

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

Interim Final

Date of Report 9/23/2018

Auditor Information

Name: Sonya Love	Email: Sonya.love57@outlook.com
Company Name: Diversified Consultants Services	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, Georgia 31516
Telephone: (678) 200-3446	Date of Facility Visit: May 7-9, 2018

Agency Information

Name of Agency: Connecticut Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Connecticut	
Physical Address: 24 Wolcott Hill Road		City, State, Zip: 24 Wolcott Hill Road	
Mailing Address: Wethersfield, CT 06109		City, State, Zip: Wethersfield, CT 06109	
Telephone: (860) 692-7480		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Department of Correction shall strive to be a global leader in progressive correctional practices and partnered re-entry initiatives to support responsive evidence-based practices aligned to law abiding and accountable behaviors. Safety and security shall be a priority component of this responsibility as it pertains to staff, victims, citizens, and offenders.			
Agency Website with PREA Information: www.ct.gov/doc			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: David McNeil	Title: PREA Coordinator
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Email: david.mcneil@ct.gov	Telephone: (203) 250-8136
PREA Coordinator Reports to: Commissioner of Corrections	Number of Compliance Managers who report to the PREA Coordinator 3

Facility Information

Name of Facility: Bridgeport Correctional Center	
Physical Address: 1106 North Avenue, BCC, CT.	
Mailing Address (if different than above): Click or tap here to enter text.	
Telephone Number: (475) 225-8000	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison

Facility Mission: The BCC Correctional Center shall protect the public, protect staff and provide safe, secure and humane supervision of offenders with opportunities that support restitution and rehabilitation by providing meaningful programming designed to support successful communication re-integration.

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

Warden/Superintendent

Name: Amonda Hannah	Title: Warden
Email: Amonda.Hannah@ct.gov	Telephone: (475) 225-8001

Facility PREA Compliance Manager

Name: Nathan Hein	Title: Deputy Warden of Operations
Email: Nathan.Hein@ct.gov	Telephone: (475) 225-8001

Facility Health Service Administrator

Name: Heather Stevens	Title: Health Services Administrator
Email: Heather.Stevens@ct.gov	Telephone: (475) 225-8016

Facility Characteristics

Designated Facility Capacity: 879	Current Population of Facility: 776
Number of inmates admitted to facility during the past 12 months	4948

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1542	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		3435	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		4	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 20 - 86	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		1.05 months	
Average length of stay or time under supervision:		1-4	
Facility security level/inmate custody levels:		265	
Number of staff currently employed by the facility who may have contact with inmates:		19	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		265	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
Physical Plant			
Number of Buildings: 6		Number of Single Cell Housing Units: 9	
Number of Multiple Occupancy Cell Housing Units:		4	
Number of Open Bay/Dorm Housing Units:		9	
Number of Segregation Cells (Administrative and Disciplinary):		12	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): BCC has an electronic surveillance system that includes cameras (Verint Video) strategically placed on the grounds to ensure the safety and security of both inmates and staff.			
Medical			
Type of Medical Facility:		Inpatient Infirmary/Outpatient	
Forensic sexual assault medical exams are conducted at:		BCC Hospital/St. Vincent Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		100	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		3	

Audit Findings

Audit Narrative

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

Pre-Audit Preparation

Before the on-site visit, a representative from the State of Connecticut, Department of Corrections, PREA Investigative Unit Director/PREA Coordinator, conducted a "pre-audit" review of the facility to ensure PREA compliance. The PREA Investigative Unit Director/PREA Coordinator is a certified PREA Auditor. The agency has established the PREA Investigative Unit Director/PREA Coordinator as the liaison for the PREA audit at Bridgeport Correctional Center (BCC). At the direction of the agency Commissioner of Corrections, the PREA Investigative Unit Director/PREA Coordinator and facility liaisons (PREA Compliance Manager and PREA Liaison Lieutenant) were tasked with providing the auditor with all policies and supporting documentation for the auditor to review before the on-site visit. Policies and documentation were provided in the form of Administrative Directives (AD) and other forms/memos. Administrative directives are agency-wide governing policies developed by the Connecticut Department of Corrections (CDOC) and Institutional Supplements that stipulate specific policies, in the event, there is no agency-wide policy or site-specific policy required to expand on agency administrative directives.

During the Pre-Audit phase, BCC posted the required PREA Audit Notice. The notice advised inmates, staff and visitors of the PREA audit scheduled for May 7-9, 2018. Diversified Consultants Services received zero (0) letters from inmates assigned to Bridgeport Correctional Center (BCC).

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

The on-site visit for the PREA (Prison Rape Elimination Act) compliance audit for Bridgeport Correctional Center located in Bridgeport, Connecticut, was conducted on May 7-9, 2018, by Diversified Consultant Services, certified PREA auditor Sonya Love and Adam Barnett.

The in-brief meeting was held with the Warden, Deputy Warden/PREA Compliance Manager, PREA Liaison Lieutenant, State of Connecticut, Department of Corrections (CDOC), Statewide PREA Investigative Unit Director/PREA Coordinator and Statewide PREA Investigative Unit

Captain/PREA Investigator. The meeting outlined the audit sampling strategy, logistics for the facility tour, interview scheduling, the need for the review of additional policies and supplemental documents. The auditor also discussed information contained in the Pre-Audit Questionnaire (PAQ) with the PREA Compliance Manager, PREA Liaison Lieutenant, Statewide PREA Director to include missing or incorrect information. The State of Connecticut, Commissioner of Corrections, State Contract Administrator for the Connecticut Department of Corrections, PREA Coordinator, PREA Investigator were previously interviewed. This is the second PREA audit for this facility.

The Lead auditor explained the role of the second auditor. The second auditor's role was to conduct climate interviews with random and targeted inmates at BCC. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility. The tour of the facility included the intake processing areas, all housing units, as well as the Segregated Housing Unit (SHU), the Health Services Departments, Recreation, Food Service, facility support areas, Education, Visiting Rooms and programming areas. During the tour, it was noted that there was sufficient staff posted throughout the facility and on each living unit. In addition to correctional staff posted on each living unit the auditor consistently found counseling care staff also present on living units. Surveillance cameras were visible to provide an additional layer of facility monitoring and enhance environmental safety for inmates and staff. The positioning of the camera in the open-bay dormitory was fixed with limited scope. Camera positioning did not allow electronic surveillance in corners where laundry equipment was located. The facility camera system was undergoing an upgrade during the audit. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units. While on tour of the facility, the auditor heard opposite gender staff announce their presence when entering living units.

From each living unit (4 multiple occupancy housing units/ 9 open bay/dorm housing units) the auditor telephoned the local advocacy group posted in orange lettering on walls of each of the living units to test access to outside third-party reporting and emotional support services. In each instance, the advocacy groups answered the phone, and the auditor informed the advocacy group she was conducting a PREA audit at BCC and testing telephone access. Likewise, advocacy posters were also posted in plain sight on each housing units.

Informal and formal conversations with employees and inmates regarding their understanding of the PREA standards were conducted. During the tour, two correctional staff members were informally asked questions outlined in the First Responder interview packet; all staff members answered correctly. Informal conversations were excluded in the sample random or specialized staff totals because they constituted outliers thus excluded from the data set.

During specialized interviews, the auditor was informed by a counselor that an inmate on her caseload was requesting to meet with the auditor on day two of the onsite audit. The counselor indicated that the inmate did not go into detail about the reason for his request. The counselor confirmed that the inmate stated that the issue was PREA related. The auditor

agreed to the interview. Initially, arranging to meet with an inmate that was not identified in my sampling strategy was denied by a member of mid-management. The manager cited CDOC law and security procedures that restricted the interview with the unknown inmate. The mid-level manager did not provide the auditor with any law that prohibited the interview. The auditor explained that access should be unrestricted and that such a restriction could jeopardize the entire audit process. The mid-level manager was firm in his decision. The auditor requested to meet with the Warden to explain potential problems with limiting access to the offender population. The Warden was polite and listened to the auditor's request to meet with the inmate. The request was approved by the Warden, and the auditor was escorted back to the interview room to interview the inmate. Once the inmate was brought to the interview room, the auditor dispensed with introductions. The inmate explained that before he was brought to the interview room that the same mid-level manager interviewed him to ascertain what he wanted to discuss with the PREA auditor. The auditor believed that the behavior of the mid-level manager evoked a chilling effect on the inmate's request to meet with the PREA auditor. During the interview, the inmate was cordial and polite. The inmate briefly discussed his criminal history, life in his community and involvement in litigation unrelated to PREA. The inmate denied a history of victimization nor did the inmate allege being subjected to a substantial risk of imminent sexual abuse. From a statistical perspective, the inmate mentioned above was not selected on day one of the audit process as a targeted or random interviewee. Thus, the interview with the inmate by request was considered a statistical outlier. The interview was excluded from the data set to avoid variability in the measurement of findings in the inmate climate survey.

Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment, were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. Inmates (random) interviewed by the second auditor confirmed that the posting was placed on the living units a month or two before the onsite visit. The inmates could not provide a specific date nor did the facility date-stamp the posting of the notice for the auditor. The auditor did not receive correspondence from any inmates. The standards used for this audit became effective August 20, 2012.

Sampling Methodology- Inmates/ First Day

The inmate sample size was based on the population census on the first day of the audit, along with the established census criteria outlined by the PREA Resource Center (PRC). Moreover, the sampling methodology was based on the inmate population size (747 inmates) that ranged between 501 and 1000 on the first day of the audit. A total of 30 inmates were interviewed, to include two Limited English Proficient (LEP) inmates, two self-identified gay inmates, one transgender inmate and one inmate with poor visual acuity. There were no inmates in the SHU for high risk of sexual victimization, no inmates who reported sexual victimization during risk screening and no inmates who were interviewed and identified as having a cognitive disability. Also, there were no inmates who self-identified as intersex in the

population. The inmates interviewed at BCC demonstrated a good understanding and knowledge of the Prison Rape Elimination Act (PREA) compliance and educational platform. According to the PREA Compliance Manager and the SANE (telephonically) representative, if the services of a SANE nurse were required, the inmate would be transported to a local hospital (BCC Hospital or St. Vincent Hospital) for a forensic examination and treatment.

Staff Interviews-Second Day

A total of 14 random staff were interviewed and 18 specialized staff. The administrative staff interviewed included the Warden, Deputy Warden/PREA Compliance Manager, Human Resource Manager (HRM), PREA Liaison Lieutenant, and the Health Services Administrator. Additionally, the auditor interviewed two volunteers (telephonic), a local Sexual Abuse Nurse Examiner (SANE) and a community victim advocate group.

Investigations

The auditor reviewed thirteen (13) investigative files opened during the past 12 months, alleging sexual abuse or sexual harassment opened in 2017. Of the 13 cases reported in 2017, 11 were found to be unsubstantiated, and two were determined to be unfounded. BCC provided notifications to the inmate on the findings of each investigation.

Facility Characteristics

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

Historic Facts

The BCC Correctional Center opened in 1958. In 1974 the "New Center" was built for approximately 310, level 4 inmates. In 1997, the oldest part of the facility, the "Old Center" originally serving as chambers for the judge and housing for those inmates awaiting judgment, was demolished after suffering irreparable fire damage in 1990. Housing units Madison, Fairmount and Memorial are open dorm units built in 1986 and 1992. Madison houses 58 level 2 inmates, Fairmount houses 208 level 4 inmates and Memorial houses 240 level 4 inmates.

Current Facility Characteristics

BCC Correction Center remains a level four adult-male correctional facility with four multiple occupancy housing units and nine open bay/dorm housing units. BCC has a design capacity

of 879. The special housing unit (SHU) totals (12) segregation cells identified for use as administrative and disciplinary housing placement. BCC Correctional Center is comprised of fourteen (14) housing living units located in four buildings, North Wing, New Center, Memorial, and Madison. The Fairmont living unit was closed. The facility does not house youthful inmates. The facility detains inmates processing through various phases of the criminal justice system such as pre-trial and sentencing.

Education programs are administered under the State of Connecticut, Department of Education. Education services allow inmates to better communicate and report sexual victimization to staff verbally and in writing. A School Principal supervises the following education programs in the facility; Adult basic Education (ABE), General Educational Development (GED), Teaching English to Speakers of Other Languages (TESOL), Special Education and Pupil Services (disable services), Career Planning, College Credit Programs, and College Correspondence Courses. BCC Correction Center offers work assignments to select inmates who meet eligibility requirements. Anger Management, a personal enrichment program, is a ten-session educational program that explores how anger manifests itself in our emotions and behaviors. Each program offering is designed to addresses the emotional, social and personal links to anger, recidivism and emotional self-regulation by providing inmates with coping strategies to abate criminal behavior, anger and assist inmates "...in the acclimation of incarcerated life and their eventual return to society as productive citizens."

Summary of Audit Findings

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

General Comments

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

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

volunteers verbally demonstrated an understanding of PREA and their responsibilities under the PREA mandate to report abuse.

Exit Interview

When the onsite audit was completed, an exit briefing was held to discuss the second phase of the audit process. The meeting was held with Warden/ Deputy Warden/PREA Compliance Manager and the PREA Liaison Lieutenant separately. The auditor discussed action items requiring corrective actions at BCC. The managers were given an opportunity for questions.

BCC staff were found to be extremely courteous, cooperative and professional. At the end of the audit, the auditors thanked the Warden and staff for their hard work and dedication to the PREA audit process.

Number of Standards Exceeded: 0

Number of Standards Met: 43

All standards were found to meet the standards.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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

115.31 Training and Education On day two of the onsite audit, the auditor began interviewing random and targeted inmates. The auditor received a request from an inmate MH counselor to be interviewed. This inmate had not been selected for either the targeted or random pool for an interview. The inmate did not disclose to the counselor what he why he wanted to speak to the auditor. The auditor placed the inmate's name on her list of interviewees. The Facility PREA Liaison Lieutenant advised the auditor that the inmate added to the list of inmates to be interviewed could not be interviewed because of a CDOC law. The Facility PREA Liaison Lieutenant did not provide the auditor with the specific rule. The Facility PREA Liaison Lieutenant respectfully explained to the auditor that he had the approval of the Warden and the inmate would not be seen by the auditor. The auditor requested to meet with the Warden. Her request was granted. The auditor explained her position to the Warden who approved the interview. The auditor was returned to an office to continue inmate interviews.

Sometime later the inmate in question appeared shackled to be interviewed by the auditor. No inmates before or after were brought to the interview room in shackles. The auditor introduced herself to the inmate. The inmate was polite. After the onsite audit the auditor was informed by the PREA Coordinator that the inmate in question was identified as a security issue and on restraints status. This inmate did not send correspondence to the auditor before the onsite audit. The inmate indicated that before he was brought to meet with the auditor the Facility, PREA Liaison Lieutenant met with the inmate to determine what he wanted to discuss with the PREA auditor. The auditor believed that screening the inmate prior to his interview cast a chilling effect on the interview. The inmate denied being victimized by sexual abuse, denied any history of abuse or victimization, he denied having concerns about his safety at Bridgeport. The inmate questions centered on ligation he had pending in the courts. The auditor advised the Warden about inmate's concerns and provided a written statement of the incident. To correct this problem, the auditor required re-training for the Facility PREA Liaison Lieutenant. Before submission of the final report the Facility PREA Liaison Lieutenant relocated to another facility to work in another capacity for the agency. The issue was corrected before the issuance of the finale report.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance

manager? (N/A if agency operates only one facility.) Yes No NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

All PREA related reading material was provided in two languages English and Spanish. Inmates are informed about zero-tolerance in the Admission and Orientation (A&O) Handbook, through educational pamphlets, PREA video and wall postings displayed throughout the facility (observed during the tour). Additional interpretive services were available for inmates who do not speak or read English. Two (2) LEP inmates interviewed confirmed that they were provided PREA information in a language (Spanish) they understood. The auditor also confirmed through an interview with medical and mental health practitioner's other accommodations are also provided to disabled inmates on a case-by-case basis

such as large print for the visually impaired. All interviews with staff (random and specialized), volunteers, contractors, and inmates confirmed that each discipline was aware of the Zero-Tolerance Policy towards all forms of sexual abuse/harassment. The auditor also interviewed one inmate with low visual acuity. The disabled inmate confirmed that he was provided PREA education verbally because of his poor vision.

The auditor found the State of Connecticut, CDOC, and BCC commitment to enforce the Prison Rape Elimination Act was evident by examination of the agency's and BCC's zero-tolerance directive and confirmed through interviews (random/specialized). The agency, BCC and staff, interviewed all explained appropriate steps they would take to prevent, detect and report all forms of sexual abuse and harassment. BCC met the requirements of Standard 115.11.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 3 and 11, Section 4 Staffing Plan and Section 13, Staff Monitoring and Intervention (Sexual Abuse), directives confirmed by examination that BCC made its best efforts to comply on a regular basis with general correctional practices regarding the planning, placement, and positioning of staff to provide adequate levels of supervision and monitoring and, where applicable, video monitoring, to protect inmates from sexual abuse. The auditor reviewed BCC's 2017 staffing plan. All essential posts were filled on each shift, and no essential posts are kept open for salary savings. The PREA Compliance Manager confirmed that programming is scheduled based upon the available supervision and staffing levels available. Documents examined determined that overtime is assigned by BCC after designated Pull Posts and Shutdown Posts have been closed. Shutting down of a post triggered cessation of programming in a designated area. During the onsite interview with the PREA Liaison Lieutenant and the PREA Compliance Manager, each confirmed zero deviations to the staffing plan occurred in 2017.

BCC developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The auditor reviewed BCC's staffing plan for 2017. The auditor determined that all essential posts were filled on each shift. No essential posts were kept vacant for salary savings. BCC's entire physical plant (including "blind-spots" or areas where staff or inmates may be isolated) was considered during the meeting convened to address the facility's staffing plan. The staffing plan meeting was confirmed by review of the minutes of the meeting and submitted to the Director of the PREA Unit for approval.

Moreover, the Warden during her interview explained that the staffing review committee considered factors such as the composition of the inmate population in calculating adequate staffing levels and determined the need for video monitoring, substantiated and unsubstantiated incidents of sexual abuse to gauge adequate staffing levels and to determine the need for additional video monitoring equipment. The Warden reviewed the recommendations from the committee and in consultation with the agency

PREA Coordinator, assessed, determined, and documented whether adjustments are needed at BCC. An interview with the agency PREA Coordinator confirmed that in the prior 12 months BCC staffing needs were reviewed and assessed. The PREA Coordinator confirmed that BCC's facility staffing needs were reviewed and documented if additional enhancements were needed to the current video monitoring systems and staffing levels.

The auditor confirmed staffing levels and supervision was assigned on each shift by reviewing post assignments and shift rosters. The auditor examined staffing documents onsite and determined that overtime is assigned by BCC after designated Pull Posts, and Shutdown Posts have been closed. Shutting down of a post triggered cessation of programming in a designated area. During the onsite interview with the PREA Liaison Lieutenant, he confirmed zero deviations to the staffing plan occurred in 2017. The PREA Liaison Lieutenant provided the auditor with samples of staffing plan deviations from 2014. The Warden provided the auditor examples of reasons why BCC would deviate from its staffing plan such as unscheduled sicknesses, inclement weather, worker's compensation, staff granted time off, staff swaps or vacant positions. The Warden explained what steps her facility would take in the event of insufficient staffing. There are no findings of inadequacy from any judicial, federal investigative agency, or internal/external oversight bodies in the prior 12 months for BCC.

Additional examination of documentation submitted for review included a sample of 6-unit logbook entries that confirmed the practice by intermediate to upper-level supervisors of making unannounced rounds throughout the day, on evening and night shifts from the first week of months January, March, May, July, September and November 2017. Interviews with the Warden, PREA Compliance Manager, and PREA Liaison Lieutenant confirmed that BCC makes its best effort to maintain adequate staffing levels and considers acceptable detention and correctional practices, mindful of blind spots and other physical aspects of the facility. Based on interviews conducted and reviews of applicable policy and related documentation such as the facility staffing plan, documented unannounced rounds BCC met the compliance measures of Standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

BCC does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Staff confirmed during interviews (random and specialized) that they are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with randomly selected inmates confirmed that they had been pat-searched by officers of the same gender properly and professionally. Inmates interviewed (random and targeted) denied being searched to determine their genital status. They also denied any knowledge of cross-gender strip searches and cross-gender visual body cavity searches being conducted at BCC.

BCC has an announce policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates when entering an inmate housing unit. Randomly interviewed inmates confirmed that female staff members announce their presence in this manner when entering a housing unit. Likewise, during the tour of the facility the auditor heard staff announcements before entering a living unit. BCC met the requirements of Standard 115.15.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10 Inmate Education directive confirmed by examination of the policy that BCC has taken appropriate measures to safeguard that inmates with disabilities have equal access to and can benefit from BCC's effort to prevent, respond to and detect sexual abuse and harassment in the facility. Interviews with random and targeted inmates confirmed that BCC provided inmate education to all inmates including inmates with disabilities during the intake process. BCC's PREA education included large print for visually impaired, staff readers, a

PREA video termed PREA What You Need to Know, an inmate handbook (English/Spanish), a PREA brochure titled Sexual Abuse/Sexual Prevention and participation in the Admission and Orientation (A&O) Handbook address the requirements of Standard 115.16.

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

BCC directives on selection, promotion and hiring decision replicates the CDOC guidelines as it pertained to criminal background checks, promotion and hiring of employees.

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

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

CDOC asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and any interviews or written self-evaluations conducted as part of reviews of current employees. CDOC also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.

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

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

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

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

conducted at the academy after which supplemental questions ask the employee about any arrests as well as asking the PREA related questions once again.

The Human Resource Manager also confirmed that the agency, not the Human Resource Department, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The agency, not the Human Resource Department, notifies appropriate licensing/certifying agencies when professional personnel is terminated for substantiated allegations of sexual abuse or sexual harassment. A review of policy and relevant supporting documentation also confirm the facility's compliance with Standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

BCC has had no substantial upgrades in technology since August 20, 2012, or the last PREA audit. It should be mentioned that at the time of the audit BCC was upgrading several cameras throughout the facility to enhance the safety and security of staff and inmates. The installation was in progress. BCC met the requirements of Standard 115.18

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directives 6.6, Reporting of Incidents, 2014; 6.9, Control of Contraband and Physical Evidence 2014; 6.12, Sexual Abuse/Sexual Harassment Prevention and Intervention Policy 2014; 8.1, Scope of Health Care Services 2014; 8.5, Mental Health Services 2014. Prison Rape Elimination Act (PREA), 2003, Public Law 108-79. Standards for Health Services in Prisons (P-B-04). 2014. National Commission on Correctional Health Care. Chicago, IL., the Memorandum of Understanding between CDOC and the Connecticut State Police (CSP) to conduct criminal investigations of sexual abuse reported at BCC address the requirements of Standard 115.21. The Deputy Warden/PREA Compliance Manager and the PREA Liaison Lieutenant at BCC all confirm the extent CDOC and BCC level of responsibility for investigating allegations of sexual abuse. The agency and BCC both affirm their responsibility to follow a uniform evidence protocol for administrative prosecutions. Likewise, CDOC and BCC policy and procedures to include the uniform evidence protocol extends to the best efforts of the Connecticut State Police investigation of criminal prosecutions on behalf of CDOC and BCC. The PREA Investigative Unit will serve as an investigative liaison between the CDOC and correctional facilities in Connecticut. Medical services to victims of sexual abuse are provided free of charge as confirmed by specialized interviews with medical and mental health practitioners during the onsite audit period. BCC medical healthcare practitioners utilize forensic sexual assault medical services (SANE/SAFE) at BCC and St. Vincent Hospital.

Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 15, Evidence Protocol/Securing the Area outlines uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. Healthcare staff at the facility is not involved in the management or treatment of sexual assault cases except to stabilize the inmate before the transfer to a local hospital with SAFE/SANE providers on duty around the clock. All services as indicated in the inmate handbook are available without cost to the inmate. Medical practitioners interviewed also confirmed that victims of sexual assault would not be charged for treatment or services related to sexual assault.

The PCM indicated that a sexual assault would also initiate the notification of the Connecticut State Police, the initiation of an investigation and the collection of evidence. There were zero forensic medical examinations during the audit review period. Victim advocacy is available to all inmates via an MOU with Connecticut Sexual Assault Crisis Services (CONNSACS). CONNSACS agreed to make available to the victim a victim advocate from a rape crisis center that will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews

and to provide emotional support, crisis intervention, information, and referrals. The MOU with Connecticut State Police (CSP) demonstrates that the agency has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Based on the interviews conducted and reviews of applicable policy and related documentation, it is apparent that BCC achieves substantial compliance with the standard for the review period. BCC complied with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment requires that the Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority. All such referrals to police shall be documented. CDOC PREA Coordinator/Director of PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident per 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 per Administrative Directive 1.10.

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

The CDOC website clearly provides information to viewers related to investigations by saying:

All complaints of sexual abuse or sexual harassment are serious incidents that will be thoroughly investigated. The PREA Investigation Unit oversees all PREA related investigations and will accept complaints from any concerned individual. If an investigation reveals misconduct of a criminal nature the case will be referred to the Connecticut State Police for additional investigation and possible prosecution. All confirmed incidents can result in administrative sanctions and/or criminal prosecution.

The facility reported thirteen (13) allegations of sexual abuse/sexual harassment during the past twelve months. Notification examined confirmed that BCC notified each inmate of the outcome of each investigation.

A review of training documents confirmed that all PREA investigators (3) received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, the PREA Coordinator, and an examination of training documentation, such as the Investigative Intelligence Training Records and training curriculum confirmed the facility's compliance with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum includes all requirements of the PREA Standard 115.31. The training curriculum addressed all the topics identified in Standard 115.31. Related education is provided annually during refresher training for staff. A review of facility lesson plans, training logs, and PREA PowerPoint presentations confirmed that the training provided also addressed all elements identified in the standard. A review of training logs also confirmed staff acknowledged in writing their understanding of PREA. Staff annual training files (19) were sampled reviewed and each contained documentation supporting compliance with this standard. All staff (random and specialized) interviewed indicated that they received the required PREA training initially and annually. The PREA Compliance Manager periodically issues memos (e-mails) on behalf of the Warden to staff explaining or reminding staff about various PREA issues.

On day two of the onsite audit, the auditor began interviewing random and targeted inmates. The auditor received a request from an inmate MH counselor to be interviewed. This inmate had not been selected for either the targeted or random pool for an interview. The inmate did not disclose to the counselor what he why he wanted to speak to the auditor. The auditor placed the inmate's name on her list of interviewees. The Facility PREA Liaison Lieutenant advised the auditor that the inmate added to the list of inmates to be interviewed could not be interviewed because of a CDOC law. The Facility PREA Liaison Lieutenant did not provide the auditor with the specific rule. The Facility PREA Liaison Lieutenant respectfully explained to the auditor that he had the approval of the Warden and the inmate would not be seen by the auditor. The auditor requested to meet with the Warden. Her request was granted. The auditor explained her position to the Warden who approved the interview. The auditor was returned to an office to continue inmate interviews. Sometime later the inmate in questioned appeared shackled to be interviewed by the auditor. No inmates before or after were brought to the interview room in shackles. The auditor introduced herself to the inmate. The inmate was polite. This inmate did not send correspondence to the auditor before the onsite audit. The inmate indicated that before he was brought to meet with the auditor the Facility, PREA Liaison Lieutenant met with the inmate to determine what he wanted to discuss with the PREA auditor. The auditor believed that screening the inmate prior to his interview cast a chilling effect on the interview. The inmate denied being victimized by sexual abuse, denied any history of abuse or victimization, he denied having concerns about his safety at Bridgeport. The inmate questions centered on ligation he had pending in the courts. The auditor advised the Warden about inmate's concerns and provided a written statement of the incident. To correct this problem, the auditor required re-training for the Facility PREA Liaison Lieutenant. Before submission of the final report the Facility PREA Liaison Lieutenant relocated to another facility to work in another capacity for the agency. The issue was corrected before the issuance of the finale report. The documented training examined and staff's knowledge of the PREA requirements confirmed this facility's compliance with Standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6 addressed the requirement of this Standard 115.32. A review of volunteer and contractor PREA training sign-in forms and other documents by the auditor confirmed that all facility contractors and volunteers had received training related to their responsibilities concerning the PREA (Zero-Tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months and annual refresher instruction.

The HR Manager was interviewed to discuss the training process for volunteers and contractors who have contact with inmates. The HR Manager explained the training process in detail. Both staff affirmed training included an explanation for volunteers and contractors of their responsibility to report, detect and respond to sexual abuse. Their explanation met the requirements of Standard 115.32.

The interviews also confirmed that PREA related training was provided and that contractors and volunteers understood the agency's Zero-Tolerance Policy for sexual abuse/sexual harassment and their responsibilities under the PREA. A review of the PREA contractor and volunteer training presentation confirmed that the level of instruction is appropriate for the services provided and emphasizes the facility's zero-tolerance and reporting policies. It should be noted that BCC does not allow contractors unescorted access to inmates. The auditor confirmed this fact by observation during the three-day onsite audit. BCC met the requirements of Standard 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

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

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During in-take, each inmate receives a BCC Inmate Handbook (English/Spanish), a pamphlet describing the agency's PREA compliance program and views a PREA video explaining sexual abuse and reasons to report abuse. The information provided to inmates during the intake process identifies key elements of the PREA information initiative and informs inmates of BCC's Zero-Tolerance Policy

regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment. The information also informs the inmates that both male and female employees routinely work in and monitor the housing units and they will announce themselves accordingly. The information is available to inmates in English and Spanish.

A staff member conducts an education program regarding PREA for all inmates within 30 days of their arrival at the facility. The educational program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's Zero Tolerance Policy and cover the inmate's right to be free from sexual abuse, sexual harassment, and retaliation. Random and targeted inmates interviewed confirmed that they received PREA education as part of the intake orientation process.

Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. Inmates sampled during random interviews confirmed that they received PREA information and that they were aware of numerous reporting methods, to include anonymous and third-party reporting, the Zero-Tolerance Policy and their right to be free from retaliation.

The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common/program areas. Interviews with staff (random and specialized) and an examination of the documentation listed above confirm that the facility meets the requirements mandated in Standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14 and Investigations 1.10, Section 11, addressed the requirement of Standard 115.34. A review of CDOC and BCC directives confirmed a policy in place that requires PREA investigators to receive specialized training to include techniques for interviewing sexual abuse victims. The auditor confirmed through a review of the training curriculum the inclusion of the proper use of Miranda and Garrity warnings, sexual abuse evidence collection of crime scenes in correctional settings and the evidence and criteria needed to substantiate an incident for criminal or administrative proceeding. Specialized investigative training was confirmed by reviewing signatures verifying participation in a specialized training program for PREA investigators and an interview with the PREA Coordinator. The PREA Investigative Unit has three (3) trained PREA investigators. BCC met the requirements of Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

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

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness, and subsection (b), After Intake to the Facility confirmed BCC has a policy in place outlining the screening for risk of victimization and abusiveness protocol set in place to meet the requirement of Standard 115.41. An examination of the screening instrument confirmed that BCC included in the intake process the assessment of inmates for risk of victimization or abusiveness by reviewing factors such as the age of the inmate, prior victimization, inmate's self-perception as gay, bisexual, transgender, intersex or nongender conforming. BCC also considered other comparable factors, civil immigration status, vulnerability, history of incarceration, and build of the inmate. Interviews with medical and mental health practitioners during the onsite audit confirmed that these staff understood and could explain their roles in determining if inmates were vulnerable for risk of victimization or abusiveness. The onsite interview with intake (1) staff and (1) case manager to explain the intake process. Each staff member explained that intake screening was conducted at BCC usually on the same day of arrival. A review of risk assessments confirmed that staff was using an objective screening instrument. Moreover, specialized staff and random inmates interviewed confirmed that intakes occurred on the day of arrival or always within 72 hours of the inmate initial arrival. An examination of ten (10) intake risk assessment screening instruments and ten (10) reassessments confirmed the processing timeframes did not exceed 30 days from the inmate's date of arrival. BCC's policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information during the screening process. Information received during the screening process is deemed confidential and only available to staff with a need-to-know and never to other inmates. BCC met the requirements of Standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 9, Use of Screening

Information and Transgender and Intersex Inmate, Section 11, page 9, addresses the requirements of Standard 115.42. Specialized interviews with (1) intake and (1) case managers during the onsite audit confirmed that risk assessment screening information is used to determine housing, bed assignment, work assignment, and education and program assignments. Determinations for various assignments are made on a case-by-case basis. BCC determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, and careful consideration is given to all assignments. Assignment consideration includes whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months as confirmed by the PREA Compliance Manager and the PREA Liaison Lieutenant. Transgender and Intersex Inmate, Section 11, page 9, placement decisions are documented on the classification history form of the transgender or intersex inmate under review.

The auditor interviewed one transgender inmate. The inmate confirmed that BCC intake staff and the case manager seriously considered the sexual safety of the inmate before housing placement. During the tour of the facility, the auditor noted that this same inmate was visible to correctional staff with a bedding assignment near the officer's station. The inmate denied feeling unsafe and confirmed an understanding of multiple ways to report sexual abuse or harassment in BCC.

BCC's policy states that a transgender or intersex inmate's own view with respect to his own safety is given serious consideration when making these assignments. During the onsite tour, the auditor did not observe a living unit dedicated to gay, bisexual, transgender or intersex inmates. The interview with the PREA Compliance Manager, PREA Liaison Lieutenant, and intake officer confirmed that a transgender or intersex inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff, an examination of documentation/policy and the CDOC over-site by the PREA Coordinator/Director of PREA investigation Unit confirmed that BCC follows the requirements mandated in Standard 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

During the audit review period, there have been no incidents of inmates at high risk of victimization being placed in involuntary segregated housing for protective custody during the audit review period. Information submitted on the PAQ was verified with the PREA Compliance Manager, PREA Liaison Lieutenant, and the PREA Coordinator. BCC staff interviews, an interview with the PREA Coordinator, random and targeted interviews with inmates confirmed compliance with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive (AD) 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure excludes referencing the use of the grievance process as an administrative remedy for reported incidents of sexual abuse/harassment. Administrative Directive 9.6 provides for filing a grievance regarding allegations of sexual abuse. This may be accomplished by completing and depositing form CN 9602, Inmate Administrative Remedy Form, in the Administrative Remedies box. There is no time limitation for allegations of sexual abuse or requirement that an inmate attempt informal resolution before filing a sexual abuse grievance. However, otherwise applicable time limits and requirements for informal resolution attempts continue to apply to any portion of a sexual abuse grievance that does not allege sexual abuse. A sexual abuse grievance will not be determined by any staff member who is the subject of any portion of the grievance that alleges sexual abuse.

The Administrative Directive 9.6 provides for filing a grievance regarding allegations of sexual abuse. Allows third parties and outside advocates to assist inmates in filing requests for Sexual Abuse grievances and are permitted to file such grievances on behalf of inmates. If an inmate declines to have a Sexual Abuse Grievance filed on his or her behalf, the inmate's decision is to be documented. Paragraph 19, of AD 9.6, Emergency Sexual Abuse Grievance, describes this grievance as a grievance alleging that an inmate is at substantial risk of sexual abuse that may be made by filing and depositing CN9602, Inmate Administrative Remedies Form, in the Administrative Remedies Box. The grievance needs to be clearly distinguished, "Emergency Sexual Abuse Grievance." Any portion of that grievance alleging sexual abuse must be forwarded to a level of review at which immediate corrective action may be taken. An initial response is made within 48 hours of receipt and a final agency decision within five (5) calendar days. The response will state whether the inmate has been determined to be in substantial risk of imminent sexual abuse and the action taken will be documented.

The Pre-Audit Questionnaire documented that there were no grievances filed during the past twelve months alleging sexual abuse. This was also confirmed through interviews with the PREA Compliance Manager. Likewise, inmates interviewed (random and targeted) were knowledgeable about the inmate grievance system, and they confirmed that they could use CN 9602 if necessary. BCC met the requirements of Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education addresses the requirements of Standard 115.53. The facility does not detain inmates solely for civil immigration purposes. BCC has entered into a service agreement with a local victim advocate organization (Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline) which is one of

nine victim advocacy-based programs in Connecticut to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a representative from that agency). BCC staff members, including medical and mental health treatment practitioners, have also been trained as victim advocates. Inmates interviewed (random and targeted) confirmed that they are informed as part of their orientation process that all telephone calls, except properly placed legal calls, are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. PREA postings displayed in the housing units and common areas, and information provided to inmates in the inmate handbook provided access address and telephone numbers to victim advocacy agencies. BCC met the requirements of Standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9. addresses the requirements of Standard 115.54. BCC encouraged third-party reporting to the Connecticut Department of Emergency Services and Public Protection which is a division of the CSP. The PREA Coordinator explained that CDOC has a standing MOU with the Connecticut Department of Emergency Services and Public Protection. The auditor examined the MOU. Further, the PREA Coordinator

explained that inmates might confidentially submit written allegations or call to report sexual abuse/sexual harassment of this entity.

BCC enables reasonable communication between inmates and victim advocacy organizations in a confidential manner as possible. The BCC Inmate Handbook stated:

“your telephone conversations are subject to being listened to. Conversations that violate State Regulations may be the basis of criminal or disciplinary action.”

The CDOC website, posted notices (inside living units and visiting room) and the BCC Inmate Handbook provide inmates with the mailing address to the Connecticut State Police (*9222#), toll free numbers to CDOC (*9333#), Connecticut Sexual Assault Crisis Services 24 Hour Hotline (1-888-999-5545/English or 1-888-568-8332/Spanish) Safe Haven of Greater Waterbury provides multiple methods for the agency to receive third-party reports of allegations of sexual abuse/sexual harassment.

A review of the PREA incident log for BCC indicated that thirteen (13) inmates reported incidents of sexual abuse or harassment in multiple ways to include using the PREA Hotline, filing a grievance, telling staff, using the PREA hotline and advising counsel. Interviews with random staff and inmates confirmed that both had a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at BCC. BCC through examination and interviews confirmed the facility’s compliance with Standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10 addresses the requirements of Standard 115.61. BCC staff are mandated reporters of PREA incidents as well as being required and mandated to report any neglect, retaliation or violation of responsibilities. All staff, contractors, and volunteers are required to report any information regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or an act of retaliation.

The reports are made to the shift supervisor, and documentation of the incident should follow BCC Administrative Directive 6.6, Reporting of Incidents.

Administrative Directive 6.6, Reporting of Incidents, outlines the levels or classifications of inmate disciplinary 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. Moreover, 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. Interviews with three volunteers confirmed that each received PREA training and they understood the reporting requirements for any incident of sexual abuse. The volunteers confirmed they would immediately report any allegation of abuse immediately to the shift supervisor and safeguard the inmate.

Administrative Directive 6.12, Third Party Reporting, as an example, requires staff to report incidents received from third parties, including inmates not directly involved in the incident. Staff is also required to accept and report any report or allegation from individuals outside the facility. Interviews with Random and specialized staff confirmed they're understanding of the mandate to report all instances of sexual abuse.

Additionally, Administrative Directive 6.12, 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.

Administrative Directive 6.12 also 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 management decisions.

Interviews with random and specialized staff confirmed that this agency and facility mandates that staff report suspicions, allegations, reports or other knowledge that an inmate has been the victim of sexual abuse or sexual harassment. Staff was able to name multiple ways inmates could report and how other could report for them. One-hundred percent (100%) of the interviewed staff stated they would accept reports of sexual abuse or sexual harassment from any source and that they would report it to their immediate supervisor and follow-up with a written report within 24 hours with an expectation that it is done prior to the end of the shift. BCC met the requirements of Standard 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

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

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 11, address the requirements of Standard 115.64. All staff (correctional, non-correctional, random and specialized) interviewed were knowledgeable concerning their responsibilities as a first responder and the required actions, when learning of an allegation of sexual abuse/sexual harassment. All staff (correctional, non-correctional, random and specialized) interviewed, during the on-site audit, indicated they would separate the inmates, secure the area as a physical crime scene, not allow inmates to destroy any physical evidence and contact the shift supervisor. The shift supervisor is required by policy (Administrative Directive 6.12, Section 13 (B), page 11), to protect the inmate, notify medical, mental health, executive staff, and designated officials. Within the last year, there were thirteen (13) allegations that an inmate was sexually abuse. The auditor reviewed thirteen (13) investigative files opened during the past 12 months, alleging sexual abuse or sexual harassment opened in 2017. Of the 13 cases reported in 2017, 11 were found to be unsubstantiated, and two were determined to be unfounded. BCC provided notifications to the inmate on the findings of each investigation. Notification of reported sexual abuse by the victims was not in a time frame to allow for the collection of physical evidence requiring staff to act as a first responder to an allegation of sexual abuse/sexual harassment (security staff only). Interviews with staff and an examination of documentation confirm the facility's compliance with Standard 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention address the requirements of Standard 115.65. BCC developed a written administrative directive that outlined a plan to coordinate a facility response to a PREA related report. The auditor reviewed the written institutional plan. The plan provided direction to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. Shift supervisors are required to complete a PREA Checklist as documentation of their response to allegations of sexual abuse/sexual harassment. The directive provides direction to security, medical/mental health practitioners, investigators, staff and community victim advocates, community service providers (SANE) and facility leadership. Staff (specialized and random) and service providers interviewed confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. The role and responsibility for each participant in the written institutional plan to coordinate actions are specified in detail based on the auditor's examination. The coordinated responsibilities are also covered in the power point training provided by the Department. Interviewed specialized staff (medical and mental health) were knowledgeable of the roles each would play in response to a sexual assault. Medical staff interviewed indicated that the inmate would be taken to the local hospital for a forensic exam. Mental health staff interviewed indicated that the services of CONNSACS would be offered and available to provide emotional support services during the forensic exam and investigatory interviews. Training records for medical and mental health staff confirm completion of annual PREA training as well as specialized training in their respective field of expertise. Moreover, interviewed staff could articulate their responsibilities and indicated they had all been trained in the coordinated response plan. The examination of documentation and staff interviews support the facility's compliance with Standard 115.65.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation address the requirements of Standard 115.67. BCC by administrative directive confirmed CDOC's intent to protect an inmate or staff person from retaliation. CDOC and BCC prohibit any type of retaliation against any staff or inmate who have reported sexual abuse, sexual harassment or cooperated in any related investigation. The Deputy Warden/PCM is the designated retaliation monitor. During the on-site audit, the PCM confirmed that he would document and follow-up on all potential cases of retaliation to ensure CDOC and BCC's administrative directive was being enforced. Also, the PCM indicated that he would conduct frequent periodic status checks on the inmate or staff member, monitor incident reports, housing reassignments, and negative performance reviews/staff job reassignments.

Moreover, if there was a concern that there was a potential for possible retaliation, the PCM indicated he would monitor the situation for at least 90 days or indefinitely and notify the PREA Investigative Unit. There have been no suspected or actual incidents of retaliation in the previous 12 months. Facility compliance with Standard 115.67 was determined by a review of policy and staff interviews (random and specialized), to include the BCC PREA Compliance Manager.

The PREA Unit and the BCC PREA Compliance Manager will monitor the conduct and treatment of inmates or staff 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 and the BCC PREA Compliance Manager would monitor include any inmate disciplinary report, housing or program

changes or negative performance reviews or reassignments of staff. The PREA Unit and the BCC PREA Compliance Manager should also, according to policy, include periodic status checks of alleged inmate victims. The PREA Unit and the BCC PREA Compliance Manager are 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 was, however, aware of the procedures for monitoring retaliation if needed.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8, and After Intake to the Facility, Section 11, page 8-9, address the requirements in Standard 115.43 and 115.68. An examination of the policies confirmed that directives are in place that provides staff clear direction when faced with difficult housing challenges and there is

no available alternative to keep a victim safe in the facility which dictates an immediate housing assessment but always within 24 hours. The auditor interviewed a Segregation Supervisor and confirmed his understanding of Standard 115.43, Protective Custody. In addition, specialized practitioners (medical, mental health and case managers) were also interviewed to confirm their understanding of their role in the event an inmate at high risk of victimization is placed in involuntary segregation. Each practitioner indicated that they understood that the inmate would still have access to programming unless other restrictions were applicable for the inmate. Restricted access according to the practitioners would require documentation according to Administrative Directive, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8 and Administrative Directive, 9.4, Restrictive Status, that would include the basic concern BCC has for the victim's safety, an explanation of why other measures to separate the victim from the abuse were ineffective and a review of the inmate's placement status every 30 days.

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

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 1.10, Section 6, pages 2-6, and Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14 and Administrative Directive 1.10, pages 1-6, address the requirements of Standard 115.71. The Connecticut State Police (CSP) is identified by directive and agreement as the primary investigative authority (criminal) for the CDOC and BCC. The CDOC PREA Investigative Unit serves as the principle investigators for reports of sexual harassment. The Statewide

PREA Investigative Unit Director indicated that administrative reports that are investigated by his unit but through the investigation present as criminal are forwarded back to CSP for review and triage.

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 1.10, Section 6, pages 2-6, address the requirements of Standard 115.72. The evidentiary measure for this standard is a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The State policy confirmed CDOC's standard of measure. In addition, the Statewide PREA Director confirmed the evidentiary measure was also a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. He also confirmed that he utilized the preponderance of evidence standard in his role as Director of the PREA Investigation Unit. BCC met the requirements for Standard 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 1.10, Section 6, pages 2-6, and Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14 addressed the requirements of Standard and the PREA Tracking Log, address the requirements of Standard 115.73. BCC conducts administrative investigations when needed. There were 13 allegations of inmate sexual abuse/sexual harassment during this audit period. BCC has a policy that requires the facility to inform inmates, in writing, regarding the results of a PREA investigation (administrative/criminal). The PREA Compliance Manager and the PREA Coordinator/Director of the PREA Investigation Unit confirmed the inmate notification practice. The PREA Coordinator/Director of the PREA Investigation Unit indicated that when allegations involve staff, the inmate would be informed if the staff member is no longer posted within their housing unit or is no longer employed at BCC. In addition, the PREA Coordinator/Director of the PREA Investigation Unit explained that if the staff member was indicted on a charge related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse within the facilities administrative actions would follow such a finding up to termination. BCC compliance with Standard 115.73 was determined by a review of policy, review of investigative documentation and staff interviews to measure compliance. BCC met the requirements of Standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 Disciplinary Sanctions; outlined CDOC's position on disciplinary sanctions for staff violators of CDOC and BCC sexual abuse or sexual harassment policies address Standard 115.76. Interviews with the HR Manager and one (1) HR employee confirmed the agency policy and practices. Moreover, Administrative Directive, Disciplinary Sanctions, Section 21, specifically mandates presumptive termination as the disciplinary action sanction for staff who engage in sexual abuse and violate Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention and Administrative Directive, 2.17 Employee Conduct, Section 6. Both directives address the requirements in Standard 115.76, also confirmed the requirements in this standard. The HR Manager also confirmed that there were no staff related terminations or resignations for violating CDOC sexual abuse and harassment policy in the past 12 months. In addition, the HR Manager explained that the agency policy gives managers a degree of latitude to considers the seriousness of a violation, the employee's previous disciplinary history, and comparable staff disciplinary infractions when deciding sanctions for violations. The HR Manager also confirmed that in the past 12 months zero BCC staff were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. This fact was further confirmed by reviewing the roster of BCC investigations log for the past 12 months. The facility compliance with this standard was determined by a review of policy and documentation and staff interviews.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

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

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

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

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

A total of 30 inmates were interviewed, to include two Limited English Proficient (LEP) inmates, two self-identified gay inmates, one transgender inmate and one inmate with poor visual acuity. Interviews with random and targeted inmates (30 out of 30) confirmed that they were screened for victimization and abusiveness during the intake process. The same inmates also confirmed that intake screening took place either the same day or the next day. The auditor reviewed 15 assessments and 15 reassessments during the onsite visit. The auditor confirmed that the PREA Investigative Unit Director confirmed that CDOC and BCC follow all mandatory Federal, State, or local reporting laws for allegations of sexual abuse. BCC met the requirements of Standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

Yes No

115.82 (b)

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

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, titled Medical Staff Action, page 12-13 address the requirements of Standard 115.82. Likewise, BCC has a MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) and the CPS to provide offenders with timely unimpeded emergency medical treatment and confidential victim advocacy and emotional support services related to sexual victimization. BCC is a male facility; therefore, emergency contraception would not be applicable for this facility, however, a SANE nurse practitioner verified that

inmates would be offered sexually transmitted infection prophylaxis in keeping with community standards of care at no cost to the inmate. Care of a victim is not contingent upon whether the victim names the abuser or cooperates with the investigation.

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

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

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, titled Medical Staff Action, page 12-13 address the requirements of Standard 115.82 and 115.83. Likewise, BCC has a MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) and the CPS to provide offenders with timely unimpeded emergency medical treatment and confidential victim advocacy and emotional support services related to sexual victimization. BCC is a male facility; therefore, emergency contraception would not be applicable for this facility, however, a SANE nurse practitioner verified that inmates would be offered sexually transmitted infection prophylaxis in keeping with community

standards of care at no cost to the inmate. Care of a victim is not contingent upon whether the victim names the abuser or cooperates with the incident investigation.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22 and BCC facility Directive 6.12 both addressed Standard 115.86. Both documents provide evidence that staff is directed to

conduct incident reviews within 30 days following the completion of an investigation for all allegations of sexual abuse or harassment substantiated or unsubstantiated. By examination, the auditor determined that the Incident Review Team reviewed (incident review of logs, review of administrative investigations and memorandums) all completed investigations returned to the facility from the CDOC PREA Investigative Unit. The facility PREA Investigative Unit and the Connecticut State Police conducted all investigations.

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

The Incident Review Team (IRT) consists of the PREA Compliance Manager, PREA Liaison Lieutenant, medical and mental health representatives, and Shift Commander. Based on interviews with members of the PREA Incident Review Team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, and status or gang affiliation. The team also decides whether additional monitoring technology or staffing should be added to enhance inmate supervision. The facility implements the recommendations for improvement or documents its reasons for not doing so. Facility compliance with this standard was determined by a review of policy and other pertinent support documentation, an interview with the Warden, PREA Coordinator and members of the IRT. BCC met the requirements of Standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

policy and other pertinent support documentation, an interview with the PREA Investigative Unit, Director, and the facility PREA Compliance Manager. BCC met the requirements of Standard 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23, Tracking and BCC, Administrative Directive 6.12 addressed the requirements of Standard 115.88. The facility assessed all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The agency's PREA Coordinator will review 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 a whole. This report shall include 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 2017 report was 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.

Administrative Directive 6.12, External Reporting, requires that annually, sexual abuse/sexual harassment statistics will 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. Facility compliance with Standard 115.88 was determined by a review of policy, a review of data and a staff interview with the Warden and PREA Compliance Manager and PREA Coordinator. BCC met the requirements of Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Likewise, Administrative Directive 6.12, also 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. BCC met the requirements of Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

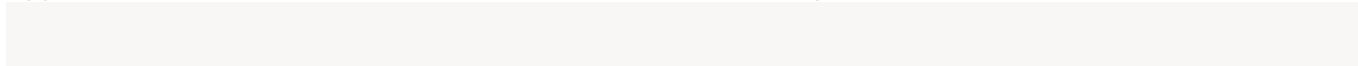
- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

BCC has fully implemented all policies, practices, and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of support documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency has posted all audit reports on its website within ninety days of completion. The public has access to reporting mechanisms and PREA trends data via the CDOC website. BCC currently meets all applicable standards, and no additional corrective action is required.



AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love

9/23/2018

Auditor Signature

Date

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

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