

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

Interim Final

Date of Report 9\19\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: July 23-25, 2018

Agency Information

Name of Agency: Connecticut Department of Corrections, Manson Youth Institute		Governing Authority or Parent Agency (If Applicable): State of Connecticut	
Physical Address: 24 Wolcott Hill Road		City, State, Zip: Wethersfield, CT 06109	
Mailing Address: 24 Wolcott Hill Road		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: https://portal.ct.gov/DOC/Miscellaneous/PREA			

Agency Chief Executive Officer

Name: Scott Semple	Title: Commissioner
Email: scott.semple@ct.gov	Telephone: 860-692-7480

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Manson Youth Institution			
Physical Address: 42 Jarvis Street, Cheshire CT 06410			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 203-806-2502			
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 John R. Manson Youth Institution shall utilize progressive correctional practices and collaborative re-entry initiatives. Safety and security shall be a priority component as it pertains to staff, victims, citizens and offenders while promoting opportunities that support successful community reintegration through effective multi-disciplinary age-appropriate opportunities for inmates to acquire the necessary life skills, education, and values which are essential to becoming responsible and productive citizens.			
Facility Website with PREA Information: https://portal.ct.gov/DOC/Facility/Manson-YI			

Warden/Superintendent

Name: John Alves	Title: Warden
Email: john.alves@ct.gov	Telephone: 203-806-2501

Facility PREA Compliance Manager

Name: Danielle Borges	Title: Deputy Warden
Email: Danielle.borges@ct.gov	Telephone: 203-606-2559

Facility Health Service Administrator

Name: Louis Destefano	Title: Health Service Administrator
Email: destefano@uchu.edu	Telephone: 203-806-2544

Facility Characteristics

Designated Facility Capacity: 713		Current Population of Facility: 469	
Number of inmates admitted to facility during the past 12 months			842
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			534
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			721
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 14 -17	Adults: 18 - 21	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			30
Average length of stay or time under supervision:			3.65
Facility security level/inmate custody levels:			Level 4
Number of staff currently employed by the facility who may have contact with inmates:			330
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			3
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0
Physical Plant			
Number of Buildings: 11		Number of Single Cell Housing Units: 5	
Number of Multiple Occupancy Cell Housing Units:		10 (Units A – J)	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		36	
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.):			
VERINT			
Medical			
Type of Medical Facility:		Emergent Health	
Forensic sexual assault medical exams are conducted at:		MidState Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			90
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			13

Audit Findings

Audit Narrative

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

Pre-Audit Preparation

Prior to the on-site visit, a representative from the State of Connecticut, Department of Correction, agency-wide PREA Coordinator, conducted a "pre-audit" review of the facility to ensure PREA compliance. The agency-wide PREA Coordinator was extremely knowledgeable of PREA and serve as the agency liaison for the upcoming PREA audit at Manson Youth Institution (MYI). At the direction of the agency Commissioner of Corrections, the agency-wide PREA Coordinator and facility liaisons (PREA Compliance Manager and Facility PREA Liaison Captain) were tasked with providing the auditor with all directives and supportive documentation for the auditor to review prior to the on-site visit. Directives and documentation were provided in the form of Administrative Directives (AD) and other forms/memos. Administrative Directives are agency-wide governing directives developed by the Connecticut Department of Correction (CDOC) and Institution Supplements stipulate institution specific guidelines, 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 Manson Youth Institution posted the required PREA Audit Notice of the upcoming audit scheduled for July 23-25, 2018. Diversified Consultants Services did not receive letters from any inmates assigned to MYI.

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

The on-site visit for the PREA (Prison Rape Elimination Act) compliance audit of the Manson Youth Institution located in Cheshire, Connecticut, was conducted on July 23-25, 2018 by Diversified Consultant Services, certified PREA auditors Sonya Love (Lead). A discussion took place outlining the audit sampling strategy, logistics for the facility tour, interview scheduling, the need for the review of additional directives and supplemental documents. This is the second PREA audit for this facility.

On arrival at the facility, an in-briefing meeting was held with the Warden, Deputy Warden/PREA Compliance Manager, Facility PREA Liaison Captain, State of Connecticut, Department of Correction, agency-wide PREA Coordinator and Statewide PREA Liaison Captain. The auditor discussed the information contained in the Pre-Audit Questionnaire (PAQ) with the PREA Compliance Manager and the Facility PREA Liaison Captain, to include missing or incorrect information. The State of Connecticut, Commissioner of Corrections, State Contract Administrator for the Connecticut Department of Correction, PREA Coordinator, PREA Investigator were previously interviewed telephonically. As part of the audit, a review of all agency and local facility PREA directives 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 Youthful Inmate Housing Units, Health Services Administration, Recreation, Food Service, facility support areas, Education, Visiting Rooms and programming areas. During the tour, it was noted that there was sufficient staffing and

surveillance cameras to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units.

The officers lounge, counselors and supervisors' offices were shielded by blinds or paper covering all entrance and exits points. Each office was identified as a blind spot where staff or inmates maybe isolated. The rear of the laundry was identified as a blind spot behind the supervisor's office and laundry equipment. Manson corrected the blind spot by placing a mirror in the blind spot. In addition, during a tour of medical the auditor noted that a urinal in a holding cell was quite visible to the opposite gender (nonmedical) from several angles in the medical area. The cell was utilized for inmates on suicide watch. The cell offered no privacy to inmates on suicide watch. The relevant portion of Standard 115.15 (d) states that the facility shall implement directives and procedures that enable inmates to shower, perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. Manson placed a 4-inch opaque screen over the bottom of the window to allow a privacy accommodation that does not pose a safety risk for the inmate on suicide watch, but provides security and medical staff with the ability to monitor the inmate. On the final day of the onsite audit the auditor verified the placement of the mirrors to minimize blind spots in the laundry area, the removal of covering over staff windows and the staff lounge.

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

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

Sampling Methodology- Inmates

The inmate sample size was based on the population census on the first day of the audit of 469 inmates, along with the established census criteria outlined by the PREA Resource Center (PRC). Moreover, the sampling methodology was based on the inmate population size that ranged between 501 and 1000 on the first day of the audit. A total of 26 inmates were interviewed (13 targeted and 13 random), to include six (6) Limited-English Proficient (LEP), seven (7) youthful inmates. There were no inmates in isolation or segregation because of High Risk of Sexual Victimization. Two (2) inmates reported a history of abuse reported sexual victimization during risk screening. No inmates were identified with limited cognitive disability. Also, there were no inmates who self-identified as transgender or intersex inmates in the population. It should be noted that no inmates refused to participate in the sample of random and targeted inmate interviews. The inmates interviewed demonstrated a good understanding and knowledge of the Prison Rape Elimination Act (PREA) compliance and educational platform. If the services of a SANE nurse were required, the inmate would be transported to a local hospital for a forensic examination and treatment.

Staff Interviews-Second Day

A total of 10 random staff and 21 specialized staff were interviewed on day two. The administrative staff interviewed included staff such as the Warden, Deputy Warden/PREA Compliance Manager, Human Resource Manager (HRM), Facility PREA Liaison Captain, facility Nurse and the Health Services Administrator. Additionally, the auditor interviewed three volunteers (telephonically), one contract staff, a local Sexual Abuse Nurse Examiner (SANE) and a community victim advocate.

Investigations

A review of the eight (8) investigative files opened during the past 12 months, alleging sexual abuse or sexual harassment was conducted. Of the 8 cases reported, 2 criminal investigations are still pending, 3 were unfounded, 3 unsubstantiated and 0 substantiated.

Facility Characteristics

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

The Manson Youth Institution, formerly known as the Cheshire Youth Institution, opened on October 12, 1982 with a population of 360 male offenders, ages 16-21. The facility, named in honor of John R. Manson who served as the Agency's second Commissioner from 1971-1983 and as its Deputy Commissioner from 1968-1971, is the Department's primary location for housing sentenced inmates under the age of 21. The facility is a level 4 high-security facility and has ten separate buildings each with three wings containing 12 cells, day room, counselor offices and mini kitchen. In 1994 the Health Education & Training (H.E.T) building was opened containing 22 classrooms, library, vocational education programming, full-sized gymnasium, chapel, mental health and media facilities, full production kitchen, laundry and warehouse. The facility is the state's only facility for male youth. It houses chronic disciplinary inmates, close custody program, mental health, high security and general population inmates who are involved in a wide variety of programs including educational, vocational and addiction services. Manson places emphasis on development of positive peer relationships, understanding criminal culture, substance abuse, basic life skills, employment counseling and release planning.

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.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

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Number of Standards Met: 43

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Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

1. Standard 115.13 The officers lounge and supervisors' offices were shielded by blinds or paper covering all entrance and exits points. Each office was identified as a blind spot where staff or inmates maybe isolated. The rear of the laundry was identified as a blind spot behind the supervisor's office and laundry equipment. Manson corrected the blind spot by placing a mirror in the blind spot. Before the submission of the final report, Manson removed paper and blinds shielding entrances and exit points from the officer's lounge and correctional shift supervisors' offices off the main hallway. The auditor was supplied with photographs of the office and lounge windows and doors to confirm the corrective actions taken to gain compliance.

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, Department of Correction, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19 meet the requirements of Standard 115.11. The directive affirms the State of Connecticut, Department of Correction and Manson Youth Institution's commitment to maintaining a zero-tolerance policy of inmate sexual abuse/ sexual harassment. All employees, inmates, contractors, volunteers, vendors and visitors shall be subject to this zero-tolerance policy. The Department indicates that violations of the policy shall result in administrative and/or criminal sanctions. The Department has appointed an agency-wide PREA Coordinator/Director of PREA Investigative Unit. The Warden has appointed a Deputy Warden as the facility PREA Compliance Manager (PCM) in March 2015 and a Facility PREA Liaison (a Captain) as an assistant to the PREA Compliance Manager. The PCM reports directly to the Warden regarding all PREA related concerns. Interviews with the agency-wide PREA Coordinator and PCM confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. An interview with the Manson PCM confirmed that she has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the Prison Rape Eliminate Act (PREA).

All PREA related reading material is provided in two languages English and Spanish. Inmates are informed about zero-tolerance in the Admission and Orientation (A&O) Handbook, through educational pamphlets, PREA video and through wall postings displayed throughout the facility (observed during the tour). Additional interpretive services are available for inmates who do not speak or read English. The auditor also confirmed through interviews with medical and mental health practitioners' other accommodations are also provided to disabled inmates on a case-by-case basis such as large print for

the visually impaired. All interviews with staff (random and specialized), volunteers, contractors and inmates confirmed that each discipline was aware of the Zero-Tolerance Policy towards all forms of sexual abuse/harassment. The auditor found the Connecticut Department of Correction and Manson Youth Institution commitment to enforce PREA was evident by examination of the agency's mission, directives, zero-tolerance policy, and through interviews (random/ specialized). Each random and specialized staff person interviewed could outline the approach taken to prevent all forms of sexual abuse and harassment and met the requirements of Standard 115.11.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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, Department of Correction, 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 Manson 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. Manson addressed Standard 115.13.

Manson 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 Manson Youth Institution'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. Manson'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 2017 facility's staffing plan. The meeting minutes confirmed by examination that Manson considered their current resources and submitted to the Department of Administrative Services a review of findings and recommendations to enhance sexual safety at the facility. Moreover, during his interview, the Warden explained that the staff incident review committee considered factors such as the inmate population, gang activity, and the number of substantiated and unsubstantiated incidents of sexual abuse, to determine Manson's staffing levels and any need for additional video monitoring equipment. The Warden also explained that he in turn reviewed the recommendations from the committee and in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed at Manson. An interview with the agency PREA Coordinator confirmed that in the prior 12 months Manson staffing needs were reviewed and assessed in 2017. Moreover, the PREA Coordinator confirmed that he documented if additional enhancements were needed to the current video monitoring systems and staffing levels at Manson.

The auditor confirmed staffing levels and supervision was assigned on each shift by reviewing post assignments and shift rosters for 2017. The Warden explained what steps his facility would take in the event of insufficient staffing. The auditor examined staffing documents onsite and determined that overtime is

assigned by Manson Youth Institution after designated Pull Posts and Shutdown Posts have been closed. Shutting down of a post triggered cessation of programming in a designated area. The Warden provided the auditor examples of reasons why Manson would deviate from its staffing plan such as unscheduled sicknesses, severe weather, worker's compensation, staff granted time off, staff swaps or vacant positions. During the onsite interview with the Facility PREA Liaison, he confirmed zero deviations from the staffing plan occurred in 2017 that jeopardized facility safety because the facility utilized overtime after designated Pull Posts and Shutdown Posts were closed. There are no findings of inadequacy from any judicial, federal investigative agency, or internal/external oversight bodies in the prior 12 months.

Additional examination of documentation submitted for review included a sample of 20-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 between June 28, 2017 to July 2, 2018. Interviews with the Warden, PREA Compliance Manager and Facility PREA Liaison confirmed that Manson makes it best effort to maintain adequate staffing levels and considers acceptable detention and correctional practices and is mindful of blind spots and other physical aspects of the facility.

The officers lounge, counselors and supervisors' offices were shielded by blinds or paper covering all entrance and exit points. Each office was identified as a blind spot were staff or inmates maybe isolated. The rear of the laundry area behind the supervisor's office was identified as a blind spot. Manson corrected the blind spot in laundry by placing a mirror in the blind spot. Coverings were removed from officer's lounge, counselors and supervisors' offices correcting the problem of blind spots. The auditor received photos of the corrections.

Based on interviews conducted and reviews of applicable policy and related documentation and evidence such as the facility staffing plan, staff interviews, documented unannounced rounds; Manson 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.

Connecticut Department of Correction Administrative Directive 9.2, Offender Classification, Section 7, Admissions and Assessment, section E, Juvenile Offenders: Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment, Prevention, and Intervention, Section 13, Staff Monitoring and Intervention, Manson Youth Institution Directive Number 1.15, “PREA Policy”, Section 4, Staff Monitoring and Intervention addresses Standard 115.14.

Manson has a facility mission that includes housing youthful inmates between the ages of 14 and 21 years old. Youthful inmates below the age of 18 are housed in two separate housing units apart, some distance from the adult housing units. Youthful inmates do not co-share dayrooms, showers, living units or common areas with the young adult inmate population also housed at Manson. During the onsite facility tour, the auditor determined that youthful offenders were sight and sound separated from the Manson adult male population. During movement outside of the designated living units, youthful inmates are escorted by correctional staff to destinations such as educational programming, medical/behavioral health appointments or church services. The designated housing for youthful inmates provides ample space for Manson youthful inmate population. Manson met the requirements of Standard 115.14 during this review period.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

State of Connecticut, Department of Correction, Directive Number 6.7, Searches Conducted in Correctional Facilities, pages 1 -14, addresses the requirements of Standard 115.15. Manson is a male facility with an overall rated capacity that exceeds 50 inmates. The facility does not typically permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. Connecticut Department of Corrections and Manson considers a circumstance to be exigent when a strip search is determined to be essential such as a medical emergency. The PREA Compliance Manager indicated during her interview that exigent circumstances must be reported on a CN 6601 (Incident Report). Manson 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 any inmate (adult or youthful inmate) in the past 12 months thus zero CN 6601 were examined to document incidents of cross-gender strip searches or cross-gender visual body cavity searches.

Interviews (random and specialized) with Manson 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 the same staff also confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex, except in exigent circumstances. The examination of staff training records, review of the training curriculum form identified as CPS 301-H: Behavior Management - Searching Techniques and random staff interviewed all confirmed that they were trained on how to conduct cross-gender pat searches.

Staff (random and specialized) all confirmed during interviews 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 random and targeted inmates denied being searched by staff of the opposite

gender. Further, random and targeted inmates confirmed that they had been pat-searched by officers of the same gender in an appropriate and professionally manner. Zero inmates (random and targeted) interviewed indicated being searched to determine their genital status.

Manson has a knock and announce policy and procedure that requires staff of the opposite gender to announce their presence or otherwise notify the inmates when entering an opposite gender housing unit. Randomly interviewed inmates confirmed that opposite gender staff member announce their entrance into the male housing units. Likewise, during the tour of the facility the auditor heard opposite gender staff announcements before entering each living unit. Manson 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, Department of Correction, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10, Inmate Education directive addresses Standard 115. 16. The directive confirmed by examination that Manson has taken appropriate measures to safeguard inmates with disabilities have equal access to and can benefit from Manson's effort to prevent, respond to and detect sexual abuse and harassment in the facility.

Administrative Directive 6.12 indicates that when educational material, to include PREA related materials, are not in a language that the inmate understands or do not meet the needs of the inmate's disability, the inmate will be accommodated based on the disability in accordance with Administrative Directive 10.19, Americans with Disabilities. Further, staff use of inmate interpreters is typically prohibited except in exigent circumstances where a delay in obtaining an effective staff or community interpreter could jeopardize the safety or health of the inmate, or a delay in obtaining a staff or community interpreter would hinder the performance of an employee's responsibility to gather information, report or respond to the incident or assist the alleged victim. Anomies or exigent circumstances must be fully documented at Manson. The same directive requires staff, to the extent possible, take steps to assist inmates with disabilities and Limited English Proficient (LEP) to report incidents of sexual abuse/harassment.

Administrative Directive 10.19, Americans with Disabilities, Section 6.A.1 Inmates Admission and Orientation requires that any inmate who appears to have a condition that would limit the inmate's access to and/or participation in, any program or service offered by the facility, shall be handled as follows:

Inmates who are deaf, blind, or have other physical disabilities that significantly limit access to programs and services in the facility, shall be transferred to an appropriate facility within 72 hours of admittance for assessment and classification consistent with safety and security. The determination for transfer shall be made by the contracted health services provider, Health Services Administrator or designee.

During assessment and classification, the inmate shall be provided with CN 101901, Americans with Disabilities Act - Notice of Rights and CN 101902, Request for Reasonable Accommodations by health services staff or qualified sign language interpreter for the deaf or hard of hearing inmates who know sign language. Inmates shall be advised of their right to reasonable accommodations which may include a qualified sign language interpreter or other auxiliary aids, services and devices, as well as the method for requesting such accommodation and the procedures for seeking an administrative remedy of a denial or modification of such requested accommodation. The inmate shall be required to complete the form titled a Request for Reasonable Accommodations indicating whether the inmate requests reasonable accommodation because of his disability.

Administrative Directive 10.12, Inmate Orientation, Initial Orientation A. requires that when a literacy or language problem prevents an inmate from understanding the Manson Inmate Handbook, a staff member or interpreter will assist the inmate in understanding the rules. It also requires that inmates with disabilities that prevent them from being able to access the materials in the format(s) in which they are provided, are to be accommodated in a way appropriate to their disability in accordance with the Administrative Directive 10.19, Americans with Disabilities Act.

The facility provided the auditor with a list of vendors who provide sign language. The list included the telephone numbers and contact names of contract interpreters. Additionally, Manson provided a listing of bilingual and multilingual staff who may assist LEP inmates.

Interviews with staff, both random and specialized, acknowledged that they would not rely on an inmate interpreter absent exigent circumstances. LEP (Spanish) targeted inmates interviewed indicated that Manson provided Spanish handbook in a language they understood. LEP inmates confirmed that intake staff provided them with written materials in a format that ensured effective communication with inmates with disabilities. The auditor did not interview any inmates who was deaf or had low vision. Manson met the requirements of 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

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Administrative Directive, 6.12, addresses the requirements of Standard 115.17. The directive requires that before Manson hires new employees who may have contact with inmates, the Department of Correction will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of resident or detainee sexual abuse/harassment or any resignation pending an investigation of such allegations. The applicant is asked in written applications or interviews directly about whether they have been found to have engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care. Material omissions regarding such misconduct may be grounds for termination.

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

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

Administrative Directive, D 2.3, Page 4, Section 6, I, 1-3 requires the following;

The Department of Correction shall not hire anyone who may have contact with inmates who is known to the Department of Correction to have:

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

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

Manson is prohibited from enlisting the services of any contractor, vendor or volunteers who may have contact with inmates who is known to the Department of Correction to have:

- a) engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care;
- b) been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse;
- c) was civilly or administrative adjudicated to have engaged in the activity described in this section;
- d) the CDOC will consider any known incidents of sexual abuse/harassment in determining whether to enlist the services of any contractor, vendor, or volunteer who may have contact with inmates. Before enlisting the services of any contractor, vendor or volunteer who may have contact with inmates, the CDOC, will perform a criminal background check, which shall be repeated every five (5) years.

An interview with the agency PREA Coordinator 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 the applicant. On page three of the applicant package the three (3) PREA Questions are asked. Several additional questions are asked as well about previous or current charges. This information is submitted prior to scheduling an interview. During the interview, the Human Resource (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: Collection and verification of driver information; developing a Connecticut master file for the new employee; developing a Connecticut suspense file for the employee; conducting an interstate criminal records check; conducting a Social Security number verification check; name check; and if necessary conducting an out of state criminal background records check. Following an offer of employment and prior to being hired, the three PREA Questions are asked yet again of the potential employee. A national criminal background check is conducted through the National Crime

Information Center (NCIC) and checks are made to determine if an applicant is on any inmate's visiting or phone list. Reference checks are made going five years back. When an applicant has worked in another state agency, background checks are also made with those agencies. An offer letter of employment is made contingent upon a physical exam conducted at the academy. The PREA Coordinator also indicated that supplemental questions ask of the employee at the academy about any arrests as well as reaffirming answers to PREA related questions. Manson's PAQ indicated 1105 employee hired by the facility during the past 12 months who may have contact with inmates. This was an error and the number were 3 employees hired by the facility during the past 12 months. The auditor reviewed the employment documents and confirmed that the agency conducted a criminal background check on the three (3) applicants prior to employment. In addition, the employment packets included the required PREA Questions and a notice alerting employees that they have a continuing affirmative duty to disclose any criminal misconduct. The PAQ was confirmed during an interview with the Facility PREA Liaison Captain and the PREA Compliance Manager. Manson met the requirements of 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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Manson has not acquired any new facility or planned any substantial expansion or modification of existing facilities. Manson has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology. Manson 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*)
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Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment, states that the Connecticut State Police serves as the primary investigating authority in all incidents of sexual abuse within the Department of Correction and this directive addresses Standard 115.21.

The PREA Coordinator explained during his interview that Manson through the Department has a written agreement with the Connecticut State Police (CSP). The auditor examined the contract. The agency's PREA Investigative Unit would assist the appropriate law enforcement agency and conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators (3) shall complete specialized training in accordance with Administrative Directive 1.10. The auditor examined certificates of completion. In the event the appropriate law enforcement agency refuses to investigate a sexual abuse allegation, such refusal shall be documented by Manson on an Incident Report Form CN 6601 and the Warden immediately notified.

The agency-wide PREA Coordinator provided the auditor with a memo addressed to the Deputy Commissioner of the Connecticut State Police (CSP) notifying the Connecticut State Police of the PREA Standard's requirement for the evidence protocol and forensic medical exams. The memo advised the CSP of the requirements for a uniform evidence protocol maximizing the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The protocol is required to be developmentally appropriate for youth where applicable, and, as appropriate, adapted from or otherwise based on the most recent editions of the United States Department of Justice's Office on Violence Against Women's publication, **A**National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents or similarly comprehensive and authoritative protocols developed after 2011. The directive requires that inmate victims of sexual abuse receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Administrative Directive 8.1, Scope of Health Services Care, 4., Scope of Services and Access to Care, requires Manson to provide inmate victims of sexual abuse with timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with specialized staff in medical and mental health confirmed their understanding of their role and responsibilities to provide the inmate with a level of care equal to that obtained in the community free of charge.

Manson inmates of sexual abuse would be treated at the University of Connecticut (UConn) Medical Center. All local hospitals have SAFE/SANE staff on each shift in the emergency room. If a SANE/SAFE practitioner is unavailable at the time of the incident, Manson would transport the victim to another hospital in the state where a SAFE/SANE is on duty. Interviews with specialized staff in medical confirmed their understanding of the role they would play if a victim requires the services of a SANE/SAFE practitioner.

Administrative Directive 6.9, Section 7., Physical Evidence, indicates that physical evidence falls into two categories either criminal or administrative. If staff at Manson suspect that a crime has been committed such as sexual abuse, the first responder shall notify a supervisor without leaving the scene, if possible and secure the suspected scene or any physical evidence unless it is necessary to eliminate any further or immediate threat to the safety and security of staff, inmates or facility/unit and/or the possible disappearance of anything which may be considered evidence. Interviews with random and specialized staff all confirm a duty to safeguard the victim and preserve the crime scene. The Connecticut State Police will promptly be notified. CSP has the legal authority over any criminal investigation and shall be responsible for securing criminal physical evidence upon responding to the facility/unit.

Administrative Directive 6.12, Section 13, B.4, advises staff to explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center or, if unavailable, a qualified staff member who will accompany the inmate and provide support services, if requested.

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

The Department has a Memorandum of Understanding (MOU) with Connecticut Sexual Assault Crises Services (CONNSACS). The agreement provides for CONNSACS to make available a victim advocate to accompany the victim and support them through the forensic medical exam, investigatory interviews and to provide emotional support, crisis intervention, information and referrals as needed. Specialized staff (medical and mental health practitioners) interviewed during the onsite audit confirmed that CONNSACS has a contractual agreement with the agency and by extension Manson with victim advocacy services to accompany and support victims of sexual abuse through the forensic medical exam and investigatory interviews and to provide emotional support, crisis intervention, information and referrals as needed. The same specialized medical staff person stated their role in a sexual assault would be to triage the victim, provide any needed first aid requiring immediate medical attention, preserve any evidence and include mental health as a partner in the coordinated response to provide onsite emotional support to stabilize the victim until CONNSACS accompanies the victim to the hospital. The PREA Compliance Manager and the Facility PREA Liaison Captain explained their respective roles in response to an incident of sexual abuse. Manson met the requirements of 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.

Agency 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 addresses Standard 115.22. The directive requires that criminal investigations, to include allegations of sexual abuse, fall under the jurisdiction of the Connecticut State Police. When a crime is detected, Department personnel are required to secure the crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Department personnel may assist the state police, upon request but are prohibited from independently conducting any type of investigative activities, to include conducting interviews of any type. An Administrative Investigation may be conducted by the Department upon authorization of the Connecticut State Police to do so. When any criminal activity is discovered during an Department administrative 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. Further, 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. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority. All such referrals to police shall be documented. The CDOC's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10.

Administration 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. Directive describes the notifications required based on the alleged offense or incident. CDOC's website clearly provides information to viewers related to the investigation by saying: All complaints of sexual abuse or sexual harassment are serious incidents that will be thoroughly investigated. The PREA Investigation Unit oversees all PREA related investigations and will accept complaints from any concerned individual. If an investigation reveals misconduct of a criminal nature the case will be referred to the Connecticut State Police for additional investigation and possible prosecution. All confirmed incidents can result in administrative sanctions and/or criminal prosecution. The facility reported eight (8) allegations of sexual abuse/sexual harassment during the past twelve months. Of the 8 cases reported, 2 criminal investigations are still pending, 3 were unfounded, 3 unsubstantiated and 0 substantiated. Manson met the requirements of 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

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, 2.7, Training and Staff Development, 6. Pre-Service Training Program, Direct Contact Staff and Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Staff Training, Pre-Service Orientation Training addressed Standard 115.31. The directive requires newly hired staff with direct inmate contact to inmates to receive training on inmate sexual abuse/sexual harassment prevention prior to being assigned to a facility. The directive mandates staff training on the eleven specific PREA related topics such as:

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

- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Any concerns specific to the gender of the inmates at the employee's assigned facility.

Manson provided the auditor a training curriculum for new employee's orientation. Day 6 is dedicated to PREA related training. The training block was designated for 1.5 hours of training. The agency requires that all training is documented to include PREA education through employee signature or electronic verification. The electronic verification affirms that each employee understood the training they have received.

The facility PREA Compliance Manager provided samples of PREA Acknowledgements and an additional 12 PREA Acknowledgments during the on-site audit signed by staff documenting and affirming they have received their required PREA Training. In the past 12 months Manson employed **3 new employee** who may have contact with inmates. Training files confirmed that each employee participated in PREA training during the orientation process.

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 9., Staff Training, B., In-Service Training requires that staff with direct inmate contact shall receive refresher training on sexual abuse/ sexual harassment prevention, intervention and follow-up procedures annually. Administrative Directive 6.12, and Administrative Directive 2.7, Training and Staff Development require the training to be tailored to the gender (adult/male) of the inmates at Manson so that the employee receives training specific to the gender he or she supervises, even if the employee has previously worked in a facility with inmates of a different gender. This directive requires additional training for investigators, health practitioners and mental health staff to receive additional training specific to their areas of responsibility.

Interviewed staff specialized and random consistently indicated they receive PREA Training in a variety of ways. The training formats include PREA Training as part of the training provided for newly hired correctional officers at the academy. Additionally, all staff interviewed specialized and random confirmed receiving annual Inservice training in 2017 or 2018. Annual Inservice training was delivered using an electronic platform called Learning Management System (LMS) to include, on-line PREA training. Subsequent training is delivered to staff at Manson throughout the year during shift briefing or electronic memos. A total of 10 random staff and 21 specialized staff were interviewed during the onsite audit. All staff confirmed that they understood the agency's and Manson's directive against zero tolerance against sexual abuse and harassment, and the eleven specific PREA related training topics such as how to avoid inappropriate relations with inmates, how to fulfill their responsibilities under agency inmate sexual abuse and sexual harassment prevention, detection, reporting, and response directives and procedures as outlined in the standard. Twelve (12) PREA Acknowledgment Statements were provided documenting staff PREA Training. Manson met the requirements of 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

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

State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6 addressed the requirement of this Standard 115.32. An examination of volunteer and contractor PREA training sign-in rosters, acknowledgement forms and other documents by the auditor confirmed that all facility contractors and volunteers have received training related to their responsibilities concerning PREA (Zero-Tolerance, detection, prevention, response, and reporting requirements) during the previous twelve months and annual refresher instruction. The Human Resource (HR) Manager interviewed beforehand and he discussed the training process for volunteers and contractors who have contact with inmates. The HR Manager explained the training process in detail. The auditor interviewed one (1) volunteer and one (1) contractor onsite during the onsite audit. Both the volunteer and the contractor confirmed training that included notification of the agency's zero tolerance policy regarding sexual abuse and sexual harassment, Further, they confirmed training on how to report incidents of sexual abuse or sexual harassment to the shift supervisor. The volunteer and the contractor both confirmed training also included an explanation for volunteers and contractors on their responsibility to report, detect and respond to sexual abuse. A review of the PREA contractor and volunteer training presentation confirmed that the level of instruction was appropriate for the services provided to the facility. Manson 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.

Two (2) intake officers were interviewed from different shifts. Each intake officer confirmed that during the intake process, each inmate receives a Manson Inmate Handbook, a pamphlet describing the agency's PREA compliance program and views a PREA video explaining sexual abuse and reasons to report abuse. A review of twelve (12) Inmate Take Forms confirmed that intake took place within 72 hours of the inmate's arrival to the facility. The information provided to inmates during the intake process identifies key elements of the PREA information initiative and informs inmates of Manson's Zero-Tolerance Policy regarding sexual abuse and sexual assault and the multiple ways inmates or a third-party can 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 covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. Six (6) targeted LEP inmates were sampled during the onsite audit at Manson with the assistance of a Spanish speaking correctional officer. Interviews with six (6) targeted LEP (Spanish) inmates 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 in a language they understood. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common/program areas in English and Spanish. Interviews with staff (random and specialized) and targeted and random inmates confirmed 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*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14 and Investigations 1.10, Section 11, addressed the requirement of Standard 115.34. A review of Manson's directives confirmed a directive in place that requires PREA investigators to receive specialized investigative 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 that signify participation in a specialized training program for three (3) PREA investigators. The PREA investigators are assigned as statewide investigators to PREA investigative unit. Manson 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 addressed Standard 115.35. The directive confirmed that all medical and mental health practitioners (fulltime and part-time) working at the facility who have contact with inmates are required to be trained on their PREA related role and responsibilities. A review of the training curriculum confirmed subjects included: 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 Manson and how to preserve physical evidence of sexual abuse in a correctional environment. Training records indicated forty-seven (47) practitioners or 100% of the practitioners working for the CDOC/Manson participated in mandatory training as required. In addition, during interviews with specialized medical and mental health practitioners working at Manson they each confirmed their training and acknowledged their understanding of their role and responsibility as it relates to reporting sexual abuse/harassment prevention, detection and protecting any physical evidence of victimization. Medical staff working for Manson do not conduct forensic examination of victims. Manson refers all cases of sexual assault to a community hospital (University of Connecticut Medical Center) where a SANE/SAFE nurse verified access for all victims of a sexual assault. Manson 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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Connecticut Department of Correction, Administrative Directive, 9.3, Inmate Admissions, Transfers and Discharges, Paragraph J., PREA Screening of Newly Admitted Inmates addresses Standard 115.41. The directive requires each newly admitted inmate, during intake, to be screened at admission. The inmate shall be screened by a staff member for risk of sexual victimization or sexually abusive behavior while incarcerated. A review of twelve (12) Inmate Intake Forms and initial assessments confirmed that intake took place within 72 hours of the inmate's arrival to the facility. The auditor confirmed Manson's practice of reassessing all inmate's risk level by examining twelve (12) reassessments. The reassessments took place well within the thirty (30) day timeframe of the inmate's arrival at the facility. The reassessment considered the inmate's risk of victimization or abusiveness. The auditor found instances where a youthful inmate was reassessed on three occasions within a four-month period based upon relevant information received by the facility since the initial intake screening and staff concern over potential abusive behavior toward other inmates. The Connecticut Department of Correction, 9.3, Intake Admissions, Transfers and Discharges, Paragraph J., also requires all inmates to be re-assessed by staff within 30 days for risk of sexual victimization or abusiveness based on any additional, relevant information obtained by the facility since the initial screening. Subsequent reassessments are required to be made as circumstances warranted. Counseling Supervisor stated that the facility completes reassessments typically not later than 30 days. Manson also completes a six-month follow-up which the inmate is asked the same questions again as asked during the initial intake process.

Following the intake victimization screening, according to a Classification Counselor, the next morning a counselor in the housing unit retrieves the completed Inmate Intake Form and reviews the inmate's responses to the questions asked during intake. A Counseling Supervisor indicated during the audit that screening is conducted in a private room. If an inmate answers yes to any questions during the initial intake assessment related to vulnerability, victimization or abusiveness, a supervisor is called to interview the inmate regarding his feelings of safety to determine the safest place to house the inmate. The Classification Counselor reviews the inmate database and master file and answers the questions at the bottom of the screening form. After reviewing information in the inmate's electronic file (e.g. inmate's charges, sentence, criminal history, any disciplinary reports and other information) a determination is made on the inmate's level of victimization and abusiveness. Further, if an inmate states he had previously been a victim of sexual abuse the inmate is offered a follow-up with mental health. The Inmate Intake Form contains documentation of referral to mental health. Staff provided 12 inmate files containing the initial screening, the completion of the initial intake screening, and 12 reassessments prior to 30 days for the auditor to examine. Each of the inmate files contained documentation to confirm they were screened upon admission within 72 hours and all of files contained documentation of reassessments as well.

Medical plays a vital role in PREA screening. The medical PREA screening tool considers factors such as the inmate's physical build, disabilities (physical and mental), developmental disabilities, gender expression, gender self-identification, sexual identification, prior sexual victimization, prior sexual aggression and self-perceived vulnerability. If an inmate discloses prior victimization, they are referred to mental health for a follow-up. Manson 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.

Connecticut Department of Correction, Administrative Directive, 9.3, Inmate Admissions, Transfers and Discharges, Paragraph J., PREA Screening of Newly Admitted Inmates addresses Standard. The directive directs staff use of screening information. Screening information is used by staff to enhance decision making

with regards to housing assignments, considerations for medical/mental health treatment, programmatic placement, work and education assignments. Inmate screening outcomes are documented on the Intake Health Screening form (HR-001), Inmate Intake Form (CN 9306) with Manson documenting vulnerability screening on the PREA Screening Form, CN 93062. A medical practitioner completes the health services information section of the screening form. Overall, the entire screening process involves assessing the inmate's physical build, Physical Health and any disabilities, Mental Health, Sexual Orientation, Gender Identity and asks these questions: 1) Have you ever been the victim of sexual abuse?; 2) Have you ever sexually abused another person?; 3) Do you feel vulnerable to being sexually abused in this facility?; 4) Have you ever been convicted of a sex offense?; and 5) Any PREA related issues since your last intake or transfer screening? An interview with two (2) intake staff from different shifts and a Classification Counselor all confirmed that if an inmate answers yes to any of the questions on the initial assessment, a supervisor is notified. A supervisor then interviews the inmate about his feelings, sexual safety and mental wellbeing. Manson met the requirements of 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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Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11.A,1., addresses Standard 115.43. This directive prohibits placement of inmates at high risk for sexual victimization from being placed in involuntary restrictive housing except in exigent circumstances. An interview with a Captain who supervises placement of inmates into segregated housing confirmed that

Manson would assess all available housing alternatives to safely separate the victim from the abusers. The Captain also explained that if the facility cannot immediately complete the alternative housing assessment, he could hold the inmate involuntarily in restrictive housing on administrative detention status in compliance with Administrative Directive 9.4, Restrictive Status for up to 24 hours while completing the alternative housing assessment.

The same directive requires in Paragraph 2, that inmates placed in restrictive housing involuntarily, for protection, will have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility is required to document 1) the opportunities limited; 2) the duration of that limitation; and 3) the reasons for the limitations. During the tour the auditor found zero inmates housed in restrictive status as an alternative to other available housing to safely separate a victim from an abuser.

The auditor also reviewed the PAQ regarding this standard. The PAQ indicated that there were no inmates held in involuntary restrictive housing during the past twelve months. Interviews with PREA Compliance Manager and the Facility PREA Liaison Captain both staff confirmed there have been no inmates placed in involuntary restrictive housing in the past twelve months. The PREA Compliance Manager, in her interview, indicated that the use of involuntary restrictive housing would be a last resort. Manson would conduct a housing assessment to determine the best and less restrictive housing available for the victim. The auditor's interview with the PREA Compliance Manager confirmed Manson's practice and enforcement of placing victimized inmates in administrative detention status only until an alternative means of separation from likely abusers can be made by the facility. Using staff interviews, inmate interviews (random and targeted) the tour of restrictive housing, interviews with the PREA Compliance Manager and Captain who supervises placement of inmates into segregated housing the auditor determined Manson met the requirements of 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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Administrative Directive 6.12, Inmate Sexual Abuse and Sexual Harassment Prevention, Section 12, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, A., Inmate Reporting addresses Standard 115.51. The directive requires the agency to provide inmates with multiple methods to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are provided multiple ways to report. These include: 1) Reporting to any staff member either verbally or in writing; 2) Calling the PREA Hotline; 3) Writing an inmate request; 4) Writing an anonymous note; 5) Calling the Connecticut State Police; and 6) Inmates detained solely for civil immigration purposes may contact any relevant consular and relevant officials at the US Department of Homeland Security. Staff

provide contact information to such inmates upon request. Staff are required to take steps to aid inmates with disabilities and LEP's inmates to also report any incident of sexual abuse and/or sexual harassment. This same directive also addresses false reports and indicates that inmates who file reports of sexual abuse and/or sexual harassment that are deemed to be false and unfounded after proper investigation may be subject to disciplinary action in accordance with Administrative Directive 9.5, Code of Penal Discipline and/or criminal charges according to applicable State laws.

Administrative Directive 6.12 also requires staff, to the extent necessary, to take steps to assist inmates with cognitive, mental or physical disabilities and LEP to report incidents of sexual abuse and/or sexual harassment. Manson refrains from use of inmate interpreters for reporting incidents of sexual abuse and/or sexual harassment except in exigent circumstances where a delay in obtaining an effective staff or community interpreter could jeopardize the safety or well-being of any involved individual. Delays that may significantly hinder the performance of an employee's duty to gather information pertaining to the incident, hinder reporting and/or delay assisting an alleged victim must be properly documented.

Administrative Directive 6.12, Section 13, Staff Monitoring and Intervention (Sexual Abuse), identifies staff, volunteers, vendors and contractors as mandatory reporters of any incident of sexual abuse or harassment. Further, staff, volunteers, vendors and contractors are directed to treat any observation of sexual activity as potential sexual abuse and immediately report any suspected, alleged, or actual sexual abuse, retaliation against staff or inmates to the shift supervisor, PREA Compliance Manager or Facility PREA Liaison Captain and document the incident as required by Administrative Directive 6.6, Reporting of Incidents.

Administrative Directive 6.12 also requires staff to accept reports from individuals outside of the facility or third-party reports. Third-party reporters can make reports by writing or calling the Commissioner of the Connecticut Department of Corrections, Deputy Commissioner of the Connecticut Department of Corrections, Connecticut Department of Corrections District Administrator or Unit Administrator office that oversees operations of the facility where the incident occurred or by contacting the Agency PREA Coordinator. The auditor confirmed that the Connecticut Department of Corrections also provides reporting information on their website enabling anyone outside the facility to make a report on behalf of an inmate. Interviews with random and specialized staff, random and targeted inmates all confirmed their understanding of third-party reporting. Random and specialized staff also confirmed their understanding of their duty to accept sexual abuse reports from any third-party, document the incident and advise the shift supervisor, PREA Compliance Manager or Facility PREA Liaison Captain regarding any incident of sexual abuse or harassment to include third-party reports.

The reviewed inmate handbook included multiple ways for inmates to make a report of sexual abuse to include:

Connecticut State Police	Address and Hotline Number Provided
PREA Investigation Unit	Address provided
District Administrator	Address provided
DOC Security Division	Address provided
CONNSACS Advocacy	Address and hot line number provided.

The auditor was provided documentation that outline the role and responsibilities of the PREA Hotline. Reports made on the hotline go to the Headquarters Communication Center. While on tour the auditor tested the hotline. The call was immediately pickup by the call center. On receiving a Prison Rape Elimination Act (PREA) related report of sexual abuse on the Department of Correction PREA hotline the following is required:

1. The Federal PREA guidelines indicate that the inmate can remain anonymous, but if the inmate is willing to identify themselves, attempt to gather the first and last name, inmate number, facility, & housing unit.

2. Have the inmate state his or her issue and document this information.
3. Once this information is gathered, contact the Department of Correction PREA Hotline, if the phone is not answered you can then contact agency-wide PREA Coordinator or his assistant (contact information provided). The communication staff will then advise the Duty Officer of the telephone call and the information provided.
4. The PREA Duty Officer will then in turn contact the affected facility with the information and start the PREA protocol. The affected facility will then contact the Connecticut State Police in the affected area and advise them of the information. The affected State Police Barracks will determine if a Trooper shall respond.

The CDOC acknowledgment statement addresses again multiple ways to report. The Manson Acknowledgment Statement informs inmates they have the right to report sexual abuse, sexual harassment, and retaliation, privately and through multiple channels without the threat of retaliation. Inmates are made aware of multiple ways to report sexual abuse and sexual harassment. Reporting options include verbal reporting or writing a letter to any staff at Manson; submitting a written inmate request to speak to a case manager; calling the PREA Hotline; calling the Connecticut State Police; writing an anonymous note or contacting a victim advocacy group in the community. Inmates are advised how to access the PREA Sexual Assault Hotline and the Connecticut State Police Hotline Number. Third party reporting is explained, and directions outlined for third parties to report are provided to inmates in the inmate handbook and posted on each living units near the telephones. The contact information for the Connecticut Sexual Assault Crisis Services is provide as well.

Every inmate (random and targeted) related they would report primarily to a trusted staff person. They indicated they would probably speak to a Sergeant, Lieutenant or Captain. They also stated they could use the PREA Hotline, tell a family member or send a request. Interviewed staff named multiple ways inmates could report as well. Manson's Facility PREA Liaison Captain indicated that he would accept and report any suspicion or report regardless of how they came to receive the allegation. Manson met the requirements of 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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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, Paragraph 18, Sexual Abuse Grievance, provides for reporting through a sexual abuse grievance that is treated differently from the normal grievance procedure addresses Standard 115.52. The directive provides for filing a grievance regarding allegations of sexual abuse. This is accomplished by completing and depositing form CN 9602, Inmate Administrative Remedy Form, in the Administrative Remedies box. Manson places no time limitation for allegations of sexual abuse or requirement that an inmate attempt informal resolution prior to filing a sexual abuse grievance. However, Manson will however apply applicable time limits and requirements for informal resolution or 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 same directive 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 Administrative Directive 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 CN 9602, 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 or 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 Manson Pre-Audit Questionnaire (PAQ) document indicated 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 and the PREA Coordinator. Manson 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*)

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 10, page 7, Inmate Education addresses the requirements of Standard 115.53. The facility does not detain inmates solely for civil immigration purposes. CDOC and Manson has entered into a service agreement with a local victim advocate organization (Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline) (CONNSACS) 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). Manson staff members, including medical and mental health treatment practitioners, have also received specialized training as victim advocates. Inmates are informed as part of their orientation intake process and in the inmate handbook 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 provide access to address and telephone numbers to victim advocacy agencies. Interviews with random and targeted inmate confirmed their understanding of multiple ways to report abuse to include calling the Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline (CONNSACS). Manson 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*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9. addresses the requirements of Standard 115.54. Manson provides third-party reporting to the Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline (CONNSACS). The agency and Manson have a standing MOU with CONNSACS to accept inmate calls and confidentially submit written allegations of calls by inmates reporting sexual abuse/sexual harassment to this entity. Manson allows reasonable communication between inmates and victim advocacy organizations in a confidential manner as possible. The website and posted notices (inside living units and visiting room) inform third party reporters how to report allegations of sexual abuse/sexual harassment. During the on-site audit, interviews with random staff and inmates (targeted and random) confirmed that both had a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at Manson. On-site audit interviews with random staff, and targeted and random inmates interviewed by the auditor all 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

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 6.6, Reporting of Incidents addresses Standard 115.61, This directive describes the levels or classifications of violations. Class 1, incidents include sexual abuse with immediate evidence that it occurred; Class 2, where there is sexual abuse however there is no immediate evidence that it occurred; and Class 3, sexual harassment. This policy described the required reporting procedures for each level of offense. Administrative Directive 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 Administrative Directive, 6.6, Reporting of Incidents.

Staff are mandated reporters of PREA incidents as well as being required and mandated to report any neglect, retaliation or violation of responsibilities. CDOC Directive is replete with reporting requirements. Administrative Directive 6.12, Third Party Reporting, for example, also requires staff to receive reports from third parties, which includes inmates not directly involved with an incident of sexual abuse. Staff are also required to accept and report any report or allegation from individuals outside of Manson.

Further, 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, 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 were able to name multiple ways inmates could report sexual abuse and sexual harassment. All random and specialized staff interviewed confirmed that they would accept reports of sexual abuse or sexual harassment from third-party sources and that third-party reports would be documented then immediately the shift supervisor, the PREA Compliance Manager and the Facility PREA Liaison Captain. Manson 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*)

Instructions for Overall Compliance Determination Narrative

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The 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. The random and specialized staff interviewed at Manson 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. All staff interviewed indicated that when they learn that an inmate is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the inmate. Both random and specialized staff interviewed confirmed that they received PREA Inservice training on the agency's responsibilities to protect an inmate from an incident of sexual abuse and sexual harassment to include an inmate who indicates that they are being subjected to a substantial risk of imminent sexual abuse. Staff (random and specialized) all reported that they would act immediately 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. The Shift Supervisor interviewed during the onsite audit confirmed that immediately upon notification he would continue to safeguard the victim, notify the PREA Compliance Manager, Facility PREA Liaison Captain, contact medical and mental health practitioners and advise his immediate supervisor of the incident. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of documentation confirm Manson's compliance with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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. Manson directive 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. Manson's PREA Compliance Manager and Facility PREA Liaison Captain indicated that they would document the incident and notify the Warden and the agency-wide PREA Coordinator. The Warden confirmed that he and each of his administrators understood the notification and documentation requirements outlined in Standard 115.63. Manson met the requirements of 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, addresses 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. Medical's responsibilities are also covered in this policy.

The duty of a first responder is addressed in Administrative Directive 6.12, Section 13, A, B, and C. The directive indicates that if a staff member including medical staff suspects or an inmate or third party alleges that he/she or another inmate may have suffered from sexual abuse, the following actions are required:

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

Supervisor actions are defined and thoroughly explained in Paragraph A., of the same directive and indicate the following:

1. Contact the facility duty officer and the Connecticut State Police as soon as practical;
2. Alert health services staff and escort the victim to the Health Services Unit for a private medical and mental health assessment as soon as possible;
3. Take appropriate steps to ensure that the victim is not left alone;
4. Explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center who will accompany the inmate through the forensic exam and any other investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the inmate;
5. Provide the inmates with mailing addresses and phone numbers, including toll free numbers, where available local or State advocacy or rape crisis organizations and for inmates detained solely for civil immigration purposes;
6. Offer and plan for the victim to speak with the facility's religious services representative;
7. Ensure timely access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment;

Complete all reports in accordance with Administrative Directive 6.6, Reporting of Incidents;

1. Obtain written statements from the alleged victim to include with the Incident Report;
2. Where possible attempt to video the interview of the alleged victim unless the inmate refuses;
3. Complete the Incident Report Checklist; and
4. Forward the reports through the appropriate chain of command for review and follow-up investigation.

Moreover, 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 directive (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 eight (8) allegations that an inmate was sexually abuse and of those eight (8) incidents security staff responded to the report and separated the victim from the abuser according to the incident reports sampled. Two (2) of the eight (8) investigations are still pending with the agency PREA Unit. 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 confirmed that Manson met the compliance requirements of 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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Interviews with the PREA Compliance Manager and the Facility PREA Liaison Captain confirmed that there is nothing in any contract that prevents the administration from removing any staff who is alleged to or has violated any agency policy related to sexual abuse or sexual harassment, pending an investigation. Pending an investigation, staff alleged to have been involved would most likely be placed on a form of administrative leave while an investigation was being conducted. Employees determined to have violated agency sexual abuse directives would be sanctioned in compliance with applicable personnel rules and termination for sexual abuse would be the presumptive action taken in those cases. Manson met the requirements of 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*)

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Interviews with the PREA Compliance Manager and Warden of Manson both confirmed that there is nothing in any contract that prevents the administration from removing any staff who is alleged to or has violated any agency policy related to sexual abuse or sexual harassment, pending an investigation. Pending an investigation, staff alleged to have been involved would most likely be placed on a form of administrative leave while an investigation was being conducted. Employees determined to have violated agency sexual abuse directives would be sanctioned in compliance with applicable personnel rules and termination for sexual abuse would be the presumptive action taken in those cases. Manson met the requirements 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*)

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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 addresses the requirements of Standard 115.67. Manson by administrative directive confirmed CDOC's intent to protect an inmate or staff person from retaliation. CDOC and Manson prohibit any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation.

During the on-site audit, the designated retaliation monitor confirmed that he would document and follow-up on all potential cases of retaliation to ensure CDOC and Manson's administrative directive was being enforced. In addition, the retaliation monitor 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 retaliation monitor indicated he would monitor the situation for at least 90 days or indefinitely and notify the PREA Unit. There have been no suspected or actual incidents of retaliation in the previous 12 months. Facility compliance with Standard 115.67 was determined by a review of policy and staff interviews (random and specialized), to include the with the designated retaliation monitor. Manson met the requirements of Standard 115.67.

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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Administrative Directive 6.12, Section 11, A, 1-3 addresses Standard 115.68 post allegation protective custody. The directive indicates that inmates at high risk for sexual victimization are not to be placed in involuntary restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If Manson cannot provide available alternative housing, they must perform an alternative housing assessment immediately. If there are no alternative means of separation, Manson may hold the inmate in restrictive housing on administrative detention, for less than 24 hours while completing the alternative housing assessment as a last resort. Further, if an inmate is placed in restrictive housing for protection, they will have access to programs, privileges, education or work opportunities to the extent possible. If Manson restricts that access to programs, privileges, education or work opportunities Manson is

required to document the opportunities restricted, the duration of the restriction and the reasons for the limitations.

Administrative Directive 6.12 also requires that if Manson assigns inmates to involuntary restrictive housing on administrative detention status it shall be only until an alternative means of separation from likely abusers can be arranged, such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made, the facility shall document:

- (1) the basis for the facility's concern for the inmate's safety; and
- (2) the reason why no alternative means of separation can be arranged. Every 30 days, Manson shall review the exigent circumstances to determine whether there is a continuing need for the restricted status.

Manson reported in the PAQ there have been no cases during the past twelve months in which an inmate was placed in segregated/restricted housing for protection. Documentation found in the PAQ was confirmed by interviews with the PREA Compliance Manager and Facility PREA Liaison Captain who supervises segregated housing and Facility PREA Liaison Captain. Manson met the requirements of Standard 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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Connecticut Department of Correction, Administrative Directive 1.10 addresses Standard 115.71. This directive requires the CDOC to review and investigate significant incidents and allegations of acts as appropriate. Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment also addresses Standard 115.71. The Connecticut State Police to serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. The Department's PREA Investigation Unit will assist that appropriate law enforcement agency as needed and shall conduct a separate internal investigation into an incident by Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee serves as the primary investigating authority for all incidents of sexual harassment. The PREA Coordinator confirmed that his investigative unit is responsible for conducting administrative investigations.

Administrative Directive 1.10, Investigations describes the entire investigation process and includes General Principles, Initial Inquiries, and Administrative Investigations, Conduct of Investigations, Reporting of Incidents, Interviewing Summary, Evidence, Report Format, and Closure also address Standard 115.71. It describes the roles of the Security Division Investigations. The Security Division Investigators may be called in on any case but are mainly involved in incidents or allegations involving staff. They will investigate in tandem with the Connecticut State Police when the allegations appear criminal, with the Security Division providing support to the law enforcement as requested and their investigation will center around the administrative issues involving staff.

The CDOC has a PREA Investigation Unit. These statewide investigators (3) have completed specialized training in conducting sexual abuse investigations in confinement settings. PREA Investigations will, at a

minimum, according to Administrative Directive 1.10, review direct and circumstantial evidence, interview all alleged victims, suspected perpetrators, and any relevant witnesses, review prior complaints and reports of sexual abuse involving the suspected perpetrator. The PREA investigators will also include an effort to determine whether staff actions or failures to act contributed to sexual abuse. The investigation shall be documented in reports such as a description of the physical and testimonial evidence and investigative facts and findings. When the evidence supports a criminal prosecution, the Connecticut State Police will be notified. If the State Police determine that no criminal aspect exist, the PREA Unit may conduct compelled interviews only after consulting with the Office of the State's Attorney as to whether compelled interviews would be an obstacle to subsequent criminal prosecution. The directive requires an investigative process including assessing the credibility of an alleged victim, suspect or witness. The PREA Coordinator explained during his interview that the assessment of truth is determined on an individual basis. The use of the polygraph is prohibited. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The policy also requires that the departure of the alleged abuser or victim from the employment of the control of the Department will not provide the basis for terminating an investigation. Paragraph B of the directive requires that the standard used to substantiate an allegation of sexual abuse is the preponderance of the evidence. Paragraph H. requires the PREA Unit to retain all investigation reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years; or, if required by State records retention policies; or, as required by a litigation hold notice, whichever is longer.

The PAQ indicated that there were no allegations appearing to be criminal that were referred for the prosecution during the past twelve months. The PAQ was confirmed, through interviews with the PREA Compliance Manager and the PREA Coordinator during interviews. The PREA Coordinator indicated if a call came into the agency hotline the facility would immediately be notified of the incident. The auditor during a tour of the facility made a call on the internal hotline and left a message. Immediately after hanging up the call the call from the hotline was returned. Manson's role after receiving information from the internal hotline would be to collect information and after consultation with the PREA Unit, decide how to proceed. Random staff interviewed described the investigative process. Investigations, at each level, must be assigned by the Regional Administrator. The agency has a Security Division with investigators who are more likely to be called in when allegations involve staff. The PREA Unit Investigators may decide that a staff harassment case can be handled by the facility investigator or they may conduct the investigation based upon the first facts in the case. If the allegation appears criminal, the case will be referred to the Connecticut State Police. Manson met the requirements of Standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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Administrative Directive 1.10, Investigations, Section 3, Paragraph K., Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not addresses Standard 115.72. The directive indicates that because of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded. The auditor interviewed the PREA Coordinator who confirmed that preponderance of evidence is the standard of measure used to determine truth and lead investigators to a conclusion of fact. The PREA Coordinator is one of three investigators dedicated full time to PREA related incidents. Manson met the requirements of 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*)
- 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 1.10, Investigations, Section 8.G, Reporting to Inmates, and Administrative Directive 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse addresses Standard 115.73. The directive requires that following an investigation into an inmate's allegation that he suffered sexual abuse in an agency's facility, the PREA Unit will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Coordinator confirmed during his interview that in those instances, in which the PREA Unit did not conduct the investigation, the relevant information will be requested from the investigative agency to inform the inmate. The PREA Unit's obligation to an inmate terminates if the inmate is released from agency custody. Administrative Directive 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse direct that staff following an investigation by the Connecticut State Police into an inmate's allegation that he suffered sexual abuse in a facility the PREA Unit will inform the inmate when an allegation is found to be substantiated. Interviews with the PREA Compliance Manager and the Facility PREA Liaison Captain each confirmed Manson's practice of informing inmates of outcomes of all investigations if the inmates remain incarcerated. The auditor reviewed six (6) of eight (8) final investigative reports and the facility's attempt to notify the inmates.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency will subsequently notify the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) when;

- 1) the staff member is no longer in the inmate's housing unit;
- 2) the staff member is no longer employed at the facility;
- 3) the agency learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or
- 4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

All notifications are to be documented on the CN 9202 Offender Classification History form. The department's obligation to report under this standard terminates if the alleged victim is released from the agency's custody.

A review of the eight (8) investigative files opened during the past 12 months, alleging sexual abuse or sexual harassment was conducted. Of the 8 cases reported, 2 criminal investigations are still pending, 3 were unfounded, 3 unsubstantiated, 0 substantiated and the facility made attempts to notify six inmates status of the investigative findings. This above directive and practices were confirmed by interviews with the PREA Compliance Manager, PREA Coordinator and the Facility PREA Liaison Captain all confirmed through interviews that the agency and Manson documents all such notifications. Manson 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*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Administrative Directive, 6.12, Paragraph 21. Disciplinary Sanctions, A. Staff Discipline, references Administrative Directive 2.6, Employee Discipline and 2.17, Employee Conduct addresses Standard 115.76. The directive indicates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and/or harassment directives. The directive also states that termination is the presumptive disciplinary sanction for staff who have been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment directives or

resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies or the applicable licensing bodies unless the activity was clearly not criminal.

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

There have been no allegations during the past twelve (12) months based on the PAQ and confirmation from the PREA Compliance Manager and Facility PREA Liaison Captain. The PAQ and interviews with the PREA Compliance Manager and Facility PREA Liaison Captain indicated there have been no staff from the facility who have violated agency sexual abuse or sexual harassment directives; none disciplined short of termination for violations of any sexual abuse or sexual harassment directives; and no staff who were reported to law enforcement or licensing boards following termination or resignation for violating any agency sexual abuse or sexual harassment directives in the prior twelve (12) months.

Interviews with the PREA Compliance Manager and Facility PREA Liaison Captain confirmed staff violating agency sexual abuse directives will be disciplined and that termination is the presumptive action and referral for prosecution where indicated. Manson met the requirements of Standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Administrative Directive 6.12, Paragraph 21, Disciplinary Sanctions, Corrective Action for Contractors, Vendors and Volunteers addresses Standard 115.77. This directive identifies disciplinary sanctions for contractors, vendors and volunteers who engage in sexual abuse. The directive indicated that contractors, volunteers or vendors would be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment directives by a contractor or volunteer.

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

The PAQ indicated zero incidents of violations of agency sexual abuse directives by any contractor or volunteer during the past twelve months. The auditor confirmed with the PREA Compliance Manager and the PREA Coordinator that in the past twelve months zero violations of agency sexual abuse directives by any contractor or volunteer. Manson met 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 the auditor that Manson has a disciplinary process in practice and policy in place to respond to prohibited sexual activity between inmates. The same directives 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. Manson 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 Facility PREA Liaison Captain. The Agency-wide PREA Coordinator, confirmed that CDOC nor Manson does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation and the disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to the inmate’s behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, Manson 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 Agency-wide PREA Coordinator indicates there was no disciplinary action taken against inmates, during the audit period, for violating Manson sexual abuse or sexual harassment directives and the Pre-Audit Questionnaire (PAQ) also supports his statement. Compliance with Standard 115.78 was determined by a review of the Manson and CDOC directives, staff interviews and documentation from Agency-wide PREA Coordinator. Manson 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 Manson has a practice and directive 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

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 or in the community. Administrative guidance by way of directive allows Manson 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.

Inmate random and targeted interviews (100%) confirmed being screened for victimization and abusiveness during the intake process. The same inmates also confirmed that intake screening took place either the same day or the next day. The Agency-wide PREA Coordinator confirmed that CDOC and Manson follows all mandatory Federal, State, or local reporting laws for allegations of sexual abuse. Manson 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, CDOC and through extension Manson 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. Manson is an adult male facility and Youthful Inmate facility therefore emergency contraception for pregnancy would not be applicable for this facility, however a SANE nurse practitioner at the Connecticut Medical Center verified that inmates would be offered sexually transmitted infection prophylaxis in keeping with community standards. Manson directive and the inmate handbook indicates no cost for victims of sexual assault and it is not contingent upon whether the victim names the abuser or cooperates with the incident investigation.

Manson 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. Manson met the requirements of 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, Manson 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. Manson is a male facility therefore emergency contraception for pregnancy 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.

As confirmed by a review of the applicable directive, Manson 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. Manson inmates are also re-evaluated within 30 days of admission to the facility. The evaluation and treatment of such victims includes follow-up services. The medical practitioner interviewed confirmed that Manson would arrange for referrals for continued care following their transfer to or placement in other facilities or while in custody. The medical practitioner confirmed to the auditor that Manson 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. Manson's medical and mental health practitioners also 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 inmates institutional file. There were zero allegations of sexual abuse that required referral for forensic evidence collection by SANE in the past 12 months. This information was also confirmed with the PREA Coordinator/Director of the PREA Investigation Unit. Manson's 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. Manson's met the requirement 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.

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 22., Review by Facility of Sexual Abuse Incidents addresses Standard 115.86. This directive requires Manson to conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team is required to consider and complete the following:

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

Further, the same directive requires a report of findings to be prepared following the review and is submitted to the Manson's facility administrator and the agency-wide PREA Coordinator. Manson is directed to implement the recommendations for improvement or document the reasons for not doing so. This form has each of the questions required by the PREA Standards.

Manson reviewed six (6) PREA investigative reports. Interviews with the Facility PREA Liaison Captain and the PREA Compliance Manager both confirmed they are aware of the process and were able to articulate how they would conduct a review. The PREA Compliance Manager indicated that the following are minimally the staff on the incident review team; Deputy Warded/PREA Compliance Manager; Facility PREA Liaison Captain, Counseling Supervisor; Medical, Education and the team receives input from line staff. This team meets regularly but at least weekly to review special housing forms, incidents reports to PREA related incidents. Manson met the requirement 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 Agency 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 Agency 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.

Administrative Directive, 6.12, Section 23, A. Reporting addresses the requirement of Standard 115.87. The directive requires documentation and reporting of sexual abuse/sexual harassment including internal reporting. Internal reporting requires all sexual abuse/sexual harassment is documented on CN 6601, Incident Report in compliance with Administrative Directive 6.6, Reporting of Incidents and included in the monthly STARS report. Each documented report is reviewed by the Warden and the PREA Compliance Manager and documented on CN 61203, PREA Incident Post-Investigation Facility Review. The STARS report list all reports of sexual abuse/sexual harassment including substantiated allegations, unsubstantiated allegations and unfounded allegation. The information described is made readily available to the public at least annually through the agency's website. The sexual abuse data collected must be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise. Manson 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.

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23.C., Tracking addresses Standard 115.88. The directive specifies the agency's PREA Coordinator will monitor and track all allegations of sexual abuse/sexual harassment this include investigative findings and any administrative or prosecutable decisions taken by the agency, or the courts. The agency's PREA Coordinator has the responsibility to review the data collected and aggregated to assess and improve the effectiveness of the agency's prevention, detection and response directives, practices and training by identifying problem areas to include making recommendation for any corrective actions, preparing an annual report of the findings and monitoring corrective actions for the agency. The 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 report is available on the CDOC 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. Manson 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.

CDOC's Records Retention Schedule, Series #26, PREA Investigations and Review Records directive addresses Standard 115.89. The directive requires PREA Information and related statistics to be retained for the duration of incarceration of alleged abuser(s) plus an additional five (5) years or 10 years after any all litigation is resolved whichever is later.

Administrative Directive 6.12 also address Standard 115.89. This directive requires that the information described in this section will be made readily available to the public at least annually through the CDOC's website. CDOC Administrative Directive 6.12 dictates that 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.

Further, Administrative Directive 6.12, also dictates that the information described in this section will be made readily available to the public at least annually through the CDOC'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. Manson 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 Manson. The date of the last agency PREA review was June 8, 2015. The auditor was allowed access to all areas of the facility and had access to all required support documentation. Manson also allowed the auditor to conduct private interviews with both inmates and staff. Manson met the requirements of Standard 115.401.

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 appeals 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.

Manson has fully implemented all directives, 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. Manson currently meets all applicable standards and no additional corrective actions required. Manson met the requirements of Standard 115.403.

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 _____

9/28/2018 _____

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.