

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** June 20, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Lanier			
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<b>Telephone number:</b> 912-281-1525			
<b>Date of facility visit:</b> May 8, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Enfield Correctional Institution			
<b>Facility physical address:</b> 289 Shaker Rd, POB 1500, Enfield, CT. 06082			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> Click here to enter text.			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Warden Anne Cournoyer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 24			
<b>Designed facility capacity:</b> 740			
<b>Current population of facility:</b> 721			
<b>Facility security levels/inmate custody levels:</b> Level 3			
<b>Age range of the population:</b> Over 18			
<b>Name of PREA Compliance Manager:</b> Nelson Ramos		<b>Title:</b> Deputy Warden	
<b>Email address:</b> Nelson.Ramos@ct.gov		<b>Telephone number:</b> (800) 814-4359	
<b>Agency Information</b>			
<b>Name of agency:</b> Connecticut Department Of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Connecticut Department of Corrections; State			
<b>Physical address:</b> 24 Wolcott Hill Road, Wethersified, CT 06109			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 860-692-7480			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Scott Semple		<b>Title:</b> Commissioner	
<b>Email address:</b> scott.semple@ct.gov		<b>Telephone number:</b> 860-692-7480	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> David McNeil		<b>Title:</b> Director	
<b>Email address:</b> david.mcneil@ct.gov		<b>Telephone number:</b> 201-250-8136	

## **AUDIT FINDINGS**

### **NARRATIVE**

The on-site audit of the Enfield Correctional Institution was conducted on May 8 and May 9, 2017. The auditor forwarded a Notice of PREA Audit to be posted in areas accessible to staff, inmates, contractors, volunteers and visitors. Contact information was provided to enable anyone desiring to contact the PREA Auditor regarding any PREA related issue to do so. The auditor did not receive any communications as a result of the notices being posted. The facility provided a flash drive containing agency policies, directives, and local procedures as well as other supporting materials to document compliance with the PREA Standards and to enable the auditor to understand the operation of the facility. The Department of Correction PREA Director also provided documentation, including agency policies and procedures for review. The auditor requested additional documentation to be provided on site and developed a tentative agenda for the on-site audit. Communications with the PREA Director and facility were productive and plans were made for the on-site audit.

By prior agreement, the auditor met the Agency's PREA Director for introductory purposes and for preliminary discussions after which the auditor followed the PREA Director to the facility. Met by the PREA Compliance Manager, the auditor, along with the PREA Director discussed the audit process and the tentative agenda. Following a tour of the facility, led by the Deputy Warden and PREA Director the auditor proceeded to interview staff, both random and specialized.

At the conclusion of Day 1, the auditor and PREA Compliance Manger met to discuss the next day's plans, which were to complete staff interviews, review the provided documentation and to conduct inmate interviews.

There were no inmates at the facility who had reported prior sexual victimization or having been victimized while in this facility. Interviews indicated inmates were knowledgeable of PREA, had and knew multiple ways to report and indicated they felt safe in this facility.

At the conclusion of the inmate interviews the auditor reviewed the additional documentation provided and conducted an exit with the Deputy Warden/PREA Compliance Manager.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Enfield Correctional Institution serves as a level 3 medium-security facility for sentenced offenders and focuses on programming initiative geared toward substance abuse, education and vocational instruction.

The Enfield Correctional Institution, formerly known as the Osborn Prison Farm, was completed in July 1960. It was designed to handle level 2 -security inmates and situated on 12 acres. Enfield Correctional Institution received its first inmates in 1962. These inmates worked the surrounding farmland until 1986. During the fall of 1987, the population was increased from 420 to 724. In June of 1991, the security was raised to house level 3 and level 4 inmates. In October of 1993, the facility was made a level 3 medium-security facility as it remains today.

The facility consists of four dormitories. Alpha Dorm houses the Administration Building, Restricted Housing, Chapel, Medical and Visitation. Charlie Unit houses general population inmates, all of whom are assigned to double occupancy rooms. Delta and Echo units house general population inmates. They are two floor units with shared day rooms and double occupancy rooms. Fox 1 and 2 and G-1 and 2 are open bay dorms with bunks.

During the past twelve months, there have been no sexual abuse/sexual assault or sexual harassment allegations.

## **SUMMARY OF AUDIT FINDINGS**

The auditor's methodology included the following: 1) Providing a Notice of PREA Audit to enable anyone who wanted to communicate with the auditor regarding any PREA related issue; 2) Reviewing documentation provided on the flash drive to the auditor by the Agency's PREA Director and PREA Compliance Manager; 3) Requesting clarification and additional documentation; 4) Conducting a tour of the facility, making observations including staff supervision, placement of cameras and mirrors, observation of blind spots, inmate access to phones and PREA related information, including phone numbers and directions for placing calls to the PREA Hotline and outside agencies and observations of showers and restrooms; 4) Interviews with random and specialized staff; 5) Interviews with random and specialized inmates and 6) Assessment of the additionally provided information. Ten random staff were interviewed and 13 specialized staff were interviewed. Ten inmates were interviewed.

Forty-three (43) standards were reviewed. One standard was rated "exceeded", two standards were rated "not applicable" and forty (40) standards are rated "met".

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

## Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Connecticut Department of Correction, Administrative Directive, 6.12, Sexual Assault/Sexual Harassment Prevention and Intervention, asserts and addresses the Department's zero tolerance policy on inmate sexual abuse/sexual harassment. The agency has a zero tolerance for all forms of sexual activity in the Department's facilities. All employees, inmates, contractors, volunteers, vendors and visitors are subject to the zero-tolerance policy. Policy also provides that violations of the zero-tolerance policy may result in administrative or criminal sanctions. All the PREA definitions, as required in the PREA Standards, are clearly defined in this directive and in compliance with the standards. This policy is comprehensive and clearly identifies and discusses this agency's approach to prevention, detecting, reporting and responding to sexual abuse and sexual harassment. Each facility is required to establish procedures for inmate sexual abuse/sexual harassment prevention and intervention. The Agency's approach to prevention, detecting, responding and reporting is described throughout Administrative Directive, 6.12, Sexual Assault/Sexual Harassment Prevention and Intervention.

Enfield Correctional Institution Facility Policy, 1.13, PREA, affirms that Enfield Correctional Institution maintains a zero-tolerance policy on inmate sexual abuse/sexual harassment. All employees, inmates, contractors, volunteers, vendors and visitors are subject to this policy and violations will result in administrative and/or criminal disciplinary sanctions.

After the new Federal PREA standards were passed, the CTDOC was quick to appoint a Department level PREA Coordinator to develop, implement, and oversee the Department's efforts to comply with the PREA standards. Although Connecticut was already practicing many of the required standards, it was important to complete a gap analysis to identify areas that needed revision to comply with the PREA standards. Once this analysis was completed, a strategic plan was developed to guide the agency's compliance efforts. Directive 1.6, documents the designation of the PREA Director as a Division Administrator. The effective date of the designation was August 8, 2014.

Directive 1.6, Page 2., provides for an agency PREA Coordinator appointed as a Division Administrator. The agency's PREA Coordinator reports directly to the Deputy Commissioner-Administration and indicates he has sufficient time and authority to develop, implement and oversee agency efforts for compliance. An interview with the PREA Director confirmed he has a grasp of PREA and how to implement it in his facilities.

Enfield Correctional Institution has designated the Deputy Warden as the PREA Compliance Manager who reports directly to the Warden of the facility, who provides him with the resources and support he needs to perform his duties. An informal interview with the Warden confirmed her commitment to the Deputy and to PREA. An interview with the PREA Compliance Manager indicated he is a highly motivated upper level staff person who has the full support of the Warden. Not only is he motivated, he is intelligent and has the operational experience and knowledge as well as the position to implement and maintain the PREA standards at Enfield. PREA is implemented in this facility, according to the Deputy Warden, through the promulgation of policy and procedures that are consistent with the PREA Standards, training staff, ensuring the policies are adhered to, providing training for inmates at intake and through follow-up, checking with supervisors for compliance and touring the facility with top managers.

Interviews with staff, random and specialized, representing all shifts and inmates representing every housing unit of the

facility confirmed they are well aware of the agency and facility's prohibition against any form of sexual activity, including zero tolerance for all forms of sexual abuse, sexual harassment and sexual misconduct. Zero Tolerance is kept in the forefront through PREA Posters posted throughout the facility.

Residents and staff affirm understanding zero tolerance by signing acknowledgment statements. Multiple samples were provided to confirm staff and resident training in the zero-tolerance

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard is rated "not applicable". This facility does not contract for the confinement of inmates. The agency provided a sample of two contracts containing the PREA Language. Paragraph 44, Prison Rape Elimination Act, (PREA) requires all contractors providing residential services shall adhere to the federal Prison Rape Elimination Act of 2003, Public Law 108-79. A copy of the PREA Standards is available upon request to the CTDOC Contracts Administration Office. Additionally, all contractors providing residential services shall comply with the CTDOC policies and procedures as they related to PREA standards for contracted residential community programs, as such policies and procedures are delineated and maintained in the CTDOC Parole and Community Services Residential Provider Manual. Both contracts also required that CTDOC staff have access to the programs at any time, enabling them to monitor for compliance if needed. In complying with the PREA Standards, each contracted program must undergo a PREA Audit as required every three years to demonstrate compliance. The Pre-Audit Questionnaire documented there were no agency contracts for the confinement of residents/inmates that did not contain the PREA compliance language.

### **Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Connecticut Department of Correction Policy 6.12, Inmate Sexual Abuse/Sexual Harassment, requires the agency PREA Coordinator assist in the development of a staffing plan that provides for adequate levels of staffing in all facilities, and, where applicable, video monitoring to protect inmates against sexual abuse. Each facility must document and justify all deviations from the staffing plan. Whenever necessary but at least once a year for each facility, the agency PREA Coordinator, in consultation with others in the agency, assess, determine and document whether adjustments are needed to the staffing plan, video and other

monitoring technology and document whether adjustments are needed to the staffing plan.

The facility provided an in-depth and comprehensive staffing plan based on an analysis of posts, including 7 day posts and 5 day posts. Taking into account time off allotment and using a relief factor of 1.5, the staffing analysis determined the need for 74 correctional officers on day shift, 59 on 2<sup>nd</sup> shift and 36 on third shift. The plan was approved by the Deputy Commissioner of Operations and the PREA Director. An interview with the PREA Compliance Manager who is also the Deputy Warden, indicated the adequate staffing plan was derived through considering ideas from supervisors, line staff, and in consultation with union officials and the PREA Director and following a staffing analysis, the minimum adequate staffing plan was developed. Interviews also confirmed there have been no occasions when the mandatory posts have not been covered. If there are absences and other “call ins”, the Deputy Warden related staff would be held over and paid overtime, staff would be called in and if needed, non-mandatory posts could be pulled and higher-level staff could be utilized. He also related that his supervisors are proactive and examine their staffing rosters 24 to 72 hours in advance to plan for known absences to ensure adequate staffing. The Deputy Commissioner also developed and implemented Emergency Staffing Procedures to be used when it is evident that a shift will not start with a full roster. Other procedures are addressed in the MEMO as well.

Video monitoring is used, on a limited basis to supplement supervision. The Warden’s Designee stated the facility’s video system was last upgraded in June 2015. The system was upgraded from VHS to digital. He related the facility has also been approved for approximately two million dollars for upgrading the system and to add cameras. Facility staff were involved in that process. Most of the existing cameras are located outside of the dorms however they facility has been approved for additional cameras to be located in hallways and blind spots of all housing units, in education, in the kitchen, covering areas where mirrors are now located and in the administrative building. During the tour of the facility cameras were observed and in a number of areas where blind spots existed the facility utilized mirrors in an attempt to mitigate the blind spots. The facility controls access to areas through restricting keys to authorized staff only. Doors are locked and secured. Staff, during the tour were positioned strategically to ensure inmates were within their view. The facility is an older facility and does have a number of areas that need to be checked during unannounced PREA rounds to determine clandestine sexual activity. Cameras are monitored in the control room and may also be viewed in the Deputy Warden’s office. There have been no allegations of sexual abuse or sexual harassment at this facility during the past twelve months. This was confirmed through review of the Pre-Audit Questionnaire and interviews with staff, random and specialized. Interviewed inmates often related this facility does not have a problem with sexual abuse or sexual harassment.

The facility documented and provided their Annual Review of the Staffing Plan. The document indicated the following took part in the process: Warden, Deputy Warden, Agency PREA Director and Captain. Issues reviewed were the staffing plan, video equipment and upgrades and blind spots.

Administrative Directive 6.1, Tours and Inspections, requires tours of the facility and states the purpose of these tours include and detecting acts of sexual abuse/sexual assault. This directive also prohibits staff from alerting other staff that the rounds are being conducted absent legitimate security reasons. Administrative Directive 6.1, breaks down the requirements for varying levels of staff and positions in making rounds. The directive requires each area of the facility to be toured by a custody supervisor at least twice per shift. Correction Officers are required to tour general population housing units, to which they are assigned, at a minimum of every 30 minutes. Counseling/program staff are required to tour their assigned housing, work and program areas daily. Tours are required of food services, educational staff, chaplain, maintenance supervisor, plant engineers, warehouse supervisors and commissary. Tours are to be documented in the area logbooks. Interviewed staff, including upper level management staff, explained that officers are required to tour their housing unit every 30 minutes. Supervisors (Lieutenants) are required to tour every housing unit on every shift twice a shift resulting in six (6) tours within 24 hours. The Captain and the Counseling Supervisor tour every housing unit weekly and counselors tour their assigned housing units daily. An interview with the PREA Compliance Manager indicated that he and the Warden, tour all housing units, coming in on 2<sup>nd</sup> and 3<sup>rd</sup> shifts.

The facility provided multiple pages of log books to document unannounced rounds. Logbook documentation representing random months provided documentation of twenty-five (25) unannounced rounds. These included checks made on the weekends and on all shifts. The DOC policy regarding tours and inspections demonstrates the Department’s commitment to supervising inmates and monitoring facility activities to maintain a safe facility.

### Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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This standard is not applicable to any facility except for Manson Youth Institution and York Correctional Institution (The State's only female facility). The Pre-Audit Questionnaire documented that there were no youthful inmates housed at this facility since the last audit. Interviews with the PREA Compliance Manager and other staff confirmed youthful offenders are not housed in this facility.

### Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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Enfield Correctional Facility does not conduct cross gender strip or body cavity searches absent exigent circumstances. There have been no cross-gender searches conducted at Enfield since the last PREA Audit. The facility does not house female inmates therefore there are no cross-gender searches of females. Administrative Directive 6.7.1, Searches Conducted in Correctional Facilities, requires that when a same gender strip search cannot be made and a strip search is deemed to be essential without delay, a cross gender strip-search is to be conducted. All cross gender strip-searches are to be reported and documented on CN 6601, Reporting of incidents.

The facility provided twenty-two (22) acknowledgments signed by staff affirming that they received PREA training. Staff indicated this training included search training. Staff related, during their interviews, that they have received search training and that search training included conducting cross gender searches and searching transgender and intersex inmates in a professional and respectful manner.

Every interviewed staff affirmed that cross-gender strip searches are prohibited absent exigent circumstances. Interviewed inmates confirmed they have never been "strip searched" by a female officer.

The facility has a policy to ensure inmates are able to dress, shower, perform bodily functions and change clothing without being viewed by staff of the opposite gender. CTDOC Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment  
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Prevention and Harassment Intervention. Paragraph E. Showering and Bodily Functions, requires that inmates are permitted to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing of their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The Directive also requires staff of the opposite gender to announce their presence when entering an inmate housing unit when no other staff of the opposite gender is present.

One hundred percent (100%) of the interviewed staff stated inmates are never naked in full view of staff. Additionally, one hundred percent (100%) of interviewed inmates stated inmates can shower, dress and change clothes without being viewed by staff. One hundred percent (100%) of the interviewed inmates, representing all the inmate housing units stated they are never naked in full view of opposite gender staff. They stated their showers have curtains and they have always had these. They also related the restrooms have stalls with a wooden half door also providing some privacy. There is one camera facing a safe cell. The auditor viewed the monitor for that room and the seat of the toilet is obscured to prevent viewing an inmate seated on the commode with his pants down.

A tour of the facility indicated inmates are able to dress, shower and use the restroom without being viewed by staff. Showers were observed to be single showers with curtains. The toilet area had wooden half stalls as well as a half wooden door on the stall.

Facility and Agency Policy requires female staff to announce their presence when entering housing units of the opposite gender. This is covered in Administrative Directive 6.12. Interviewed staff related that females always announce their presence when entering the housing units. Interviewed inmates stated staff announce their presence most of the time however they indicated they are always aware when a female is coming into the living unit. Reviewed logbook pages documented female's announcing their presence on the unit. Typically, the announcement would be female on the unit. During the tour of the facility, cross gender staff were observed announcing their presence on the living units. Administrative Directive 6.12, E., Screening for Risk of Victimization and Abusiveness, Physically Examining a Transgender or Intersex Inmates, requires that at Enfield Correctional Institution staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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The Facility has taken necessary steps to ensure inmates who are disabled or who are limited English proficient have an opportunity to participate in and benefit from the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Agency and Facility directives and local operating procedures provide for interpretive services and means by which inmates who are disabled, who may have learning issues, or are hearing impaired or limited English proficient. Administrative Directive 10.12, for example, requires in Paragraph 3., Initial Orientation, that written orientation materials are made available in both English and Spanish. Additionally, it requires, when a literacy problem exists, a staff member will assist the inmate in understanding the material.

Administrative Directive 6.12, provides that when the materials in the format(s) in which they are regularly provided do not meet the needs of the inmate's disability, the inmates will be accommodated in a way appropriate to their disability in accordance with Administrative Directive 10.19, Americans with Disabilities. CT Administrative Directive 6.12, requires that staff use of inmate interpreters is normally prohibited except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or wellbeing of any involved party or delays which may significantly hinder the performance of an employee's duties of information gathering, reporting and/or assisting alleged victim must be properly documented.

Administrative Directive 10.19, Americans with Disabilities, Section 6.A.1, Inmates Admission and Orientation, requires that any inmate who appears to have a condition that would limit the inmate's access to and/or participation in, any program or service offered by the facility, will be handled as follows: 1) Inmates who are deaf, blind, or have other physical disabilities that significantly limit access to programs and services in the facility, shall be transferred to an appropriate facility within 72 hours of admittance for assessment and classification consistent with safety and security. The determination for transfer shall be made by the contracted health services provider, Health Services Administrator or designee. During assessment and classification, the inmate shall be provided with CN 101901, Americans with Disabilities Act - Notice of Rights and CN 101902, Request for Reasonable Accommodations by health services staff or qualified sign language interpreter for the deaf or hard of hearing inmates who know sign language. Inmates will be advised of their right to reasonable accommodations which may include a qualified sign language interpreter or other auxiliary aids, services and devices, the method for requesting such accommodation and the procedures for seeking an administrative remedy of a denial or modification of such requested accommodation. The inmate shall be required to complete the Request for Reasonable Accommodations indicating whether the inmate requests accommodation.

Interviews with staff, both random and specialized, consistently acknowledged that they would not rely on an inmate interpreter absent exigent circumstances. Virtually all the staff indicated they would either secure a bilingual employee or professional services from outside the facility. None of the interviewed inmates were disabled.

The Pre-Audit Questionnaire reported there had been no inmates requiring interpretive services or translations to make a report of sexual abuse in the past twelve months. This was also confirmed through interviews with staff.

### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- 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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The agency has an extensive background check process. This was determined through reviews of agency policies and interviews with the Agency Personnel Director and a state office Human Resource Staff.

Administrative Directive, 6.12, requires that before hiring new employees who may have contact with inmates, the Department of Correction will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of resident or detainee sexual abuse/harassment or any resignation pending an investigation of such allegations. The applicant is asked in written applications or interviews directly about whether they have been found to have engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who

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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. Material omissions regarding this misconduct may be grounds for termination

Connecticut Department of Correction, Administrative Directive 6.12, Section A-4,6 and 7b, address the hiring process. At a minimum, when an applicant is an ex-inmate and/or has any criminal history, the selection process shall include the following guidelines:

1. an applicant with an undeclared criminal history shall not be considered;
2. an applicant with a single misdemeanor conviction shall not be considered for two (2) years from the date of the last disposition of the misdemeanor, or complete satisfaction of sanction whichever is later;
3. an applicant with a misdemeanor incarceration shall not be considered for three (3) years from the date of the last disposition or complete satisfaction of sanction whichever is later;
4. an applicant with multiple misdemeanor convictions shall not be considered for five (5) years from the date of the last disposition of the misdemeanor, or complete satisfaction of sanctions whichever is later;
5. an applicant with multiple misdemeanor incarcerations shall not be considered for seven (7) years from the date of the last disposition or complete satisfaction of sanctions whichever is later;
6. an applicant with a felony conviction shall not be considered for hire. Candidates hired with a felony conviction prior to October 18, 1995 may be considered for promotional positions;
7. an applicant who has any criminal history which may impair or disable the applicant's ability to effectively perform the functions of the job, shall not be considered;
8. an applicant who is known by the Connecticut Department of Correction to have previously engaged in sexual abuse and/or sexual harassment in an institutional setting will not be considered for hiring.

Administrative Directive, D 2.3, PAGE 4, SECTION 6, I, 1-3 requires the following: The Department of Correction shall not hire anyone who may have contact with inmates who is known to the DOC to have:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing 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. Been convicted of engaging in 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 was civilly or administratively adjudicated to have engaged in the activity described in subsection (2) of this section.

The Administrative Directive addresses the continuing duty to disclose. Staff are also subject to the reporting requirements of Administrative Directives, 2.17 and 2.24 with respect to arrests, restraining orders and criminal summons. The Department of Correction will also conduct a criminal background records check at least every five years of current employees.

The facility is prohibited from enlisting the services of any contractor, vendor or volunteers who may have contact with inmates who is known to the Department of Correction to have: a) engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing 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; b) Been convicted of engaging in 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) Was civilly or administrative adjudicated to have engaged in the activity described in this section; d) the DOC will consider any know incidents of sexual abuse/harassment in determining whether to enlist the services of any contractor, vendor, or volunteer who may have contact with inmates. Before enlisting the services of any contractor, vendor or volunteer who may have contract with inmates, the DOC, will perform a criminal background check, which shall be repeated every five (5) years.

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 are asked. Several additional questions are asked as well about previous or current charges. This information is submitted prior to scheduling interviews. During the interview, the HR Representative reviews the application page by page with the applicant 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 is conducted by the Security Division. The following are a part of the background check process: Driver information; Connecticut Master File; Connecticut Suspense File; Interstate Check; DOC SS Check; Out of State Checks as necessary. Following an offer of employment and prior to being hired, the three PREA Questions are asked again. A national check is done through NCIC and checks are made going five years back. Where an applicant has worked in another state agency, checks are made of those agencies as well. An offer of employment is 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.

### **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.12, Upgrades to Facilities and Technologies requires When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department will consider the effect of the design, acquisition, expansion or modification of existing facilities, the Department the effect upon the agency's ability to protect the inmates from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the Department will consider how such technology may enhance the Department's ability to protect inmates from sexual abuse.

Interviews with the PREA Compliance Manager/Warden's Designee indicated the Warden and he are actively involved in any planning processes related to any expansions or modifications to this facility or regarding any enhancements to the surveillance technology. The Warden's Designee stated the facility's video system was last upgraded in June 2015. The system was upgraded from VHS to digital. He related the facility has also been approved for approximately two million dollars for upgrading the system and to add cameras. Facility staff were involved in that process. Most of the existing cameras are located outside of the dorms however they facility has been approved for additional cameras to be located in hallways and blind spots of all housing units, in education, in the kitchen, covering areas where mirrors are now located and in the administrative building

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Paragraph 16 of Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment, states that the Connecticut State Police serves as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. The Enfield Correctional Institution contacts the Connecticut State Police, Troop H. All referrals to police are to be documented. The Department’s PREA Investigation Unit shall assist the appropriate law enforcement agency as appropriate 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. Investigators from the Security Division may be called in as well. The PREA Director provided the auditor with a memo addressed to the Deputy Commissioner of the Connecticut State Police (CSP) notifying the State Police of the PREA Standard’s requirement for the evidence protocol and forensic medical exams. The memo advised the CSP of the requirements for a uniform evidence protocol maximizing the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The protocol is required to be developmentally appropriate for youth where applicable, and, as appropriate, adapted from or otherwise based on the most recent editions of the US Department of Justice’s Office on Violence Against Women’s publication, “A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents or similarly comprehensive and authoritative protocols developed after 2011.

Policy requires that inmate victims of sexual abuse receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Administrative Directive 8.1, Scope of Health Services Care, 4., Scope of Services and Access to Care, also requires inmate victims of sexual abuse will receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

CTDOC inmates will be treated at Johnson Memorial Hospital or at the agency's medical facility, UCONN Medical Center. All local hospitals have SAFE/SANE staff on duty. If unavailable at the time of the incident, the inmate will be brought to another hospital in the state where a SAFE/SANE is on duty.

Administrative Directive 6.9, Section 7., Physical Evidence requires that physical evidence is either criminal or administrative in nature. In any case in which a crime is suspected, the discovering staff is required and trained to notify a supervisor without leaving the scene, if possible and secure the suspected scene or any physical evidence unless it is necessary to eliminate any further or immediate threat to the safety and security of staff, inmates or facility/unit and/or the possible disappearance of anything which may be considered evidence. Photos and/or videos are taken of the suspected crime scene and any suspected physical evidence. Only authorized personnel are allowed to enter the area. The Connecticut State Police will promptly be notified and have authority over any criminal investigation and shall be responsible for further securing criminal physical evidence upon responding to the facility/unit. AD 6.12, Section 13, B.4, instructs staff they are to explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center or, if unavailable, a qualified staff member who will accompany the inmate and provide support services, if requested.

The Agency’s Evidence Protocol is described in policy and requires the area of any attempted or actual sexual abuse to be treated as a possible crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Steps for first responders are described in detail. The protocol addresses protecting the potential crime scene and collecting any evidence required. The protocol requires once the inmate has been removed from the area, care is to be taken not to disturb the suspected crime scene. Items are not to be cleansed or removed. Photos are to be taken of the suspected crime scene and any suspected evidence. Sketches and notes are to be made of the location if items were removed. The collection of physical evidence is to be conducted by the Connecticut State Police or in instances when authorized by the State Police, employees will collect, secure and

store physical evidence. Step by step instructions are given in the description of the protocol.

The Agency has a MOU with Connecticut Sexual Assault Crises Services (CONNSACS). The agreement provides for CONNSACS to make available a victim advocate to accompany the victim and support him through the forensic medical exams and investigatory interviews and to provide emotional support, crisis intervention, information and referrals as needed. Interviewed staff were familiar with the evidence protocol and roles they would play as first responders. Medical staff related their role in a sexual assault would be to provide any first aid that might be needed as a result of injuries requiring immediate medical attention. They also related they would protect the evidence by not allowing the inmate to change clothing, brush their teeth, use the restroom or take any other actions that might degrade the evidence. An interview with a facility investigator confirmed the evidence collection protocol to maximize the potential for obtaining usable physical evidence for administrative proceedings as well as protocols for protecting the evidence and for forensic exams to collect forensic evidence.

The Pre-Audit Questionnaire documented that there were no incidents requiring that evidence be collected inasmuch as there were no incidents of sexual abuse during the past twelve months.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. There are basically four investigation tracks an incident could take. These include investigations by the Facility Investigator, The PREA Unit Investigators, the Agency's Security Division Investigators and the Connecticut State Police.

AD 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.

AD 6.6, Reporting of Incidents requires the DOC 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.

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive, 2.7, Training and Staff Development,6. Pre-Service Training Program, Direct Contact Staff and Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention,9/, Staff Training, A. Pre-Service Orientation Training requires that newly hired staff with direct inmate contact shall receive training on inmate sexual abuse/ sexual harassment prevention prior to being assigned to a facility. Staff shall be trained regarding the following:

- 1)The DOC zero-tolerance policy for inmate sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency inmate sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in a confinement setting;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with all inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Any concerns specific to the gender of the inmates at the employee's assigned facility.

The facility provided the auditor an agenda for new employee's orientation. Day 6 of that agenda documented the PREA block of training. The training block was designated for 1.5 hours of training. The agency requires the training is documented through employee signature or electronic verification that employees understand the training they have received.

The facility PREA Compliance Manager provided multiple samples of PREA Acknowledgements signed by staff documenting and affirming they have received their required PREA Training as well as training rosters. Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 9., Staff Training, B., In-Service Training, requires that Staff with direct inmate contact shall receive refresher training on sexual abuse/ sexual harassment prevention, intervention and follow-up on procedures annually. AD 6.12, and AD 2.7, Training and Staff Development require the training to be tailored to the gender of the inmates at the employee's facility so that the employee receives training specific to the gender he or she supervises, even if the employee has previously worked in a facility with inmates of a different gender. The Department of Correction shall document, through employee signature or electronic verification that employees understand the training they have received. This directive requires additional training for investigators, health practitioners and mental health staff to receive additional training specific to their areas of responsibility. Paragraph C., Roll Call Notices, requires each facility to update staff as needed via roll call notices as directed by the Unit Administrator in consultation with the Agency PREA Coordinator.

The PREA Compliance Manager provided an excel spreadsheet documenting the training staff have had. A review of fifty (50) training records confirmed initial training within one year of the audit and eleven (11) of the 50 documented several PREA Training Sessions.

Interviewed staff consistently related they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired correctional officers at the academy. Additionally, they consistently indicated they receive the training during Annual In-Service Training and through computerized Learning Management System(LMS), which includes, on-line PREA Training. Too, they indicated refresher training is given during shift briefings. It was evident in the ease and confidence with which staff responded to questions that they have been trained in PREA, including the zero-tolerance policy, reporting and the facility's response to allegations of sexual abuse and sexual harassment. Every interviewed staff related they had been trained in the zero tolerance policy, how to fulfill their responsibilities regarding sexual abuse and sexual harassment, inmate's right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming inmates and how to comply with Multiple examples of PREA Acknowledgment Statements and training rosters were provided documenting staff PREA Training.

### **Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All contractors and volunteers who have contact with inmates must be trained on their responsibilities under the agency's sexual abuse prevention and intervention policy. The level and type of training provided to the volunteers, vendors and contractors is based on the services they provide and the level of contact they have with inmates. All volunteers, vendors and contractors who have contact with inmates are required, by policy, to be informed and notified of the agency's zero tolerance policy for inmate sexual abuse and sexual harassment and informed on how to report any incidents. Policy requires the agency to maintain documentation confirming that volunteers, vendors and contractors understand the training they received. Administrative Directive 2.7, Training and Staff Development, Section 6.D, Volunteers, requires a newly assigned volunteer shall complete, at a minimum, a one (1) day safety and security orientation training program prior to providing volunteer services. Such training shall be provided by the Director of Volunteer and Recreation Services and shall include, but not be limited to: Department Mission, An overview of Administrative Directives; Volunteer Programs; Facility Security Procedures; Employee Conduct and PREA Standards and Compliance Requirements. Volunteers receive what the Agency refers to as VIP PREA Training. This PREA Training provides volunteers a brief history of PREA, its purpose and the standards. It discusses staff monitoring and intervention, the PREA related definitions as defined in the PERA Standards, and reporting. The training informs VIPs that they are to report any instance of suspected, alleged or actual sexual harassment, retaliation against staff or VIPs or inmates for reporting sexual harassment, or staff neglect or violation of responsibilities contributing to sexual harassment to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive, 6.6, Reporting of Incidents. Volunteers are to report any behavior or act of a sexual nature directed towards an inmate by any employee, contractor or VIP (Volunteer, Intern, and Professional Partners). It is the responsibility of all to maintain professional boundaries with inmates under their supervision per PREA-The Prison Rape Elimination Act.

They are advised, per PREA standard 115.77 that any VIP-Volunteer, Intern or Professional Partner, including Contractors and Researchers who engage in sexual abuse will be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The VIP Orientation



Handbook requires the VIPs to Report any perceived inappropriate behavior or actions of a sexual nature directed towards an inmate, staff or VIP. All sexual activity is inappropriate in any correctional setting. When a contractor or volunteer signs off on the VIP Application the MOU binds them to compliance with the (federal and state) Prison Rape Elimination Act. If they do not make every effort possible to detect report and refer for investigation any sexual misconduct they may be subject to criminal sanctions including prosecution. VIPs are told they are to maintain professional boundaries with inmates under their supervision. A PREA Standard's Section of the orientation handbook explains that the Connecticut DOC is required to ensure all VIPs who have contact with inmates are trained to understand, detect, respond, and prevent sexual misconduct and harassment and that all VIPs must clearly understand the Department has a "zero tolerance" policy regarding sexual abuse and sexual harassment and informed how to report such incidents. VIPs are told they are expected to participate in training and acknowledge via documentation confirming they understand and agree to abide by PREA Compliance Training provided.

All vendors and contractors receive the same training even if they are under "escort status".

The agency volunteer coordinator is responsible to ensuring all volunteers are background cleared and given orientation training prior to service. Staff provided a roster, entitled, Connecticut Department of Correction, VIP and Recreation Services. This roster documented the volunteer having been approved for service, which enables the facility to know who is allowed in the facility. Approved means the individual has been given an orientation and has had a satisfactory background clearance, according to staff.

### **Standard 115.33 Inmate education**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Inmate Education Administrative Directive 10.12, Section 3, Initial Orientation, requires that each inmate begin to receive orientation within five (5) business days of admission to the Department. Staff are designated to conduct orientation. Written materials are available in English and Spanish and when a literacy issue exists, a staff member is required to assist the inmate understanding the material. AD 6.12 requires the presentation of the PREA Video, "What You Need to Know". Inmates are required also to be made aware of the DOC's zero tolerance policy for inmate sexual abuse and sexual harassment and at least two internal methods for reporting sexual abuse and sexual harassment and one method of reporting to an external entity not a part of the DOC. They are advised that third party and anonymous reports are allowed. They are also given information for victim advocacy groups that provide services to victims of sexual abuse. If an inmate is disabled and has a disability preventing them from being able to access materials in the formats in which they are regularly provided they should be accommodated in a way appropriate to their disability in accordance with AD10.19, American with Disabilities Act.

Enfield Unit Directive 9.31 requires that during intake processing each inmate receives an orientation that includes a presentation of the PREA "Sexual Abuse/Sexual Harassment Prevention for Inmates" video in accordance with Administrative Directive 10.12, Inmate Orientation. Inmates sign the designated form acknowledging receipt of the materials. This documentation is maintained in the inmate's master file. Policy requires, during orientation, that inmates are made aware of the zero-tolerance policy for inmate sexual abuse and sexual harassment and one method of reporting sexual abuse to an external entity that is not part of the DOC. It also requires that third party and anonymous reports must

be allowed. Inmates also are required to be provided with contact information for victim advocacy group that provide services to victims of sexual abuse

Inmates arriving at Enfield Correctional Institution receive PREA through the inmate handbook, orientation and numerous postings throughout the facility.

An interview with two staff responsible for intake indicated inmates, upon arrival at the facility, are given a copy of the Enfield Correctional Institution Inmate Handbook and sign an acknowledgement that they received it. The handbook contains three pages of PREA related information. In addition to providing the definitions related to sexual abuse and sexual misconduct, the handbook describes the agency's approach to prevention, reporting and responding. Multiple ways to report are provided. These include the following: 1) Verbally to any facility staff; 2) In writing to any facility staff; 3) In writing to the appropriate Unit Administrator; 4) In writing to the appropriate District Administrator; 5) In writing to the PREA Investigative Unit; 6) In writing to the DOC Security Division; 7) Via phone to the Connecticut State Police; 8) Via phone to the DOC sexual abuse hotline; 9) Via phone to the Connecticut Sexual Assault Crisis Services Hotline. Mailing addresses and phone numbers, as applicable are provided for easy access in the handbook. Interviews with two staff responsible for conducting orientation and their supervisor also indicated that within 72 hours of arrival inmates in orientation are required to watch the PREA Video that explains their rights and how to report. Following the video staff indicated they provide a synopsis of the information and answer any questions inmates may have. Following orientation, inmates sign two acknowledgments, a PREA Acknowledgment and an Orientation Acknowledging they have seen the RREA and have received the PREA related information. Multiple files that were reviewed contained acknowledgments that they received the inmate handbook, that they watched the PREA Video and that they had received all the items on the Orientation Checklist, initialing the PREA Training block.

The auditor reviewed an additional ten (10) inmate files. Each file contained PREA Acknowledgments, Orientation Acknowledgments and confirmation that they received a copy of the inmate handbook.

Interviews with inmates confirmed they received the PREA related information including the zero- tolerance policy, their rights to be free from sexual abuse and sexual harassment and retaliation, how to report sexual abuse and sexual harassment and the facility's rules against sexual abuse, including consensual sexual activity. Inmates stated they received a handbook, watched the video and see posters located throughout the facility with PREA related information.

#### **Standard 115.34 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 1.10, Investigations, Section 11., requires each investigator who is assigned to work with the security division and/or PREA Unit is required to complete an approved training program prior to conducting an investigation. Investigators are trained through the Department of Correction. The Department provided the curriculum for this training. The reviewed training outline provided included 1) PREA; 2) Basic Investigation Steps; 3) Interviewing (including establishing rapport as well as interrogation techniques); 4) Gender and Conventional Techniques and 5) Changing the reporting culture. The specialized investigation training curriculum was provided for review. The curriculum is comprehensive and included a number of topics including 1) The elements of the investigation; 2) Conducting a thorough investigation; and 3) Properly PREA Audit Report

conducting interviews. It also included such things as employee rights, the Weingarter and Garrity rules, the investigation process, interviewing (including establishing rapport and techniques), employee rights and the report. AD 6.12, also requires investigators to complete specialized training in conducting sexual abuse investigations in confinement settings. Documentation was provided to confirm investigators had received the required specialized training. An interview with the agency's PREA Director, who supervises the PREA Investigation Unit, confirmed he and his staff have completed the specialized training as required.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 8.6, Credentials of Health Service Staff, Training of Health Services Staff, requires all health services staff who have contact with inmates to be trained on their responsibilities under AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. Policy requires that training to include: 1) The Department's zero tolerance policy regarding sexual abuse and sexual harassment; 2) detection and assessment of signs of alleged sexual abuse and/or sexual harassment; 3) The correct reporting of alleged sexual abuse and/or sexual harassment events; 4) Preservation of physical evidence of sexual abuse and 5) Effective and professional response to victims of alleged abuse and/or sexual harassment. The facility staff do not conduct forensic exams. Exams are conducted in hospitals that have Sexual Assault Nurse Examiners of Sexual Assault Forensic Examiners.

The Health Services Administrator provided a training roster to confirm that 10 healthcare staff who provide services at Enfield Correctional Institution have received the required specialized training in addition to the required PREA training at the facility. The Specialized training is developed for the UCONN Health Care agency. Interviews with the Health Services Administrator and a healthcare staff confirmed the specialized training received by medical staff. The facility does not employ mental health staff.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Connecticut Department of Correction, Administrative Directive, 9.3, Inmate Admissions, Transfers and Discharges,

Paragraph J., PREA Screening of Newly Admitted Inmates, requires each newly admitted inmate, during intake, unless exigent circumstances exist, then not more than 72 hours after admission, to be screened by a staff member for risk of sexual victimization or sexually abusive behavior while incarcerated. This information is used to enhance decision making regarding housing assignments, possible medical/mental health treatment, program, work and education assignments. Screening is documented on the Intake Health Screening form (HR-001) and Inmate Intake Form (CN 9306).

Vulnerability screening is documented on the Inmate Intake Form. The top portion of the inmate screening form is completed in private at intake by the intake officer. This process involves assessing the inmate's physical build, Physical Disabilities, Mental Disabilities, Sexual Orientation, and asks these questions: 1) Have you ever been the victim of sexual abuse; 2) Have you ever sexually abused another person? 3) Do you feel vulnerable to being sexually abused in this facility; 4) Have you ever been convicted of a sex offense? and 5) Any PREA related issues since your last intake or transfer screening? Based on the results of the screening, the intake officer assigns the inmate to the general population dorm housing newly arrivals where they remain until the screening is conducted by one of the counselors. If the inmate answers "yes" to any of the questions, the supervisor is called to talk further with the inmate to determine if he feels safe in this facility. If he does not he is offered protective custody until a decision can be made about where to house the inmate.

Following the intake victimization screening, a counselor retrieves the completed Inmate Intake Form and reviews the inmate's responses to the questions asked during intake and answers the questions at the bottom of the screening form after reviewing information in the inmate's data base where information is available related to the inmate's charges, sentence, criminal history any disciplinary reports and other information. Additionally, staff related they verify the classification screen and with access to the State Police Information System, determine any additional information related to this inmate. They also are checking the database for any "alerts".

Inmates are received Monday through Friday and are seen by medical and mental health the next business day. Medical conducts a screening as well and one of the questions on the medical screening asks inmates if they have been the victim of sexual abuse previously. If they respond in the affirmative they are referred to mental health for a follow-up. The facility does not have any assigned mental health staff but are provided mental health services through a nearby Department of Correction facility.

Connecticut Department of Correction, 9.3, Intake Admissions, Transfers and Discharges, Paragraph J., requires all inmates to be re-assessed by staff within 30 days for risk of sexual victimization or abusiveness based on any additional, relevant information obtained by the facility since the initial screening. Subsequent reassessments are required to be made as circumstances warranted.

The Counseling staff then indicated they would conduct a reassessment, using the Inmate Intake Form, to conduct a reassessment 21 days following the initial vulnerability screening. Six months later an additional reassessment is conducted. Staff provided ten inmate files containing the initial screening, the completion of the initial intake screening, reassessments at 21 days and reassessments at 6 months, as described in the interviews with all three staff.

Interviewed inmates remembered having been asked the questions on the screening instrument and indicated they are unsure whether they were asked about them again. All the interviewed inmates reported feeling safe at this facility.

#### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

#### **Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Connecticut Department of Correction Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Paragraph J., requires that information from the risk screening is to be used to enhance decision making regarding housing assignments, possible medical/mental health treatment, programming, work and education assignments. Separation of inmates that are identified as being at significant risk of sexual victimization or abusiveness from other inmates may be required.

Too, the directive requires that inmates who report on the risk assessment that they have experienced prior sexual victimization or have engaged in sexual abuse of another person, the inmate shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening, regardless of whether the victimization or abusiveness occurred within a correctional facility or in the community. It also requires that inmates who have sexually abused another inmate while incarcerated they are offered a mental health evaluation within 60 days of the Department of Correction learning of such abuse and shall be offered medical/mental health treatment if appropriate.

At intake, following the victimization screening, unless the inmate responded “yes” to any of the questions on the Inmate Intake Form the intake officer assigns the inmate to the general population orientation/reception dorm. Based on the completion of the Inmate Intake Form, classification staff assign the inmate to the most appropriate dorm. Dorms are generally assigned based on the work detail the inmate is being assigned to. This was conformed through interviews with two intake staff, two counseling staff and a classification staff. The classification staff related he reviews the RT42 Screen, which contains the “Separation Profile Screen” identifying any need to separate the offender from other inmates, including any predators and assigns housing and work assignments. He also indicated that because the campus is an open campus the facility would transfer sexual predators to another facility more suited to housing them.

The Administrative Directive requires any inmate who is identified as transgender or intersex during the intake or transfer screening process to be evaluated on a case by case basis. These evaluations seek to determine the safest and most appropriate housing placement with serious consideration being given to the inmate’s own views regarding his or her own views regarding his/her own personal safety. Housing assignments and programming opportunities for transgender and intersex inmates shall be reviewed and evaluated at a minimum of twice per year.

The Directive limits access to inmate responses to the PREA screening questions based on legitimate penological interests. Classification staff, who were interviewed related they assign housing and work assignments. They indicated that any inmate scoring out as a potential predator will most likely be transferred from the facility but in all cases, staff would, according to the interview, check the RT42 Screen, Separation Profile Screen, that indicates if an inmate needs to be separated from potential victims.

### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11.A,1., requires that inmates at high risk for sexual victimization are not to be placed in involuntary restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot perform such an alternative housing assessment immediately, the facility may hold the inmate involuntarily in restricting housing on Administrative Detention status in compliance with AD 9.4, Restrictive Status for less than 24 hours while completing the alternative housing assessment. The reviewed Pre-Audit Questionnaire documented that there were no inmates held in involuntary restricted housing during the past twelve months. Interviews with administrative staff confirmed there have been no inmates placed in involuntary restricted housing in the past twelve months. The Deputy Warden, in an interview, stated the use of involuntary restricted housing would be a last resort and if used, an assessment would be conducted documenting that less restrictive means were not available.

### **Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.12, Inmate Sexual Abuse and Sexual Harassment Prevention, Section 12, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, A., Inmate Reporting, requires the Department to provide multiple methods for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are provided multiple ways to report. These include: 1) Reporting to any staff member either verbally or in writing; 2) Calling the PREA Hotline; 3) Writing an inmate request; 4) Writing an anonymous note; 5) Calling the Connecticut State Police; and 6) Inmates detained solely for civil immigration purposes may contact any relevant consular and relevant officials at the US Department of Homeland Security. Staff provide contact information to such inmates upon request. Staff are required to take steps to aid inmates with disabilities and non-English speakers to report such incidents. Policy addresses false reports and states that inmates who file reports of sexual abuse and/or sexual harassment that are deemed to be false and unfounded after proper investigation may be subject to disciplinary action in accordance with Administrative Directive 9.5, Code of Penal Discipline and/or criminal charges according to applicable State laws.

AD 6.12 also requires staff, to the extent necessary, to take steps to aid inmates with disabilities and non-English speakers to report such incidents. The use of inmate interpreters is normally prohibited except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or well-being of any involved party and delays that may significantly hinder the performance of an employee’s duties of information gathering reporting and/or assisting an alleged victim. If these circumstances are present staff must be properly document the reasons for using an inmate interpreter.

AD 6.12, Section 13, Staff Monitoring and Intervention (Sexual Abuse), requires that staff, volunteers, vendors and contractors are directed to treat any observation of sexual activity as potential sexual abuse and that all staff, vendors, volunteers and contractors report any instance of suspected, alleged, or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of PREA Audit Report

Incidents.

AD 6.12 also requires that staff accept reports from individuals outside the facility who may make reports by writing or calling the Commissioner, Deputy Commissioner, District Administrator or Unit Administrator of the facility where the incident allegedly occurred or by contacting the Agency PREA Coordinator. DOC also provides reporting information on their website enabling anyone outside the facility to make a report on behalf of an inmate.

The reviewed inmate handbook provided to all inmates included multiple ways to report. These included:

Connecticut State Police – Address and Hotline Number Provided

PREA Investigation Unit – Address provided

District Administrator - Address provided

DOC Security Division - Address provided

CONNSACS Advocacy - Address and hot line number provided.

All the interviewed inmates related they would report primarily to staff. These included reporting to a Lieutenant, counselor, Captain or to an “officer”. Eight of the fifteen interviewed inmates stated they would use the PREA Hotline if they needed to report an allegation. Five (5) said they would report to family and a few said they would “drop a note”. One said any inmate could read the posters to get the numbers to report. None of those interviewed had ever reported an allegation of sexual abuse or sexual harassment but indicated they would if they needed to. Interviewed staff named multiple ways inmates could report as well. They also reiterated they would accept and report any suspicion or report regardless of how they came to receive the allegation. After reporting it verbally, staff said they would complete a statement or report as soon as possible but before the end of the shift.

#### **Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The grievance policy does not provide for grievances related to sexual abuse. A report of sexual abuse results in generating an incident report that results in an investigation of the allegations. An incident report generates immediate attention and investigation.

#### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.12, requires inmates be provided with contact information for victim advocacy groups that provide services to victims of sexual abuse.

The agency provided a Memorandum of Understanding between the Connecticut Department of Correction and Connecticut Sexual Assault Crisis Services, Incorporated (CONNSACS). CONNSACS, agrees to provide on-site victim advocates to provide emotional support to inmates throughout a forensic examination and investigatory process; counseling services to inmates reporting sexual abuse/assault; coordinate the provision of on-site services at either the hospital or at the CRDOC facility; ensure that all services provided to and communications with CTDOC inmates remain confidential and that CONNSACS will provide mutual training and informational sessions to CTDOC and CONNSACS staff and volunteers to ensure each entity possesses the proper training and knowledge to provide services related to PREA incidents. The agreement requires DOC to ensure the inmate population is made aware of the availability of the advocacy services described in the MOU. The agreement requires the information is provided via inmate orientation, the inmate handbook and postings throughout the facility. Ensure inmates are provided the toll-free hotline phone numbers recognized by the inmate phone system in order to allow the inmate to make the phone calls without cost.

Contact information is provided to inmates upon admission into the facility in the resident handbook. This is found on page 32 of the handbook. The CONNSACS 24/7 hotline number is provided in both English and Spanish. Inmates are informed, via the handbook, that counselors are provided through the CONNSACS and that this counseling is free. Too, they are informed that their phone calls, using the 24/7 hotline number enables them to report and talk in a confidential manner 24/7. Inmates were aware that there were services outside the facility for dealing with sexual abuse but did not name CONNSACS as the agency providing those services. When asked for additional information about reporting outside the facility and contact information on posters and elsewhere, inmates said they were sure they were given the information but did not associate it with CONNSACS because they have never needed those services.

**Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.12, Third Party Reporting, paragraph B. instructs staff to accept reports of sexual abuse, sexual harassment, retaliation for reporting sexual abuse and harassment or staff neglect or violation of responsibilities from inmates not directly involved in the incident in question. Staff are also instructed to accept reports from individuals outside the correctional facility. These, policy says, may make reports by writing or calling the Commissioner, Deputy Commissioner, District Administrator or Unit Administrator of the facility in which the incident allegedly occurred and by contacting the PREA Coordinator. Policy requires the DOC to make contact and third-party reporting information available on its website. AD .12, Third Party Reporting, Section 10., Inmate Reporting, allows third party an anonymous reporting. Inmates, in compliance with this section, are also provided information for contacting the victim advocacy group (CONNSACS) that provide services to victims of sexual abuse. The agency website provides valuable information related to PREA and the agency’s efforts to prevent, respond and report sexual abuse and to have all allegations investigated. It provides viewers references to PREA, access to Administrative Directive 6.12, the agency’s Zero Tolerance Policy, and information related to investigations. The site provides contact



information enabling third parties to report to the PREA Director's Office (providing phone and address) and to contact the PREA Investigation Hotline (phone number provided).

One-hundred percent (100%) of all staff interviewed understood what a third party is and all of them stated they would accept any report from a third party and would report verbally report it immediately and follow up with a written report or statement.

Interviewed inmates also named third-parties as ways to report.

### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.6, Reporting of Incidents, describes the levels or classifications of violations. Class 1 Incidents include sexual abuse with immediate evidence that it occurred; Class 2, where there is sexual abuse however there is no immediate evidence that it occurred; and Class 3; sexual harassment. This policy described the required reporting procedures for each level of offense. AD 6.12, requires staff, volunteers, vendors and contractors to treat any observations of sexual activity as potential sexual abuse and requires them to report any instance of suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse or staff neglect or violation of responsibilities contributing to sexual abuse to the shift supervisor as soon as practical and provide documentation in compliance with AD, 6.6, Reporting of Incidents. Staff are mandated reporters of PREA incidents as well as being required and mandated to report any neglect, retaliation or violation of responsibilities.

DOC Policy is replete with reporting requirements. AD 6.12, Third Party Reporting, for example, requires staff to report reports received from third parties, including inmates not directly involved in the incident. Staff are also required to accept and report any report or allegation from individuals outside the facility.

Another example is AD 6t.12, Section 13. Staff Monitoring and Intervention, requiring staff, volunteers, vendors and contractors to treat any observation of sexual activity as potential sexual abuse. All staff, vendors, volunteers and contractors are required to report any instance of suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse, or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of Incidents.

AD 6.12, prohibits staff, apart from reporting to designated supervisors or officials, from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make safety and security decisions.

All the interviewed staff acknowledged they have a responsibility to report any suspicions, knowledge, report or other allegation of sexual abuse or sexual harassment regardless of the source. They all also stated they would report it verbally immediately to their supervisor and follow-up with a written statement or incident report as soon as possible but not later than the end of their shift.

### **Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.12, requires that inmates are screened for risk of victimization after arriving at the facility. Policy requires the Department to use screening information to enhance housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Department/Facility makes individualized determinations on how to ensure the safety of each inmate. The facility reported via the Pre-Audit Questionnaire that there were no inmates during the past twelve months reporting or having been determined to be at risk of imminent sexual abuse or requiring protection as a result of being a victim of sexual abuse or for reporting allegations of sexual abuse or retaliation. Interviews with staff confirmed there were no inmates requiring protective custody or protection during the past twelve months.

Staff related, in their interviews that they would take immediate action to protect any inmate at risk of victimization. Information from the risk screening at intake is used to assist in determining the most appropriate place to house the inmate to enhance his protection.

**Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

AD 6.12, Section 13, Staff Monitoring and Investigation, Paragraph 6., requires if an incident reported allegedly occurred in a facility that is not under the jurisdiction of the DOC or at a facility/site under the jurisdiction of the DOC other than where it is reported, the Unit Administrator or designee is required to notify the Administrator of the other facility of the allegation within 72 hours of the reporting of the incident.

The Pre-Audit Questionnaire reported there have been no allegations of sexual abuse received from another facility. The PREA Compliance Manager/Warden’s Designee, related he has not had any inmates alleging they were abused while at another facility nor has he received any reports from other facilities that an inmate was abused at his facility. An interview with the PREA Compliance Manager/Deputy Warden confirmed he is aware of the process for reporting and handling any allegations brought to his attention from another facility and for receiving reports from other facilities regarding an inmate at this facility who may have alleged abuse at another facility.

## Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

First responding is addressed in AD 6.12, Section 13, A, B, and C. If a staff member including medical staff suspects or an inmate or third party alleges that he/she or another inmate may have suffered from sexual abuse, the following actions are required:

1. Identify, separate and secure inmates involved, of necessary;
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering;
3. Notify a shift supervisor as soon as practical;
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate or change clothes until examined;
5. Promptly document the incident on CN 6601, Incident Report and forward to the shift supervisor;
6. Apart from reporting to a designated supervisor or official, staff are not to reveal any information related to a report of sexual abuse to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Supervisor actions are described and detailed in Paragraph A., and the following is required:

1. Contact the facility duty officer and the Connecticut State Police as soon as practical;
2. Alert health services staff and escort the victim to the Health Services Unit for a private medical and mental health assessment as soon as possible;
3. Take appropriate steps to ensure that the victim is not left alone;
4. Explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center who will accompany the inmate through the forensic exam and any other investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the inmate;
5. Provide the inmates with mailing addresses and phone numbers, including toll free numbers, where available, of local or State advocacy or rape crisis organizations and for inmates detained solely for civil immigration purposes;
6. Offer and make arrangements for the victim to speak with the facility's religious services representative;
7. Ensure timely 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;
8. Complete all reports in accordance with the Directive and Administrative Directive 6.6, Reporting of Incidents;
9. Obtain written statements from the alleged victim to include with the Incident Report;
10. Where possible attempt to video the interview of the alleged victim unless the inmate refuses;
11. Complete the Incident Report Checklist; and
12. Forward the reports through the appropriate chain of command for review and follow-up investigation.

Medical's responsibilities are also covered in this policy.

The power point presentation used to train staff covered first responding, including immediate actions, supervisory action,

crime scene preservation, evidence collection and investigations.

Interviewed staff, random and specialized were articulate about their specific roles as first responders. Those responses addressed separating the victim (alleged) from the perpetrator (alleged); keeping the alleged victim safe; reporting the allegation as soon as practical; securing the crime scene; advising instructing the victim and alleged perpetrator not to change clothing, eat, drink, use the restroom, brush their teeth or take any action that might degrade, compromise or eliminate evidence. Medical staff also related their responsibilities to conduct an assessment and treat any serious injuries requiring immediate attention and then protecting the evidence.

The Pre-Audit Questionnaire documented there have been no allegations of sexual abuse at this facility within the past twelve months. This was confirmed as well through staff interviews.

### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 6.12, provides the specific actions required of staff first responders, supervisory staff, medical and mental health staff, and investigations. The coordinated responsibilities are also covered in the power point training provided by the Department. Interviewed staff were knowledgeable of the roles each would play in response to a sexual assault. The inmate will be taken to the local hospital for a forensic exam and the services of CONNSACS will be offered and available to provide emotional support services during the forensic exam and investigatory interviews. Interviewed staff, both custody staff and non-custody staff, could articulate their responsibilities and indicated they had all be trained in the coordinated response plan.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Interviews with the PREA Compliance Manager/Warden's Designee confirmed that there is nothing in any contract that prevents the administration from removing from contact any staff who is alleged to or has violated any agency policy related to sexual abuse or sexual harassment, pending an investigation. Pending an investigation, staff alleged to have been

involved would most likely be placed on a form of administrative leave while an investigation was being conducted. Employees determined to have violated agency sexual abuse policies would be sanctioned in a compliance with applicable personnel rules and termination for sexual abuse would be the presumptive action taken in those cases.

#### **Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 6.12, Post Allegation Protection of Inmates and Staff from Retaliation, affirms that it is DOC policy that no inmate or staff should be retaliated against for reporting inmate sexual abuse or inmate sexual harassment and for at least 90 days following a report of sexual abuse, the PREA Unit will monitor the conduct and treatment of inmates or staff who reported the alleged sexual abuse and of inmates who reported the alleged sexual abuse and 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 and shall promptly act to remedy any such retaliation. Items the PREA Unit would monitor include any inmate disciplinary report, housing or program changes or negative performance reviews or reassignments of staff. The PREA Unit should also, according to policy, include periodic status checks of alleged inmate victims. The PREA Unit is required to continue monitoring beyond 90 days if the initial monitoring indicates a continuing need for monitoring. If any other individual who cooperates with the investigation expresses a fear of retaliation. The Agency’s PREA Director Unit’s obligation to monitor terminates if an investigation determines that the allegation is unfounded.

The agency provided a list of PREA Liaisons for each facility with whom the PREA Unit would work in monitoring retaliation. The Pre-Audit Questionnaire documented there were no allegations of sexual abuse during the past twelve months therefore there were no cases requiring retaliation monitoring. Staff, were however, aware of the procedures for monitoring retaliation if needed.

#### **Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 6.12, Section 11, A, 1-3 addresses post allegation protective custody. Policy requires that inmates at high risk for sexual victimization are not to be placed in involuntary restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot provide available alternative housing, they must perform an alternative housing assessment immediately. If there are no alternative means of separation the facility may hold the inmate

in restrictive housing on Administrative Detention, for less than 24 hours while completing the alternative housing assessment. Too, if inmates are placed in restrictive housing for protection, they will have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts that access, the facility is required to document the opportunities restricted, the duration of the restriction and the reasons for the limitations.

AD 6.12, requires that if the facility assigns inmates to involuntary restrictive housing on Administrative Detention status only until an alternative means of separation from likely abusers can be arranged, such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made, the facility shall document: (1) the basis for the facility's concern for the inmate's safety; and (2) the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall review the circumstances to determine whether there is a continuing need for separation from the general population.

The facility reported there have been no cases during the past twelve months in which an inmate was placed in segregated/restricted housing for protection. This was confirmed by interviews with the PREA Compliance Manager and other staff. ECI staff related they do not place victims in protective segregated housing.

### **Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Connecticut Department of Correction Administrative Directive 1.10, requires the DOC to review and investigate significant incidents and/or allegations of acts as appropriate.

Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment requires the Connecticut State Police to serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. The Department's PREA Investigation Unit will assist that the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into an incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit of designee serves as the primary investigating authority for all incidents of sexual harassment.

AD 1.10, Investigations describes the entire investigation process and includes General Principles, Initial Inquiries and Administrative Investigations, Conduct of Investigations, Reporting of Incidents, Interviewing Summary, Evidence, Report Format and Closure. Too, it describes the roles of the Security Division Investigations. The Security Division Investigators may be called in on any case but are especially involved in cases or allegations involving staff. They will conduct an investigation in tandem with the Connecticut State Police when the allegations appear criminal in nature, with the Security Division providing support to the law enforcement as requested and their investigation will center around the administrative issues involving staff.

The Department has a PREA Investigation Unit. These investigators have also had specialized training in conducting sexual abuse investigations in confinement settings. PREA Investigations will, at a minimum, according to Policy 1.10, review direct and circumstantial evidence, interview all alleged victims, suspected perpetrators and any relevant witnesses, review prior complaints and reports of sexual abuse involving the suspected perpetrator. The PREA Unit investigations will also include an effort to determine whether staff actions or failures to act contributed to sexual abuse; shall be documented in reports that include a description of the physical and testimonial evidence; the reasoning behind credibility assessments and investigative facts and findings. When the evidence supports criminal prosecution, the Connecticut State Police will be notified. If the State Police determine that no criminal aspect exist the PREA Unit may conduct compelled interviews only

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after consulting with the Office of the State’s Attorney as to whether compelled interviews would be an obstacle to subsequent criminal prosecution. Policy requires and investigative processes include assessing the credibility of an alleged victim, suspect or witness be the assessment is on an individual basis and not determined by the individual’s status as inmate or staff. The use of polygraph is prohibited. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. Policy also requires that the departure of the alleged abuser or victim from employment of the control of the Department will not provide the basis for terminating an investigation.

Paragraph B of the directive requires that the standard used to substantiate an allegation of sexual abuse is the preponderance of the evidence.

Paragraph H., requires the PREA Unit to retain all investigation reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years; or, as long as required by State records retention policies; or, as required by a litigation hold notice, whichever is longer.

The Pre-Audit Questionnaire reported that there were no allegations appearing to be criminal in nature that were referred for prosecution during the past twelve months. This was confirmed, as well, through interviews with administrative staff. An interview with the facility investigator indicated he has received the specialized training regarding conducting sexual abuse investigations in confinement settings. The investigator indicated if a call is made via the hotline the facility would receive a call from the PREA Unit. The facility’s role at this point would be to collect information and after consultation with the PREA Unit, decide how to proceed. Staff described the investigative process. Investigations, at each level, must be assigned by the Regional Administrator. The agency has a Security Division with investigators who are more likely to be called in when allegations involve staff. The PREA Unit Investigators may decide that a case can be handled by the facility investigator or they may conduct the investigation based upon the initial facts in the case. If the allegation appears criminal in nature, the case will be referred to the Connecticut State Police.

**Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 1.10, Investigations, Section 3, Paragraph K., Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

Interviews with the facility investigator and a PREA Unit Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

**Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 1.10, Investigations, Section 8.G, Reporting to Inmates, and Administrative Directive 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse, requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a Department Facility, the PREA Unit will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In cases in which the PREA Unit did not conduct the investigation, the relevant information will be requested from the investigative agency in order to inform the inmate. The PREA Unit's obligation to an inmate terminates if the inmate is released from Department custody. AD 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse, requires that following an investigation by the Connecticut State Police into an inmate's allegation that he/she suffered sexual abuse in a facility the PREA Unit will inform the inmate when an allegation is found to be substantiated.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the Department will subsequently notify the inmate when 1) the staff member is no longer in the inmate's housing unit; 2) the staff member is no longer employed at the facility; 3) the Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are to be documented on the CN 9202 Offender Classification History form. The Department's obligation to report under this standard terminates if the alleged victim is released from the Department's custody.

There were no allegations of either sexual abuse or sexual harassment during the past twelve months therefore there were no notifications to inmates required. This was confirmed through reviewing the Pre-Audit Questionnaire and interviewing administrative staff. Interviews with staff confirmed they are aware of the requirements for notification. An interview with the Warden's designee indicated the PREA Unit Investigators would notify the inmate of the outcome of the investigation and they would document it in writing.

#### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive, 6.12, Paragraph 21. Disciplinary Sanctions, A. Staff Discipline, references AD 2.6, Employee Discipline and 2.17, Employee Conduct, states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and/or harassment policies. The Directive indicates that termination is the presumptive disciplinary sanction for staff who have been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any



relevant licensing bodies.

AD 2.6, Employee Discipline, Paragraph 18, Offenses Normally Resulting in Dismissal, identifies several offenses related to sexual abuse and inappropriate or undue familiarity with an inmate who is in the jurisdiction of the Department for which dismissal is normally the sanction.

There have been no allegations during the past twelve months involving any staff. Interviews with the Warden's Designee confirmed staff violating agency sexual abuse policies will be disciplined and that termination is the presumptive action and referral for prosecution where indicated. He also stated the staff would be immediately suspended pending investigation.

#### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 6.12, Paragraph 21, Disciplinary Sanctions, Corrective Action for Contractors, Vendors and Volunteers, identifies sanctions for contractors, vendors and volunteers who engage in sexual abuse. They will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contract with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. This information is provided in the VIP Handbook provided to all contractors and volunteers.

There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months. This was documented on the Pre-Audit Questionnaire and confirmed through interviews with the PREA Compliance Manager.

#### **Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 9.5, Code of Penal Discipline, 12., Class "A" Offenses, BB. Sexual Misconduct, states that sexual misconduct is involvement in activities as defined in the Sexual Abuse Directive (6.12).

AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C. Inmate Discipline, states inmates shall be subject to disciplinary sanctions in accordance with Administrative Directive 9.5, Code of Penal Discipline if an 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 sexual abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Too, the agency will discipline inmates for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. However, if an investigation concludes that the report of sexual abuse was not made in good faith, an inmate may be subject to discipline in accordance with Administrative Directive 9.5, Code of Penal Discipline. All sexual activity between inmates is prohibited and inmates may be disciplined for engaging in this activity. However, 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 sanctions.

The Pre-Audit Questionnaire documented that there were no allegations or investigation resulting in inmate discipline for violating any agency sexual abuse policies. This was confirmed through interviews with staff. The Warden's designee stated inmates would be disciplined in accordance with AD 9.5, Code of Penal Discipline.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 8.5, Mental Health Screening, Mental Health Services, require inmates indicating that they have experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, are to be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

An inmate known to have attempted to commit inmate-on-inmate sexual abuse, or an inmate known to have committed inmate-on-inmate sexual abuse is subject to a mental health evaluation by a qualified mental health professional. This evaluation will be attempted within 24 hours of the report of such sexual abuse or attempt and treatment will be offered as appropriate.

Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner 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 will 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. All mandatory reporting laws for allegations of sexual abuse must be followed. Informed consent is logged on an Informed Consent log.

The facility reported that there were no inmates reporting prior sexual victimization or prior perpetration during the past twelve months. Interviews with medical and mental health staff indicated inmates reporting prior sexual victimization or prior perpetration would be seen by a mental health professional within 14 days of the initial screening.

### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility provided a document dated, 1/16/2015, entitled UCONN Health Center, PREA Emergency Medical and Mental Health Treatment Services, Enfield Correctional Institution, providing for victims of sexual abuse to receive emergency medical treatment and crisis intervention services at the Enfield Correctional Institution as determined by medical and mental health care practitioners according to their professional judgment. This agreement confirmed the medical coverage at Enfield Correctional Institution and the availability of coverage from Osborn Correctional Institution at other times to ensure 24 hour a day coverage. Mental Health coverage will be provided by Osborn Correctional Institution (8AM-11PM) Monday through Friday and one shift on weekends however medical and psychiatric physicians are on call to provide medical and psychiatric care 24/7.

Inmates requiring a forensic medical exam are sent to an outside hospital to be examined by a Sexual Assault Nurse Examiner. The CONNSACS provide information as to the location of the nearest medical facility that has a Sexual Assault Nurse Examiner. Inmate victims are offered timely information about sexually transmitted infections prophylaxis as deemed appropriate by medical health care professionals.

The agreement states all emergency care is provided without cost to the inmate and is provided at no cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Lastly, the DOC and Correctional Managed Health Care have transitional counselors and discharge planners assigned to facilities around the state including ECI who develop medical and mental health care plans for inmates before they enter the community. This includes inmates who were sexually abused who need ongoing care in the community.

An interview with medical staff at the facility confirmed that in the event of a sexual assault their role would be to provide any first aid type treatment for any injuries needing immediate attention, give the inmate instructions about what not to do, call the Sexual Assault Nurse Examiner, counsel the inmate medically and have the inmate transported to a medical facility who had Sexual Assault Nurse Examiners on duty at the time.

Administrative Directive, 8.1, Scope of Health Services Care, 4., Scope of Services and Access to Care, provides for inmate victims of sexual abuse to receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according

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to their professional judgment.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 8.5, Mental Health Screening, Mental Health Services, require inmates indicating that they have experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, is to be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

An inmate known to have attempted to commit inmate-on-inmate sexual abuse, or an inmate known to have committed inmate-on-inmate sexual abuse is subject to a mental health evaluation by a qualified mental health professional. This evaluation will be attempted within 24 hours of the report of such sexual abuse or attempt and treatment will be offered as appropriate.

Inmate victims are offered timely information about sexually transmitted infections prophylaxis as deemed appropriate by medical health care professionals. Information related to sexual victimization or abusiveness that occurred in an institutional setting will be 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 will 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. All mandatory reporting laws for allegations of sexual abuse must be followed.

The agency has an agreement (MOU) with the Connecticut Sexual Assault Crisis Services to provide services to inmates who may have been the victims of sexual abuse. The agreement provides for the following:

1) CONNSACS will provide toll-free hotlines throughout Connecticut for use by potential victims of sexual assault. The CTDOC will allow these numbers to be accessed through its inmate phone system at no cost, and will ensure that the CTDOC inmate population has access to the phone numbers.

B. Forensic Examination/Investigatory Process:

2) At the request of the inmate, CTDOC will notify CONNSACS that an inmate will be transported for forensic examination. At that time, CTDOC will provide the name of the inmate, hospital the inmate is being transported to and approximate time of arrival. CONNSACS staff will be on hand at the hospital to provide support to the inmate during the forensic examination and investigatory process.

C. Crisis Counseling:

3) At the request of the inmate and the discretion of CONNSACS, CONNSACS will provide crisis counseling sessions for inmates who identify as abuse/assault/trauma victims. Such services will be coordinated with the CTDOC facility PREA liaison to ensure timely entrance to the correctional facility and adequate, private space for such counseling.

Ongoing care and treatment are provided according to any discharge orders from the hospital or any orders from the facility's physician for victims of sexual abuse.

### Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 22., Review by Facility of Sexual Abuse Incidents, requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team is required to consider the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Consider whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Asses the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

The directive requires a report of findings to be prepared following the review. The report is submitted to the facility’s unit administrator and the PREA Director. The facility will implement the recommendations for improvement or document the reasons for not doing so.

The facility reported on the Pre-Audit Questionnaire that they have not had any allegations or investigations requiring an incident review however interviews with staff confirmed they are aware of the process and were able to articulate how they would conduct a review. Interviews with staff indicated that the Management Team, including institutional supervisors, Captain, Deputy Warden and Warden meet every Monday and Friday and review every incident that occurred in the facility during the week, including any PREA related incidents. After an investigation, the team reviews these incidents and investigation results to determine the motivation of the incident and what factors came in to play in the specific incident, and what actions are needed, if any, to attempt to ensure it does not happen again. This may include changes in policies or procedures and may result in discipline to either staff or inmates.

### Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Data collected is based on a standard set of definitions as described in the PREA Standards. Administrative Directive 6.12, Section 3, Definitions and Acronyms provides those definitions.

Administrative Directive, 6.12, Section 23, A. Reporting, requires documentation and reporting of sexual abuse/sexual harassment including internal reporting. Internal reporting requires all sexual abuse/sexual harassment is documented on CN 6601, Incident Report in compliance with Administrative Directive 6.6, Reporting of Incidents, and included in the monthly STARS report. Each documented report is reviewed by the Facility PREA Compliance Manager and documented on CN 61203, PREA Incident Post-Investigation Facility Review. The STARS report lists all reports of sexual abuse/sexual harassment including substantiated allegations, unsubstantiated allegations and unfounded allegation. The information described is made readily available to the public at least annually through the Department’s website. The sexual abuse data collected must be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

**Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23.C., Tracking, indicates the Department’s PREA Investigation Unit will track all allegations of sexual abuse/sexual harassment to include investigation results and any actions taken by the Department, Connecticut State Policy and/or the courts. The Agency’s PREA Coordinator reviews the data collected and aggregated to assess and improve the effectiveness of the Department’s prevention, detection and response policies, practices and training by identifying problem areas; recommending corrective actions on an ongoing basis; and preparing an annual report of the findings and corrective actions for each facility as well as the Department as whole. This report includes a comparison of the current year’s data and corrective actions with those from previous years and provide an assessment of the agency’s progress in addressing sexual abuse. The report is available on the agency’s website. Information that would present a safety and security threat if made public will be redacted from the report with an explanation as to the nature of the redacted information.

AD 6.12, External Reporting, requires that annually, sexual abuse/sexual harassment statistics shall be provided to the US DOJ (Bureau of Justice Statistics). The annual report includes statistics in all the categories required by the PREA Standards. The annual report is forwarded to the US DOJ as required.

The facility’s annual report reported no allegations of sexual abuse, sexual misconduct or sexual harassment at Enfield Correctional Institution.

**Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Agency’s Records Retention Schedule, Series #26, PREA Investigations and Review Records, requires that PREA Information and Statistics are retained for the duration of incarceration of alleged abuser(s) plus five (5) years or 10 years after all litigation is resolved whichever is later.

AD 6.12, requires that the information described in this section will be made readily available to the public at least annually through the Department’s website. The sexual abuse data collected shall be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

**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.

Robert Lanier

June 20, 2017

Auditor Signature

Date