in any interviews or written self- evaluations conducted as part of reviews of current employees. CDOC also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.

CDOC policy prohibits staff from material omissions and the provision of materially false information.

An interview with Human Resource Staff confirmed a hiring process that is comprehensive and thorough. Applicants for custody positions can apply on line for an exam. After taking the test and passing the test, the agency contacts them. On page three of the applicant package the three (3) PREA Questions is asked. Several additional questions are asked as well about previous or current charges. This information is submitted prior to scheduling an interview. During the interview, the HR Representative reviews the application page by page and confirms the contents of the application with the applicant so the PREA and Criminal Conviction information is verbally confirmed. Following the interview HR does the employer references and a background investigation conducted by the Security Division.

The following are a part of the background check process:

1. Driver Information;
2. Connecticut Master File;
3. Connecticut Suspense File;
4. Interstate Check;
5. DOC SS Check;
6. Name Check;
7. Out of State Checks as necessary.

Following an offer of employment and prior to being hired, the three PREA Questions are asked again and a national check is completed through the Indiana Data and Communications System (IDACS). The auditor confirmed that IDACS is a computerized law enforcement/criminal justice communications and information storage and retrieval system. This system is designed to serve as a tool in providing more effective and efficient law enforcement for both the citizens of this State and, through interfacing with the National Crime Information Center (NCIC) computer, and the National Law Enforcement Telecommunications System (NLETS) computer, the Nation as a whole. IDACS and NCIC checks are also made to determine if an applicant is on any inmate's visiting or phone list. Reference checks are made going back five years. Where an applicant has worked in another state agency, checks are made

of those agencies as well. An offer of employment is then made contingent upon a physical exam conducted at the academy after which supplemental questions ask the employee about any arrests as well as asking the PREA related questions once again.

The Human Resource Manager also confirmed that the agency, not the Human Resource Department, provides 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. The agency, not the Human Resource Department, notifies appropriate licensing/certifying agencies when professional personnel are terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy and relevant supporting documentation also confirm the facility's compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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 No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CORR-RAD CI has had no substantial upgrades in technology since August 20, 2012 or the last PREA audit.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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 No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directives 6.6, Reporting of Incidents, 2014; 6.9, Control of Contraband and Physical Evidence 2014; 6.12, Sexual Abuse/Sexual Harassment Prevention and Intervention Policy 2014; 8.1, Scope of Health Care Services 2014; 8.5, Mental Health Services 2014. Prison Rape Elimination Act (PREA), 2003, Public Law 108-79. Standards for Health Services in Prisons (P-B-04). 2014. National Commission on Correctional Health Care. Chicago, IL. and the Memorandum of Understanding between CDOC and the Connecticut State Police (CSP) to conduct criminal investigations of abuse reported at CORR-RAD CI. The Deputy Warden/PREA Compliance Manager and the PREA Liaison Captain CORR-RAD CI all confirm the extent CDOC and CORR-RAD CI level of responsibility for investigating allegations of sexual abuse. The agency and CORR-RAD CI both affirm their responsibility to follow a uniform evidence protocol for administrative prosecutions. Likewise, CDOC and CORR-RAD CI policy and procedures to include the uniform evidence protocol extends to the best efforts of the Connecticut State Police investigation of criminal prosecutions on behalf of CDOC and CORR-RAD CI. The PREA Investigative Unit will serve as an investigative liaison between the CDOC and correctional facilities in Connecticut. Medical services to victims of sexual abuse is provided free of charge as confirmed by specialized interviews with medical and mental health practitioners during the onsite audit period. CORR-RAD CI medical healthcare practitioners utilize forensic sexual assault medical services (SANE/SAFE) at Backus Hospital.

Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 15, Evidence Protocol/Securing the Area outlines uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. Healthcare staff at the facility is not involved in the management or treatment of sexual assault cases except to stabilize the inmate before the transfer to Backus Hospital, Hartford, CT or UCONN Medical Center in Farmington, CT as their primary provider where SAFE – SANE staff are on duty. All services are available without cost to the inmate. The Connecticut State Police are also notified immediately and would be present at the hospital for the investigation. There were zero forensic medical examinations during the audit review period. Victim advocacy is available to all inmates via an MOU with Connecticut Sexual Assault Crisis Services (CONNSACS). CONNSACS agreed to make available to the victim a victim advocate from a rape crisis center that will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The MOU with Connecticut State Police (CSP) demonstrates that the

agency has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that CORR-RAD CI achieves substantial compliance in all material ways with the standard for the relevant review period. CORR-RAD CI complied with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative Directive 9.6, Inmate Administrative Remedies, page 1-14, addresses the requirements of Standard 115.22. The policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative Directive 1.10, Investigations, Paragraph 4, Criminal Investigations, requires that criminal investigations, to include allegations of sexual abuse, fall under the jurisdiction of the Connecticut State Police. When a crime is detected Department, personnel are required to secure the crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Department personnel may assist the state police, upon request but are prohibited from independently conducting any type of investigative activities, to include conducting interviews of any type. An Administrative Investigation may be conducted by the Department upon authorization of the Connecticut State Police to do so. When any criminal activity is discovered during a Department investigation, the matter will be referred to the Connecticut State Police through the appropriate chain of command.

Administrative Directive 6.12, 8.A.5 requires that any incident of inmate-on-inmate sexual abuse, inmate-on-inmate sexual abuse or staff-on inmate sexual abuse/misconduct must be reported to the Connecticut State Police and the Security Division for Investigation.

Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment requires that the Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority. All such referrals to police shall be documented. The Department's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10.

Administrative Directive 6.6, Reporting of Incidents requires the CDOC to ensure that all incidents and emergencies are reported in a complete, accurate and timely manner. Policy describes the notifications required based on the alleged offense or incident.

The Agency's website clearly provides information to viewers related to investigation by saying: All complaints of sexual abuse or sexual harassment are serious incidents that will be thoroughly investigated. The PREA Investigation Unit oversees all PREA related investigations and will accept complaints from any concerned individual. If an investigation reveals misconduct of a criminal nature the case will be referred to the Connecticut State Police for additional investigation and possible prosecution. All confirmed incidents can result in administrative sanctions and/or criminal prosecution. The facility reported eighteen (18) allegations of sexual abuse/sexual harassment reported during the past twelve months.

A review of training documents confirmed that all PREA investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, the investigators and an examination of training documentation, such as the Investigative Intelligence Training Records and training curriculum confirmed the facility's compliance with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- 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 No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training curriculum includes all requirements of the PREA Standards. The training curriculum addressed all the topics identified in Standard 115.31. Related education is provided annually during refresher training for staff. A review of facility lesson plans, training logs and PREA Power Point presentations confirmed that the training provided also addressed all elements identified in the standard. A review of training logs confirmed staff acknowledged in writing their understanding of PREA. Staff annual training files were reviewed and contained documentation supporting compliance with this standard. All staff (random and specialized) interviewed indicated that they received the required PREA training initially and annually. The PREA Compliance Manager periodically issues memos (e-mails) on behalf of the Warden to staff explaining or reminding staff about various PREA issues. The documented training examined and staff's knowledge of the PREA requirements confirmed this facility's compliance with Standard 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6 addressed the requirement of this Standard 115.32. A review of volunteer and contractor PREA training sign-in forms and other documents by the auditor confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning the PREA (Zero-Tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months and annual refresher instruction. The HR Manager and HR staff person were interviewed to discuss the training process for volunteers and contractors who have contact with inmates. Both the HR Manager and the HR staff person explained the training process in detail. Both staff affirmed training included an explanation for volunteers and contractors on their responsibility to report, detect and respond to sexual abuse. Their explanation met the standards. The interviews also confirmed that the training was provided, and that contractors and volunteers understood the agency's Zero-Tolerance Policy for sexual abuse/sexual harassment and their responsibilities under the PREA. A review of the PREA contractor and volunteer training presentation confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- 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 No

- 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 No

115.33 (c)

- Have all inmates received such education? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6 addressed the requirement of this Standard 115.33.

During in-take, each inmate receives an Inmate Handbook, a pamphlet describing the agency's PREA compliance program and views a PREA video explaining sexual abuse and reasons to report abuse. The information provided to inmates during the intake process identifies key elements of the PREA information initiative and informs inmates of CORR-RAD CI's Zero-Tolerance Policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment. The information also informs the inmates that both male and female employees routinely work in and monitor the housing units and they will announce themselves accordingly. The information is available to inmates in English and Spanish. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The educational program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's Zero-Tolerance Policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. Inmates sampled during random interviews confirmed that they received PREA information and that they were aware of numerous reporting methods, to include anonymous and third-party reporting, the Zero-Tolerance Policy and their right to be free from retaliation. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common/program areas. Interviews with staff (random and specialized) and an examination of the documentation listed above confirm that the facility meets the requirements mandated in Standard 115.33.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 have received 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 standard 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See standard 115.21(a).] Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See standard 115.21(a).] Yes No NA

- 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 No NA

- 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 standard 115.21(a).] Yes No NA

115.34 (c)

- 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 standard 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14 and Investigations 1.10, Section 11, addressed the requirement of Standard 115.34. A review of CDOC and CORR-RAD CI directives confirmed a policy in place that requires PREA investigators to receive specialized investigative techniques for interviewing sexual abuse victims. The auditor confirmed through a review of the training curriculum the inclusion of the proper use of Miranda and Garrity warnings, sexual abuse evidence collection of crime scenes in correctional setting and the evidence and criteria needed to substantiate an incident for criminal or administrative proceeding. Specialized investigative training was confirmed by reviewing signatures verifying participation in a specialized training program for PREA investigators.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No
- 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 suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Staff Training, Section 9, page 6, and Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff both confirm directives for all medical and mental health practitioners (fulltime and part-time) working at the facility who have contact with inmates to be trained on their PREA related role and responsibilities. A review of the training curriculum confirmed subject matters such as: the facility's zero tolerance policy regarding inmate sexual abuse and/or sexual harassment, how to detect sexual abuse/harassment, how to assess signs of alleged sexual abuse/sexual harassment, how to report PREA related incidents at CORR-RAD CI and how to preserve physical evidence of sexual abuse in a correctional environment. Training records indicated forty-seven (47) practitioners or 100% of the practitioners participated in mandatory training as required. In addition, during interviews with specialized medical and mental health practitioners from both disciplines confirmed their training and acknowledged their understanding of their role and responsibility as it related to reported sexual abuse/harassment prevention, detection and protecting any physical evidence of victimization. Medical staff working for CORR-RAD CI do not conduct forensic examination of victims. CORR-RAD CI refers all cases of sexual assault to a community hospital where a SANE/SAFE nurse will access the victim of the assault. CORR-RAD CI met requirements of Standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- 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 No

115.41 (i)

- 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 information is not exploited to the inmate's detriment by staff or other inmates?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness, and subsection (b), After Intake to the Facility confirmed CORR-RAD CI has a policy in place outlining the screening for risk of victimization and abusiveness protocol set in place to meet the requirement of Standard 115.41. An examination of the screening instrument confirmed that CORR-RAD CI included in the intake process the assessment of inmates for risk of victimization or abusiveness by reviewing factors such as the age of the inmate, prior victimization, inmate's self-perception as gay, bisexual, transgender, intersex or nongender conforming. CORR-RAD CI also considered other comparable factors, civil immigration status, vulnerability, history of

incarceration, and build of the inmate. Interviews with medical and mental health practitioners during the onsite audit confirmed that these staff understood and could explain their roles in determining if inmates were vulnerable for risk of victimization or abusiveness. The onsite interview with intake (1) staff and (2) case managers to explain the intake process. Each staff member explained that intake screening was conducted at CORR-RAD CI usually the same instruments supported staff statement that intakes occurred the day of arrival but always within 72 hours of the inmate initial arrival. An examination of ten (10) intake screening instruments and ten (10) reassessments confirmed the processing timeframes did not exceed 30 days from the inmate's date of arrival. CORR-RAD CI's policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening process. Information received during the screening process is deemed confidential and only available to staff with a need-to-know and never to other inmates.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- 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 based on anatomy alone, that agency is not in compliance with this standard)?

Yes No

- 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 present management or security problems?

Yes No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- 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? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 9, Use of Screening Information and Transgender and Intersex Inmate, Section 11, page 9, addresses the requirements of Standard 115.42. Specialized interviews with intake (1) and case managers (2) during the onsite audit confirmed that risk screening information is used to determine housing, bed assignment, work assignment, and education and program assignments. Determinations for various assignments are made on a case-by-case basis. CORR-RAD CI determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis and careful consideration is given to all assignments. Assignment consideration includes whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months as confirmed by the PREA Compliance Manager and the PREA Liaison Captain. Transgender and Intersex Inmate, Section 11, page 9, placement decisions are documented on the classification history form of the transgender or intersex inmate under review. CORR-RAD CI's policy states that a transgender or intersex inmate's own view with respect to his own safety is given serious consideration when making these assignments. During the onsite tour the auditor did not observe a living unit dedicated to gay, bisexual, transgender or intersex inmates. The interview with the PREA Compliance Manager, PREA Liaison Captain and intake officer confirmed that a transgender or intersex inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff, an examination of documentation/policy and the CDOC over-site by the PREA Coordinator/Director of PREA investigation Unit confirmed that CORR-RAD CI follows the requirements mandated in Standard 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 No

- 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 No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- 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 No
- 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 No
- 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 No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8, and After Intake to the Facility, Section 11, page 8-9, address the requirements in Standard 115.43. An examination of the policies confirmed that directives are in place that provide staff clear direction when faced with difficult housing challenges and there is no available alternative to keep a victim safe in the facility which dictate an immediate housing assessment but always within 24 hours. The auditor interviewed a Segregation Supervisor and confirmed his understanding of Standard 115.43, Protective Custody. In addition, specialized practitioners (medical, mental health and case managers) were also interviewed to confirm their understanding of their role in the event an inmate at high risk of victimization is placed in involuntary segregation. Each practitioner indicated that they understood that the inmate would still have access to program unless other restrictions were applicable for the inmate. Restricted access according to the practitioners would require documentation according to Administrative Directive, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8 and Administrative Directive, 9.4, Restrictive Status, that would include the basic concern CORR-RAD CI has for the victim's safety, an explanation of why other measures to separate the victim from the abuse were ineffective and a review of the inmates' placement status every 30 days.

During the onsite audit tour several (3) inmates housed in segregation were interviewed by the auditor. Each inmate denied being placed in segregation because they were at high risk for victimization. The inmates interviewed in segregated housing related placement was a product of either a disciplinary sanction or a purposeful request to avoid conflict with another inmate unrelated to sexual abuse or harassment. One (1) of the three (3) random inmates interviewed in segregation believed segregation gave him time and quiet to prepare his legal argument and appeal his criminal conviction. During the audit review period there have been no incidents of inmates at high risk of victimization being placed in involuntary segregated housing for protective custody during the audit review period. CORR-RAD CI

staff interviews, review of documentation and inmate random interviews confirm compliance with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- 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? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, Section 13, page 10, Staff Monitoring and Intervention, and Inmate Education, Section 10, page 7 confirmed that per policy inmates have multiple ways to report internally and externally. The CORR-RAD CI Inmate Admission and Orientation (A&O) Handbook provides inmates with the mailing address to the Connecticut State Police PREA Investigative Unit, Security Division, Connecticut Department of Corrections, District 2 Administrator and the Connecticut Sexual Assault Crisis Services (CONNSACS Inc.) an entity that is not a part of the CDOC. The auditor confirmed that inmates are also provided a contact number to Sexual Assault Crisis Service via the unit telephone by dialing *9444# to connect to a victim advocate in the community. During the facility tour the auditor noted PREA informational posters displayed throughout the facility that included the access number to CONNSACS Inc., the external reporting agency. In addition, the auditor tested the advocacy hotline using the phone system on the living units to confirm the level of inmate accessibility.

All staff interviewed (random and specialized) affirmed they would accept reports of sexual abuse/sexual harassment from inmates made verbally, in writing, anonymously and from third parties. In addition, the same staff confirmed that they would promptly document any form of reporting and immediately notify their superior while keeping the inmate safe. Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, addresses the requirement for all staff, volunteers and contractors to immediately document any allegation. Family and friends of inmates may also report sexual abuse/sexual harassment by making a report to the Commissioner, deputy Commissioner, District Administrator, Administrator of the facility or by Contacting the PREA Coordinator/Director of PREA Investigation Unit. All inmates randomly sampled during the on-site audit confirmed that they were aware of multiple methods of how to report sexual abuse/assault allegations. Inmates at CORR-RAD CI are not detained solely for civil immigration purposes. Interviews with staff and an examination of support documentation also confirm the facility's compliance with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

115.52 (c)

- 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 this standard.) Yes No NA
- 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.) Yes No NA

115.52 (d)

- 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.) Yes No 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.)
 Yes No 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.) Yes No NA

115.52 (e)

- 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.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file 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.) Yes No 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.)
 Yes No NA

115.52 (f)

- 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.) Yes No 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.)
 Yes No 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.) Yes No 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.)
 Yes No 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.) Yes No 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.) Yes No 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.) Yes No NA

115.52 (g)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure excludes referencing the use of the grievance process as an administrative remedy for reported incidents of sexual abuse/harassment. The Pre-Audit Questionnaire (PAQ) confirmed the fact mentioned above. Moreover, the Agency-wide PREA Coordinator/Director of PREA Investigation Unit confirmed Inmate Grievance Procedure excludes referencing the use of the grievance process as an administrative remedy for reported incidents of sexual abuse/harassment therefore it is not one of the specifically authorized issues that may be grieved. CORR-RAD CI is determined to be Not Applicable with Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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- Does Not Meet Standard** (*Requires Corrective Action*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education addresses the requirements of Standard 115.53. The facility does not detainees solely for civil immigration purposes. CORR-RAD CI has entered into a service agreement with a local victim advocate organization (Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline) which is one of nine victim advocacy-based programs in Connecticut to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a representative from that agency). CORR-RAD CI staff members, including medical and mental health treatment practitioners, have also been trained as victim advocates. Inmates are informed as part of their orientation process that all telephone calls, except properly placed legal calls, are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. PREA postings displayed in the

housing units and common areas, and information provided to inmates in the inmate handbook provided access address and telephone numbers to victim advocacy agencies.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9. Addresses the requirements of Standard 115.54. CORR-RAD CI encouraged third party reporting to the Connecticut Department of Emergency Services and Public Protection which is a division of the CSP. CORR-RAD CI has a standing MOU with Connecticut Department of Emergency Services and Public Protection and explained that inmates may confidentially submit written allegations or call to report sexual abuse/sexual harassment to this entity. CORR-RAD CI enables reasonable communication between inmates and victim advocacy organizations in as confidential a manner as possible. On-site audit interviews with random staff and inmates confirm the facility's compliance with Standard 115.54. The website and posted notices (inside living units and visiting room) inform third party reporters on how to report allegations of sexual abuse/sexual harassment. During the on-site audit, interviews with random staff and inmates confirmed that both had a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at CORR-RAD CI.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- 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 No
- 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 abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10 addresses the requirements of Standard 115.61. All staff, contractors and volunteers are required to report any information regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or an act of retaliation. The reporting is ordinarily made to the shift supervisor and document of the incident should follow CORR-RAD CI Administrative Directive 6.6, Reporting of Incidents. CORR-RAD CI requires that information concerning the identity of the alleged inmate victim and the specific facts of the case be limited to staff who need-to-know to protect the victim and maintain the integrity of the investigative process. Interviews with random and specialized employees, contractors and volunteers confirmed that all were aware of and understood their reporting duties and responsibilities. Additional facility compliance with all aspects of Standard 115.61 was verified through review of the training curriculum, staff and policy review. It should be noted that CORR-RAD CI does not house inmates under the age of 18.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, addresses the requirements of Standard 115.62. CORR-RAD CI random and specialized staff interviewed by the auditor confirmed they were all aware of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. Both random and specialized staff interviewed also indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and calling the shift supervisor for immediate assistance. When notified, the interviewed Shift Supervisor stated that he would further protect the victim, notify medical and mental health staff and advise his immediate supervisor, the PREA Compliance Manager and PREA Liaison Captain of the incident. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of documentation confirm the facility's compliance with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10-11 and Administrative Directive 6.6, Reporting of Incidents address the requirements of Standard 115.63. CORR-RAD CI policy requires the reporting of any PREA related allegation by an inmate that occurred at another facility. The Warden at the inmate's current facility is required to notify the Warden (or equivalent or designee) of the previous facility where the incident was to have occurred and an investigation is to be initiated. The notification process is said to take place as soon as possible, but always within 72 hours of receiving the allegation. During the past 12-month period, there was one inmate who alleged that he was sexually abused/sexually harassed at another facility. CORR-RAD CI PREA Compliance Manager and PREA Liaison Captain indicated that they would document the incident and notify the Warden and the PREA Coordinator/Director of PREA Investigation Unit. The Warden confirmed that each administrator understood the notification and documentation requirements outlined in Standard 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 No
- 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 No
- 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 No

- 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 No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 11, address the requirements of Standard 115.64. All staff (correctional, non-correctional, random and specialized) interviewed were knowledgeable concerning their responsibilities as a first responder and the required actions, when learning of an allegation of sexual abuse/sexual harassment. All staff (correctional, non-correctional, random and specialized) interviewed, during the on-site audit, indicated they would separate the inmates, secure the area as a physical crime scene, not allow inmates to destroy any physical evidence and contact the shift supervisor. The shift supervisor is required by policy (Administrative Directive 6.12, Section 13 (B), page 11), to protect the inmate, notify medical, mental health, executive staff and designated officials. Within the last year, there were eighteen (18) allegations that an inmate was sexually abuse and of those eighteen (18) incidents security staff responded to the report and separated the victim from the abuser according to the incident reports sampled four (4). Notification of reported sexual abuse by the victims was not in a time frame to allow for the collection of physical evidence requiring staff to act as a first responder to an allegation of sexual abuse/sexual harassment (security staff only). Interviews with staff and an examination of documentation confirm the facility's compliance with Standard 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention address the requirements of Standard 115.65. CORR-RAD CI developed a written administrative directive that outlined a plan to coordinate a facility response to a PREA related report. The auditor reviewed the written institutional plan. The plan provided direction to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. Shift supervisor are required to complete a PREA Checklist as documentation of their response to allegations of sexual abuse/sexual harassment. The directive provides direction to security, medical/mental health practitioners, investigators, staff and community victim advocates, community service providers (SANE) and facility leadership. Staff (specialized and random) and service providers interviewed confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. Additionally, an examination of documentation supports the facility's compliance to Standard 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits 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 No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections conducts collective bargaining activities at the State level. There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any new collective bargaining agreements since August 20, 2012. CORR-RAD CI has met the requirement of Standard 115.66.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- 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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- 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 No
- 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: Act promptly to remedy any such retaliation? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation address the requirements of Standard 115.67. CORR-RAD CI by administrative directive confirmed CDOC's intent to protect an inmate or staff person from retaliation. CDOC and CORR-RAD CI prohibit any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Deputy Warden/PCM is the designated retaliation monitor. During the on-site audit, the PCM confirmed that he would document and follow-up on all potential cases of retaliation to ensure CDOC and CORR-RAD CI's administrative directive was being enforced. In addition, the PCM indicated that he would conduct frequent periodic status checks on the inmate or staff member, monitor incident reports, housing reassignments and negative performance reviews/staff job reassignments. Moreover, if there was a concern that there was a potential for possible retaliation, the PCM indicated he would monitor the situation for at least 90 days or indefinitely and notify the PREA Unit. There have been no suspected or actual incidents of retaliation

in the previous 12 months. Facility compliance with Standard 115.67 was determined by a review of policy and staff interviews (random and specialized), to include the CORR-RAD CI PREA Compliance Manager.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8, and After Intake to the Facility, Section 11, page 8-9, address the requirements in Standard 115.43 and 115.68. An examination of the policies confirmed that directives are in place that provide staff clear direction when faced with difficult housing challenges and there is no available alternative to keep a victim safe in the facility which dictate an immediate housing assessment but always within 24 hours. The auditor interviewed a Segregation Supervisor and confirmed his understanding of Standard 115.43, Protective Custody. In addition, specialized practitioners (medical, mental health and case managers) were also interviewed to confirm their understanding of their role in the event an inmate at high risk of victimization is placed in involuntary segregation. Each practitioner indicated that they understood that the inmate would still have access to program unless other restrictions were applicable for the inmate. Restricted access according to the practitioners would require documentation according to Administrative Directive, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8 and Administrative Directive, 9.4, Restrictive Status, that would include the basic concern CORR-RAD CI has for the victim's safety, an explanation of why other measures to separate the victim from the abuse were ineffective and a review of the inmate's placement status every 30 days.

During the onsite audit tour several (3) inmates housed in segregation were interviewed by the auditor. Each inmate denied being placed in segregation because they were at high risk for victimization. The inmates interviewed in segregated housing related placement was a product of either a disciplinary sanction or a purposeful request to avoid conflict with another inmate unrelated to sexual abuse or harassment. One (1) of three (3) random inmates interviewed in segregation believed segregation gave him time and quiet to prepare his legal argument and appeal his criminal conviction. During the audit review period there have been no incidents of inmates at high risk of victimization being placed in involuntary segregated housing for protective custody during the audit review period.

There were zero inmates placed in post-allegation protective custody status within the last twelve months. Facility compliance with this standard was determined by a review of policy during the onsite audit, segregation documentation and staff interviews with the PREA compliance manager and PREA Liaison Captain to determine CORR-RAD CI's level of compliance during the audit period. In addition, random inmate interviews confirm compliance with Standard 115.43 and 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations 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).] Yes No NA
- 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 No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 1.10, Section 6, pages 2-6, and Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14 and Administrative Directive 1.10, pages 1-6, address the requirements of Standard 115.71. The Connecticut State Police (CSP) is identified by directive and agreement as the primary investigative authority (criminal) for the CDOC and CORR-RAD CI. The CDOC PREA Investigative Unit serves as the principle investigators for reports of sexual harassment. The Statewide PREA Unit Director indicated that administrative reports that are investigated by his unit but through the investigation present as criminal are forwarded back to CSP for review and triage.

The uniform evidence protocol training that outlines how best to investigate reports of sexual abuse and harassment in correctional settings. A review of training curriculum included a specialized training PowerPoint for investigations, specialized training roster of attendees, review of the incident notification checklist, and an interview with PREA Investigative Unit Director, acknowledgement and explanation of the standard confirms this standard is considered a priority by CDOC. The PREA Coordinator/Director of the PREA Investigation Unit indicates that all referral to CSP are well-documented.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 1.10, Section 6, pages 2-6, address the requirements of Standard 115.72. The evidentiary measure for this standard is a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The State policy confirmed CDOC's standard of measure. In addition, the Statewide PREA Director confirmed the evidentiary measure was also preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. He also confirmed that he utilized the preponderance of evidence standard in his role as Director of the PREA Investigation Unit.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- 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 posted within the inmate's unit? Yes No
- 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 No
- 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 No
- 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 No

115.73 (d)

- 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 No
- 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 convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 1.10, Section 6, pages 2-6, and Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14 addressed the requirements of Standard and the PREA Tracking Log, address the requirements of Standard 115.73. CORR-RAD CI conducts administrative investigations when needed. There was 18 allegation of inmate sexual abuse/sexual harassment during this audit period. CORR-RAD CI has a policy that requires the facility to inform inmates, in writing, regarding the results of a PREA investigation (administrative/criminal). The PREA Compliance Manager and the PREA Coordinator/Director of the PREA Investigation Unit confirmed the inmate notification practice. The PREA Coordinator/Director of the PREA Investigation Unit indicated that when allegations involve staff, the inmate would be informed if the staff member is no longer posted within their housing unit or is no longer employed at CORR-RAD CI. In addition, the PREA Coordinator/Director of the PREA Investigation Unit explained that if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facilities administrative actions would follow such a finding up to termination. CORR-RAD CI compliance with Standard 115.73 was determined by a review of policy, review of investigative documentation and staff interviews to measure compliance.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 Disciplinary Sanctions; outlined CDOC's position on disciplinary sanctions for staff violators of CDOC and CORR-RAD CI sexual abuse or sexual harassment policies. Interviews with the HR Manager and one (1) HR employee confirmed the agency policy and practices. Moreover, Administrative Directive, Disciplinary Sanctions, Section 21, specifically mandates presumptive termination as the disciplinary action sanction for staff who engage in sexual abuse and violate Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention and Administrative Directive, 2.17 Employee Conduct, Section 6. Both directives address the requirements in Standard 115.76. also confirmed the requirements in this standard. The HR Manager also confirmed that there were no staff related terminations or resignations for violating CDOC sexual abuse and harassment policy in the past 12 months. In addition, the HR Manager explained that the agency policy gives managers a degree of latitude to considers the

seriousness of a violation, the employee's previous disciplinary history and comparable staff disciplinary infractions when deciding sanctions for violations. The HR Manager also confirmed that in the past 12 months zero CORR-RAD CI staff were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. This fact was further confirmed by reviewing the roster of CORR-RAD CI investigations log for the past 12 months. The facility compliance with this standard was determined by a review of policy and documentation and staff interviews.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21B, page 16 and Administrative Directive, Disciplinary Sanctions address Standard 115.77. Both directives prohibited contractors, vendors or volunteers from engaging in sexual abuse with inmates explained the PREA Compliance Manager. The policy directs CORR-RAD CI management to report the behavior to a local law enforcement agency unless the behavior was clearly not criminal. CORR-RAD CI is also directed by policy to report criminal behavior such as sexual abuse to relevant licensing bodies. In addition, CORR-RAD CI has a policy in place that requires management to consider if the facility should prohibit further contact by the contractors, vendors or volunteers with an inmate(s). During the past 12-month audit period, there were no incidents where a contractor, vendor or volunteer was accused or found guilty of sexual abuse or sexual harassment at CORR-RAD CI. Compliance with Standard 115.77 was determined by a review of CORR-RAD CI and CDOC directives, a specialized staff interview (PREA Compliance Manager) and a memorandum from the Director, PREA Investigative Unit. The Director, PREA Investigative Unit's, memorandum confirmed CORR-RAD CI had no reports of alleged sexual abuse by a volunteer, vendor or contractor, addressed the requirements of standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- 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 No

115.78 (d)

- 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 No

115.78 (e)

- 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 No

115.78 (f)

- 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 evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16 and Administrative Directive, 9.5 Code of Penal Discipline combined address the requirements of Standard 115.78. For example, the Code of Penal Discipline states, "inmates shall be subject to disciplinary sanctions in accordance with Administrative Directive 9.5 Code of Penal Discipline if an investigation finds that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits." The excerpt from CDOC's directive directly links to the requirements set down in Standard 115.78. Random interviews with correctional staff during the onsite audit confirmed their understanding of Standard 115.78 and likewise CDOC's administrative directives

mentioned above. Further, specialized interviews with mid-level correctional managers (shift supervisors) confirmed for this auditor that CORR-RAD CI has a disciplinary process in practice and policy in place to respond to prohibited sexual activity between inmates. The same policies also state, if the activity is not coerced, inmates engaging in the activity will not be found guilty of sexual abuse, although they may be subject to other disciplinary outcomes. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. CORR-RAD CI sanctions are 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 as explained by the CORR-RAD CI PREA Liaison Captain of Security. The PREA Investigative Unit Director, confirmed that CDOC nor CORR-RAD CI does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation and the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, CORR-RAD CI considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. A memorandum from the PREA Investigative Unit Director indicates there was no disciplinary action taken against inmates, during the audit period, for violating CORR-RAD CI's sexual abuse or sexual harassment policies and the Pre-Audit Questionnaire (PAQ) supports his statement. Compliance with Standard 115.78 was determined by a review of the CORR-RAD CI and CDOC directives, staff interviews and documentation from PREA Investigative Unit Director.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 8.5 Mental Health Services, page 1-6, a review of the screening instrument, addresses the requirement of Standard 115.81. Interviews with medical/mental health practitioners confirmed CORR-RAD CI has a practice and policy to evaluate and screen all newly admitted, inter facility transferred inmates remanded back from Parole/Halfway Houses/Community Release, and jail inmates upon admission to the facility. When deemed appropriate by mental health referral an evaluation will be conducted by a mental health practitioner within 24 hours of the referral. The directive also gives specific guidance for inmates having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting in the community. Administrative guidance by way of directive allows CORR-RAD CI staff to offer a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

Interviews with an intake staff person, medical and mental health practitioners also confirmed that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. CORR-RAD CI does not house youthful offenders.

Inmate random interviews (31 out of 31) each confirmed being screened for victimization and abusiveness during the intake process. The same inmates also confirmed that intake screening took place either the same day or the next day. The PREA Investigative Unit Director confirmed that CDOC and CORR-RAD CI follows all mandatory Federal, State, or local reporting laws for allegations of sexual abuse.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, titled Medical Staff Action, page 12-13 address the requirements of Standard 115.82. Likewise, CORR-RAD CI has a MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) and the CPS to provide offenders with timely unimpeded emergency medical treatment and confidential victim advocacy and emotional support services related to sexual victimization. CORR-RAD CI is a male facility therefore emergency contraception would not be applicable for this facility, however a SANE nurse practitioner verified that inmates would be offered sexually transmitted infection prophylaxis in keeping with community standards of care at no cost to the inmate. Care of a victim is not contingent upon whether the victim names the abuser or cooperates with the incident investigation.

CORR-RAD CI medical and mental health practitioners confirmed during specialized interviews that they conduct a mental health evaluation of all known inmate on inmate abusers within sixty days (60) of learning of such abuse history and offers appropriate treatment as deemed necessary by the clinicians. There were zero allegations of sexual abuse that required referral for forensic evidence collection by SANE in the past 12 months. This information was also confirmed with the PREA Coordinator/Director of the PREA Investigation Unit.

Facility compliance with this standard was determined by a review of policy, relevant documentation and an interview with a Sexual Abuse Nurse Examiner, a community victim advocate and specialized medical and mental health staff. CORR-RAD complied with Standard 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, titled Medical Staff Action, page 12-13 address the requirements of Standard 115.82 and 115.83. Likewise, CORR-RAD CI has a MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) and the CPS to provide offenders with timely unimpeded emergency medical treatment and confidential victim advocacy and emotional support services related to sexual victimization. CORR-RAD CI is a male facility therefore emergency contraception would not be applicable for this facility, however a SANE nurse practitioner verified that inmates would be offered sexually transmitted infection prophylaxis in keeping with community standards of care at no cost to the inmate. Care of a victim is not contingent upon whether the victim names the abuser or cooperates with the incident investigation.

CORR-RAD CI's directive on Medical Staff actions meet the requirement of Standard 115.83. As confirmed by a review of policies, the facility offers 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. CORR-RAD CI inmates are also re-evaluated inmates within 30 days of admission to the facility. The evaluation and treatment of such victims includes follow-up services. CORR-RAD CI would arrange for referrals for continued care following their transfer to or placement in other facilities or while in custody. The facility is staffed to provide timely access to medical and mental health services and offers sexual abuse/sexual harassment victims with medical and mental health services consistent with the standard of care available in the community. CORR-RAD CI medical and mental health practitioners confirmed during specialized interviews that they would make their best effort to conduct a mental health evaluation of all known inmate on inmate abusers within sixty days (60) of learning of such abuse history and offers appropriate treatment as deemed necessary by the clinicians. Best efforts would be document in the inmates institutional file. There were zero allegations of sexual abuse that required referral for forensic evidence collection by SANE in the past 12 months. This information was also confirmed with the PREA Coordinator/Director of the PREA Investigation Unit. Facility compliance with this standard was determined by a review of policy directives, review of the Connecticut Sexual Assault Crises Services MOU, interviews with specialized staff (medical and mental health), an interview with a Sexual Abuse Nurse Examiner, and the PREA Coordinator/Director of the PREA Investigation Unit.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22 and CORR- RAD CI facility Directive 6.12 both addressed Standard 115.86. Both documents provide evidence that staff are directed to conduct incident reviews within 30 days following the completion of an investigation for all allegations of sexual abuse or harassment substantiated or unsubstantiated. By examination the auditor determined that the Incident Review Team reviewed (incident review of logs, review of administrative investigations and memorandums) all completed investigations returned to the facility from the CDOC PREA Unit. The facility PREA Unit and/or the Connecticut State Police conducted all investigations.

Interviews with the Statewide PREA Unit, Director, confirmed that he was knowledgeable concerning the requirements of the program and that he would provided information to the Incident Review Team when necessary in accordance with this standard. The CORR-RAD CI PREA Compliance Manager and PREA Liaison Captain confirmed through interviews that the PREA Incident Review Team would conduct a sexual abuse incident review after every sexual abuse investigation unless the allegation was determined to be unfounded. The PREA Coordinator indicated that an incident review would take place on every investigation including unfounded cases. The PREA Coordinator

The Incident Review Team (IRT) consists of the PREA Compliance Manager, PREA Liaison Captain, medical and mental health representatives and Shift Commander. Based on interviews with members of the PREA Incident Review Team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, and status or gang affiliation. The team also decides whether additional monitoring technology or staffing should be added to enhance inmate supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. Facility compliance with this standard was determined by a review of policy and other pertinent support documentation, an interview with the Warden, PREA Coordinator and members of the IRT.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- 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 No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, addressed the requirements of Standard 115.87. As confirmed by a review of 2017 CDOC Annual Report, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the facilities CDOC PREA Unit using computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Facility compliance with this standard was also determined by a review of policy, a review of the tracking documentation and staff interviews. The PREA Unit Director works in conjunction with PREA Compliance managers to maintain and collect data required to meet this standard. The PREA Unit Director confirmed the process by interview. Facility compliance with this Standard 115.87 was determined by a review of policy and other pertinent support documentation, an interview with the PREA Unit, Director, and the facility PREA Compliance Manager.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 No
- 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 No
- 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: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23, Tracking and CORR-RAD CI, Administrative Directive 6.12 addressed the requirements of Standard 115.88. The facility assessed all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. Facility compliance with Standard 115.88 was determined by a review of policy, a review of data and staff interviews.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23, Tracking addressed the requirement of the Standard 115.89. The statewide PREA Coordinator reviewed data compiled by each facility. Facility data is maintained in locked files or on computer data bases that are user ID and password protected. Agency PREA data is securely retained and is published on the CDOC website after removing all personal identifying information. The required reports cover all data required in this standard and are retained in a file. Facility compliance with this standard was determined by a review of policy and documentation and staff interviews concerning data protection practices.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the second PREA audit for CORR-RAD CI. The date of the last agency PREA review was August 2015. The auditor was allowed access to all areas of the facility and had access to all required support documentation. CORR-RAD CI also allowed the auditor to conduct private interviews with both inmates and staff.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CORR-RAD CI has fully implemented all policies, practices and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and, through the review of support

documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency has posted all audit reports on its website within ninety days of completion. The public has access to reporting mechanisms and PREA trends data via the CDOC website. CORR-RAD CI currently meets all applicable standards and no additional corrective actions required.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love

06/27/2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.