

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

Interim       Final

Date of Report    2/16/2022

### Auditor Information

Name: Sonya Love	Email: sonya.love@outlook.com
Company Name: Diversified Consultant Services	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, Georgia 31516
Telephone: 678-200-3446	Date of Facility Visit: November 17 – November 18, 2021

### Agency Information

Name of Agency: Connecticut Department of Correction		Governing Authority or Parent Agency (If Applicable): State of Connecticut	
Physical Address: 24 Wolcott Hill Road		City, State, Zip: Wethersfield, CT 06019	
Mailing Address: 24 Wolcott Hill Road		City, State, Zip: Wethersfield, CT 06019	
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 Website with PREA Information: <a href="http://www.ct.gov/doc">www.ct.gov/doc</a>			

### Agency Chief Executive Officer

Name: Commissioner Angel Quiros	
Email: Angel.Quiros@ct.gov	Telephone: (860) 692-7482

### Agency-Wide PREA Coordinator

Name: Director David McNeil	
Email: David.McNeil@ct.gov	Telephone: : (203) 250-8136
PREA Coordinator Reports to:  Commissioner of Correction, Angel Quiros	Number of Compliance Managers who report to the PREA Coordinator 14

## Facility Information

**Name of Facility:** Garner Correctional Institution

**Physical Address:** 50 Nunnawauk Rd

**City, State, Zip:** Enfield, CT 06470

**Mailing Address (if different from above):**

Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://portal.ct.gov/DOC/Facility/Garner-CI>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

[Click or tap here to enter text.](#)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Craig Washington

**Email:** craig.washington@ct.gov

**Telephone:** 203-270-2810

### Facility PREA Compliance Manager

**Name:** Shawanda Jackson

**Email:** shawanda.jackson@ct.gov

**Telephone:** 203-270-2616

**Facility Health Service Administrator**  N/A

**Name:** [Click or tap here to enter text.](#)

**Email:** [Click or tap here to enter text.](#)

**Telephone:** [Click or tap here to enter text.](#)

## Facility Characteristics

Designated Facility Capacity:	693	
Current Population of Facility:	447	
Average daily population for the past 12 months:	487	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 - 72	
Average length of stay or time under supervision:	6.2 months	
Facility security levels/inmate custody levels:	Level 4, Overall Score: 2=10, 3=50, 4=388, 5=15	
Number of inmates admitted to facility during the past 12 months:	589	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	576	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	439	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	349	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	44
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	9
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	48
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# 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.*

## Overview

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Connecticut Department of Correction (CDOC), Garner Correctional Institution (GCI) located in Newton, Connecticut was conducted on November 17 – November 18, 2021, by U.S. Department of Justice (DOJ) certified PREA Auditor, Sonya Love, Diversified Correctional Services. The Auditor conducted an opening meeting, toured the entire facility, interviewed a random sample of staff and inmates, and reviewed PREA related staff and inmate documentation. Upon completion of the onsite audit process, a closing meeting was held with the administrative staff to discuss the audit process and the next step in the audit process.

## Pre-Audit Phase

This is the third PREA (Prison Rape Elimination Act) audit for the State of Connecticut Department of Correction (CDOC), Garner Correctional Institution. The standards used for this audit became effective August 20, 2012. Before the on-site visit, a representative from the State of Connecticut, Department of Correction, PREA Investigative Unit Director/PREA Coordinator, conducted a “pre-audit” review of the facility to ensure PREA compliance.

The PREA Investigative Unit Director/PREA Coordinator is a certified PREA Auditor. The agency has established the PREA Investigative Unit Director/PREA Coordinator as the liaison for the PREA audit at Garner Correctional Institution (GCI). At the direction of the agency's Commissioner of Connecticut Department of Corrections, the PREA Investigative Unit Director/PREA Coordinator and facility liaison (Captain PREA Compliance Manager) was tasked with providing the Auditor with all policies and supporting documentation for the Auditor to review before the on-site visit.

Policies and documentation were provided in the form of Administrative Directives (AD), Unit Directives, facility handbooks, and other forms/memos. Administrative Directives are agency-wide governing policies developed by the Connecticut Department of Correction (CDOC) that stipulate specific policies, in the event, there is no facility/site-specific policy required to expand on agency's Administrative Directives. Unit Directives are facility specific policies that mandate procedures and directives at the facility level. An internet search by the Auditor confirmed that Garner Correctional Institution 2017 PREA Report was held on August 16, 2017, and a copy of the audit was posted to the facility's website on November 17, 2017.

The facility's PREA Compliance Manager submitted paper copies of the Garner Correctional Institution's Inmate Handbook in English for the Auditor to review. The handbook contained

information such as the facility rules, available programs and services, details on the inmate telephone system (Securus), intake screening and orientation process information and specifics on PREA including definitions, prevention, and reporting. PREA hotlines have been established for inmates to call and report sexual assault or sexual abuse. The phone number is (\*9222#) to call and contact the Connecticut Department of Correction PREA Investigation Unit. The hotline to the Connecticut State Police is (\*9333#) or 1-800-842-0200. In addition, inmates may call The Connecticut Alliance to End Sexual Violence at (\*9444) or 1-888-999-5545 (English).

The Auditor completed a document review of the Garner Correctional Institution Pre-Audit Questionnaire (PAQ), applicable policies, procedures, administrative and unit directives, and supplemental information. Telephone calls and emails were exchanged between the Connecticut Department of Correction (CDOC) PREA Investigative Unit Director/PREA Coordinator assigned to monitor the 2021 PREA onsite portion of the audit. The following documentation was requested for the onsite visit:

- Roster of inmates by unit
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmates census the first day of the audit
- A roster of new employees hired in the past 12
- Unannounced institutional rounds
- List of contact information for volunteers
- SANE/SAFE point of contact information
- Copies of PREA training acknowledgments for volunteers and contractors

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

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the State of Connecticut Department of Correction, Garner Correctional Institution was conducted on November 17 – November 18, 2021, by Diversified Consultant Services, PREA certified Auditor Sonya Love. The audit was postponed several times due to the pandemic, and weather. The population on the first day of the audit was 487. The rated capacity was 693. A meeting took place with management staff to outline the Auditor's sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional directives and supplemental documents. The Auditor was provided a private room in which to work and conduct confidential interviews. All requested files and rosters, both staff and inmates were made available to the Auditor for review.

The tour of Garner Correctional Institution included the Receiving and Discharge (R&D) intake processing areas, all living units, the Restrictive Housing Unit (RHU), the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services, and other programming areas. Garner Correctional Institution has an

RHU consisting of 48 segregation cells. During the onsite visit zero inmates were housed in RHU because of sexual victimization. All living units were equipped with showers, as well as privacy curtains. All living units had toilet and shower stalls that afforded all inmates with privacy screens.

The Auditor interviewed the following categories of specialized and random staff, during the on-site phase of the audit:

<b>Category of Staff Interviewed</b>	<b># Interviews Conducted</b>
Random Staff	12
Specialized Staff	18
<b>Total Staff Interviewed</b>	<b>30</b>

Note: Selected from all shifts

<b>Other staff interactions during the facility tour</b>	<b># Interviews Conducted</b>
Staff Interactions during the facility tour	5
Staff who refused to be interviewed	0
<b>Total Staff Interviewed</b>	<b>5</b>

<b>Category of Specialized Staff Interviewed</b>	<b># Interviews Conducted</b>
Agency Contract Administrator (previously interviewed) in 2019	1
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	2
Line staff who supervise youthful inmates, if any	0
Education staff who work with youthful inmates, if any	0
Program staff who work with youthful inmates, if any	0
Medical staff	1
Mental health staff	2
Administrative (human resource) staff	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	0
Contractors who have contact with inmates	0
Investigative staff	4
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise inmates in segregated housing	1
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	1
*Deputy Warden (Agency) (Informally) (Not counted in this category)	1
*Health Administrator (Informally) (Not counted in this category)	1
<b>Total Staff Interviewed</b>	<b>19</b>



## **Site Review**

Immediately following the opening meeting, a tour of the facilities was conducted. The Auditor was escorted throughout the facility by the Captain/PREA Compliance Manager and the PREA Unit/PREA Coordinator, PREA Unit Captain, and (2) PREA Unit Lieutenants. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The telephone lines were tested on all living units for access to outside reporting entities. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

All signs and postings were noted in both English and Spanish during the facility tour. Most inmates sampled during the onsite portion of the audit affirmed the ability to shower, dress, and use the toilet facilities with a degree of privacy from staff of the opposite gender. Some inmates indicated they did not hear opposite gender announcements due to their work schedule in the kitchen and sleeping during the daytime. While other inmates sampled indicated that due to the noise level fans blowing and distance from the point of entrance announcements are audible. Informal and formal conversations with Garner staff and inmates regarding the PREA standards was conducted. Postings regarding how inmates can report PREA violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed on each living unit, in common areas, and throughout the facility.

### **Observations noted during the tour:**

- Zero inmates were housed in the restrictive housing unit RHU resulting from an allegation of sexual victimization during the audit.
- The Connecticut Alliance to End Sexual Violence can be reached by dialing (\*9444) and 1-888-999-5545 (English) or 1-888-568-8332 (Spanish); in addition to dialing (\*9222#) to reach the CDOC PREA Investigative Unit and (\*9333) to reach the Connecticut State Police (CSP) were posted on all living units.
- There are no youthful offenders.
- The Auditor tested telephone access to outside entities to report abuse was available to inmates from the living units.

### **Inmate Interviews**

At the time of the audit there were 486 male inmates housed at Garner Correctional Institution. A total of 26 male inmates were interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to access inmate's knowledge of PREA and the reporting mechanisms available to them.

<b>Category of Inmates Interviewed</b>	<b># Interviews Conducted</b>
Random inmates	22
Targeted inmates	4
Youthful inmates	0
Total inmates interviewed	26
<b>Targeted Inmate Interviews-Breakdown</b>	<b># Interviews Conducted</b>

Youthful Inmates	0
Inmates with a Physical Disability	0
Inmates who are Blind, Deaf, or Hard of Hearing	0
Inmates who are Limited English Proficient (LEP)	1
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, <b>Gay</b> , or <b>Bisexual</b>	1
Inmates who Identify as Pansexual	1
Inmates who Identify as <b>Transgender</b> or Intersex	1
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse that occurred at the Facility	0
Inmates who Reported Sexual Victimization During Risk Screening	0
<b>Total Number of Targeted Inmates Interviews</b>	<b>4</b>

\*Note: Inmates selected from various living units

### **Staff Interviews**

Garner Correctional Institution employs on average a staff of 349 individuals. A total of 12 random staff members were interviewed to include Correctional Officers (from various shifts, differing years of service) and coupled with administrative/specialized staff. The administrative staff included positions such as the Captain/PREA Compliance Manager, agency Human Resources Director, agency Contract Director, Lieutenants, Health Services Administrator, Psychologist, and Unit Team Managers. All staff interviewed confirmed having been trained to act as first responders in the event of a PREA related incident. Both random and specialized staff were interviewed on each day of the on-site audit.

The Auditor conducted a telephone interview with the local community victim advocacy organization, The Connecticut Alliance To End Sexual Violence, regarding the Memorandum of Understanding (MOU) that exists with CDOC/Garner Correctional Institution. The conversation confirmed that Garner Correctional Institution has a provider relationship with an advocacy organization that will provide, a 24 hour per day, seven days per week Sexual Assault Hotline, medical accompaniment, and advocacy for an inmate victim of sexual assault. A telephone call discussion with a SANE/SAFE examiner at Johnson Memorial Hospital confirmed that examinations are conducted by specialized trained medical staff.

### **File Review**

Following the interviews, the Auditor reviewed the files requested during the pre-audit phase. The Auditor reviewed 12 training records to establish compliance with PREA training mandates. This Auditor confirmed all new employees of Garner CI completed background checks before hire, and all received National Crime Information Clearance before working around inmates. Screening and intake procedures were evaluated by reviewing 26 inmate files which included a vulnerability assessment instrument and inmate education verification documentation.

### **Investigations**

During the current auditing period, there were 2 reported allegations of sexual abuse/sexual harassment. All investigations are handled by the CDOC PREA Investigative Unit and Connecticut State Police Department.

Information is transmitted quickly to the appropriate investigating agency. The agency's PREA Investigative Unit Director\PREA Coordinator is responsible for receiving verbal and telephonic referrals 24 hours a day, seven days a week. Additionally, abuse investigation outcomes and general protective services assessment outcomes are submitted to, reviewed by, and finalized by the agency's PREA Investigative Unit Director\PREA Coordinator. Of the two (2) cases reported, one (1) was unfounded and one (1) unsubstantiated,

### **Closeout**

A closing meeting was held with the Auditor and the administrative staff on October 1, 2021. Discussions centered around the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their hard work and dedication to the PREA process and participation in the second phase of the audit process.

## **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 Garner Correctional Institution opened on November 17, 1992. This two-building facility is located on 118 acres. The main building encompasses 245,000 square feet and houses all inmates and support services and operations. A second building encompasses 15,100 square feet and is dedicated to maintenance operations. The facility is named in honor of Ward A. Garner, who served as warden of the Connecticut State Prison in Wethersfield from 1911-1918.

The Garner Correctional Institution incarcerates both pretrial and sentenced offenders. Through proven programmatic innovation and intervention, the Garner Correctional Institution provides positive alternatives for inmates to assist in their successful reintegration into the community as productive members of society.

Under the administration of then Commissioner Theresa C. Lantz, care, and treatment for adult male offenders with significant mental health issues throughout the Department of Correction were consolidated at this level 4 high-security facility. The facility's staff utilizes a highly progressive mental health treatment approach. Individualized treatment plans, based upon an offender's level of functionality include extensive programming and therapy, in a group and one on one setting. The staff at the facility, both custody and mental health, operate through an integrated team approach which ensures a continuity of custody, care, treatment, and control. The program is designed to return as many of these offenders as is possible to the ability to function in either a general population prison setting or ultimately to life in the community.

Since 1992, the facility has been adapting to an ever-changing climate of the department by housing inmates in general population, close custody, and the Mental Health Unit as well as a cooperative effort to house Federal High Security inmates.

In 1993 a team of staff members at the Garner Correctional Institution developed and implemented the Close Custody Phase Program for the management of incarcerated gang members.

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

During the auditing period, Garner Correctional Institution reported two (2) allegations of sexual abuse/harassment in the Pre-Audit Questionnaire (PAQ). There is a well-established zero-tolerance culture throughout the institution with documentation addressing all areas of PREA and the inmates interviewed confirmed this fact. The agency, Connecticut Department of Correction (CDOC), maintains agency policies and the institution has developed more institution specific PREA supplements. A random review of twelve (12) employee training files established compliance with PREA training mandates and revealed that hiring and promotion practices are consistent with sexual abuse safety measures. From the pre-audit phase to the completion of the on-site visit, the CDOC and administrative staff were very professional.

### **Staff Interviews**

Interviews with random and specialized staff confirmed that Garner Correctional Institution's staff understood the agency position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder. Each staff member was able to verbalize the steps they would take if they were the first responder to a PREA related incident. Reporting mechanisms were displayed in all common areas and throughout the facility. A review of the Garner Correctional Institution staff training curriculum was completed by the Auditor. The training records support the finding that all staff have received general PREA training.

### **Inmate Interviews**

Interviews with inmates revealed that they fully understand PREA safeguards and the facility's zero-tolerance policy. Comprehensive inmate PREA education is provided in written form (i.e., Garner CI Inmate Handbook), personal instruction, videos, and posters. Twenty-six (26) vulnerability assessments were examined by the Auditor onsite to confirmed that intake and classification assessments were being conducted in accordance with PREA Standards and the facility was addressing any said referrals based on victimization or abusiveness screening data identified. Inmates (Random and Targeted) interviewed acknowledged the admissions

screening process included questions regarding any history of sexual abuse or victimization and whether they would like to identify a sexual preference. Inmates expressed during interviews that they were aware of how to report abuse internally and externally. Random and targeted inmates expressed trust in the staff, and they felt comfortable reporting sexual abuse and harassment to facility staff. Each inmates knew how to obtain more information about advocacy services from a Unit Team member in the facility or from information posted in their living units.

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

### Standards Exceeded

**Number of Standards Exceeded:** Click or tap here to enter text.

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 45

### Standards Not Met

**Number of Standards Not Met:** Click or tap here to enter text.

**List of Standards Not Met:** Click or tap here to enter text.

aaaa

### Standard 115.13: Supervision and monitoring

Garner revised the 2020 staffing plan to include the eleven point criteria outlined in Standard 115.13: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility provided the Auditor with a copy of the revision to the 2020 Garner Staffing Plan.

### Standard 115.52: Exhaustion of administrative remedies

Garner will issue a Unit Directive outlining all provision of Standard 115.52. Garner will provide the Auditor with documented evidence of compliance with this standard. The Unit Directive will inform inmates that the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits, how to file an emergency grievance and the associated timeline, and that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

### **Standard 115.87: Data collection**

According to the PREA Coordinator, CDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. This Writer found little evidence to satisfy this standard. CDOC will provide this Auditor with evidence to satisfy this standard. The Auditor will provide CDOC with sample templates for review.

### **Standard 115.88: Data review for corrective action**

CDOC will complete an annual report as outlined in this standard. CDOC PREA Coordinator will provide the Auditor with a copy of the completed report for her records. CDOC would indicate the nature of any 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.

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

The PREA Coordinator will make available 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. CDOC will provide the Auditor with verification of all PREA audits completed to date. CDOC will submit a workorder ticket to CDOC MIS Department to upload all final PREA reports completed since 2018.

### **Standard 115.403: Audit contents and findings**

115.403 (f) The PREA Coordinator indicated that CDOC has published on its website, all final reports. By examination, the Auditor determined that all final reports were not published on the CDOC website. This standard requires corrective action. The PREA Coordinator issued a ticket to the agency IT Department to have all final agency PREA reports published on the CDOC website. Because of the pandemic and staffing issues the work request remains in the cue for actions. CDOC will provide this Auditor with confirmation of the publishing of all final reports.

## 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.*

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19, addresses the requirements of Standard 115.11.

115.11 (a) CDOC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19.

The written policy outlines the CDOC approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Likewise, the Auditor confirmed during interviews with a sample of random and specialized staff that the has a zero-tolerance policy against sexual abuse and sexual harassment.

115.11 (b) CDOC has employed an agency wide PREA Coordinator/PREA Unit Director. By examination of the agency's organizational chart, the Auditor determined that the position of PREA Coordinator/PREA Unit Director position is in the upper level of the agency hierarchy. During his interview the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.11 (c) CDOC operates more than one facility. In each facility, the PREA Coordinator confirmed during his interview that each has a designated PREA Compliance Manager. During this reporting cycle, the Auditor determined that 8 out of eight facilities audited had a designated PREA Compliance Manager including Garner. During her interview the PREA Compliance Manager confirmed having sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. Garner Correctional Institution met the requirements for Standard 115.11.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19
3. Employee PREA Training Curriculum and Sign-in sheets
4. Inmate Handbook
5. CDOC Organizational Chart
6. Internet search CDOC
7. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)

**Corrective action:** None required



## 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.)  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 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 4, Community Confinement addresses Standard 115.12.

115.12 (a) CDOC is a public governmental entity. 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.

115.12 (b) During his interview and according to the agency Contract Director any new contracts 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. Further, final PREA audit reports from CDOC community corrections contracted to confine inmates confirm that CDOC requires all private community corrections entities to comply with all PREA standards to include to undergo a PREA audit every three years. Garner Correctional Institution met the requirements for Standard 115.12.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. Agency Contract Director

**Corrective action:** None required

**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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  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.*

Connecticut Department of Correction and Garner Correctional Institution, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan"; CT DOC Administrative Directive 2.15 "Custodial Staff Deployment" Section 5 "Staffing Plan"; and Connecticut Department of Correction, Administrative Directive 6.1, Tours and Inspections Section 4, "General Principles" and Section 5, "Tours, Inspections and Visits" collectively address the requirements of this standard.

The agency policy requires Garner Correctional Institution to review the staffing plans on an annual basis. Interviews with the Captain/PCM and Warden each confirmed compliance with PREA, and that safety and security issues was a primary focus when they consider and review their respective staffing plans.

115.13 (a) According to the Warden and PCM, Garner Correctional Institution has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: Generally accepted detention and correctional practices.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: Any judicial findings of inadequacy.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: Any findings of inadequacy from Federal investigative agencies.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: Any findings of inadequacy from internal or external oversight bodies.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the 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).

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: The composition of the inmate population.

According to the PREA Coordinator, the Warden and the PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: The number and placement of supervisory staff.

According to the PREA Coordinator, the Warden and the PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: The institution programs occurring on a particular shift.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: Any applicable State or local laws, regulations, or standards.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse.

According to the PREA Coordinator, the Warden and PCM in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into consideration: Any other relevant factors.

115.13 (b) In circumstances where the staffing plan is not complied with, does the facility document, and justify all deviations from the plan according to the Warden and PCM.

115.13 (c) Problematic, in the past 12 months, the facility failed to provide documented evidence of a consultation with the agency PREA Coordinator, to assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section. This standard requires corrective action.

Problematic, in the past 12 months, the facility has, failed to provide documented evidence of a consult 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. This standard requires corrective action.

Problematic, in the past 12 months, the facility has, failed to provide documented evidence of a consult 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. This standard requires corrective action.

115.13 (d) According to the Warden, Garner Correctional Institution has 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. The practice implemented includes night shifts as well as day shifts. Further, the facility/agency has an administrative directive (Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention) which prohibits 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.

Supervisory/Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees. The facility employees video cameras, and mirrors, to augment staff presence. More, the facility utilizes convex mirrors to supplement security in areas where there are numerous corners or potential blind spots. This standard required corrective action.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 3 and 10, Section 4 - Staffing Plan, and Section 13 - Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Correction, Administrative Directive 2.15. Hazardous Duty Staff Deployment, Section 5 – Staffing Plan
4. Connecticut Department of Correction, Administrative Directive 6.1, Tours, and Inspections Section 4, “General Principles” and Section 5, “Tours, Inspections and Visits”
5. Garner Correctional Institution Post Plans
6. Officer Unannounced Rounds samples from logbook
7. Interviews with the following:
  - a. PREA Compliance Manager (PCM)
  - b. PREA Coordinator
  - c. Warden

**Corrective action:** Garner revised the 2020 staffing plan to include the eleven point criteria outlined in Standard 115.13: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility provided the Auditor with a copy of the revision to the 2020 Garner Staffing Plan.

## 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.*

Garner Correctional Institution does not house youthful inmates. Garner Correctional Institution met the requirements for Standard 115.14.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Interview with the following
  - a. PREA Coordinator
  - b. Captain, PREA Compliance Manager (PCM)

**Corrective action:** None required

**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, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 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 if the facility does not have female inmates.)  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? (N/A if the facility does not have female inmates.)  Yes  No  NA

**115.15 (d)**

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No



- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  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.*

Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 – 11, and Garner CI post orders both address Standard 115.15.

Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The Auditor observed that each unit has individual shower stalls for privacy while showering. The facility has implemented a policy that all staff working the unit will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. From a population of 487, most inmates sampled acknowledged the ability to shower, dress, and use the toilet privately without being viewed by staff of the opposite gender. Some inmates sampled (4) indicated they did not hear announcements due noise levels on the unit, their work and/or odd sleeping hours.

115.15 (a) According to the PCM and Training Coordinator, Lieutenant, the facility always refrains from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. By examination of training lesson plans and signature acknowledgements the Auditor determined that custody staff are made aware of the agency's prohibition from conducting any cross-gender visual body cavity searches, except in exigent circumstances. Likewise, the Auditor interviewed a sample of custody staff (12) from all shifts during the onsite portion of the audit process. All custody staff confirmed for the Auditor that the facility always refrains from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners.

115.15 (b) This provision is not applicable. Garner Correctional Institution is an adult male facility.

115.15 (c) According to custody staff sampled during the onsite portion of this audit, Garner Correctional Institution would document all cross-gender strip searches and cross-gender visual body cavity searches. This facility does not have female inmates.

115.15 (d) CDOC has an administrative directive 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. Gardner has a unit directive 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. Garner Correctional Institution/CDOC require all staff of the opposite gender to announce their presence when entering an inmate housing unit.

115.15 (e) Garner Correctional Institution/CDOC always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status. According to custody staff (12) sampled during the onsite portion of this audit process they are forbid from searching and physical examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. More, if an inmate's genital status is unknown, Garner Correctional Institution determines the 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.

115.15 (f) By examination, the Auditor determined that CDOC trains custody 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. The Auditor informally interviewed an agency Training Lieutenant to discuss techniques taught to custody staff regarding cross-gender strip searches and cross-gender visual body cavity searches and how the facility/agency trains custody 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. The training Lieutenant provided the Auditor with training documents to confirm custody staff's completion of cross-gender training taught at the academy.

Custody staff interviews indicated they received cross-gender pat search training during initial and annual training. The Auditor observed that each unit has individual shower stalls for privacy while showering. The facility has implemented a policy that all staff working the unit will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. The inmates interviewed acknowledged they can shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Staff (random and specialized), coupled with most of the inmates interviewed, indicated that employees of the opposite gender announce their presence before entering a housing unit.

During the past 12 months, the PAQ indicated there was zero cross-gender strip or cross-gender visual body cavity search of an inmate by a staff member at Garner according to the Warden. Further, the Warden and PCM indicated that there were no exigent circumstances in which a cross-gender strip search or cross-gender-body cavity search took place at Garner Correctional Institution in the past 12-month period.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 - 11
3. Garner Correctional Institution CI Post Orders
4. Garner Correctional Institution CI Administrative Directive
5. Interviews with the following:
  - a. Warden
  - b. Staff interviews (random/custody)
  - c. PREA Compliance Manager (PCM)
  - d. Training Lieutenant

Corrective action: None required

## 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.*

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10 – Inmate Education; Connecticut Department of Correction, Administrative Directive 10.19, Americans with Disabilities Act; Connecticut Department of Correction, Administrative Directive 10.12,

Inmate Orientation; Connecticut Department of Correction, Administrative Directive 8.17, Gender Non-Confirming; and MCTSD Lesson Plan CSP 301-H Searching Technique collectively address the requirements in Standard 115.16.

115.16 (a) According to the PREA Coordinator/agency head designee, the agency takes 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.

According to the PREA Coordinator/agency head designee, the agency takes 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.

According to the PREA Coordinator/agency head designee, the agency takes 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.

According to the PREA Coordinator/agency head designee, the agency takes 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.

According to the PREA Coordinator/agency head designee, the agency takes 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.

According to the PREA Coordinator/agency head designee, the agency takes 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 any other disability not otherwise listed in Standard 115.16.

During individual interviews the Warden and the PCM both confirmed that Garner Correctional Institution confirmed that reasonable steps to provide adequate communication and information platforms include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing. Further, such steps also include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Further, the agency partners with state and local organizations such as Deaf-Blind Association of Connecticut, the Deaf Blind Association and the Connecticut Department of Mental Health and Addictive Services (DMHAS) which run state-operated programs and service to ensure effective equity in services for the Deaf/DeafBlind/Hard of Hearing persons. Each DMHAS state-operated facility has a designated Deaf Hard of Hearing Program (DHOH), Program Director/Clinician/Manager/or staff interpreter to coordinate DHOH services. In the Department of Mental Health and

Addiction Services, the Social Services Program Administration Manager has the responsibility for managing all DMHAS state-operated facilities DHOH Programs and Services. Further, charities and non-profit organizations in the community such as the Catholic Charities Institute for Hispanic Families, Hispanic Health Council Project Connect, Community Mental Health Affiliates-Latino/Latina Substance Abuse Program, Institute of the Hispanic Family/Hispanic Alcohol and Substance Abuse and the Connecticut Puerto Rican Forum provide services and programs.

According to the PREA Coordinator/agency head designee, the agency takes 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.

According to the PREA Coordinator/agency head designee, the agency takes appropriate steps to ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities to include inmates who: Have limited reading skills or are blind or have low vision.

115.16 (b) According to the PREA Coordinator/agency head designee, the agency takes appropriate steps to ensure that 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. Further, appropriate steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Staff interviewed were aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. Several documents were submitted to and reviewed by the Auditor such as PREA handouts, bulletin board postings, and an inmate handbook written in English. Inmates who have intellectual or psychiatric disabilities are referred to mental health providers to evaluate the best method to provide PREA education to the inmates.

An LEP inmate sampled during the audit confirmed during his interview being provided PREA education in a language he understood. The inmate was interviewed with the assistance of an interpretive device.

115.16 (c) According to the PREA Coordinator/agency head designee, CDOC 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. Additionally, interviews with random staff interviewed during the onsite portion of this audit all denied relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances in the past 12-month period.

A review of orientation documentation, education acknowledgements, investigative reports, as well as staff and inmate interviews, all support a finding that Garner meets the requirements for Standard 115.16.

## **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10 – Inmate Education
3. Connecticut Department of Correction, Administrative Directive 10.12, Inmate Orientation
4. Connecticut Department of Correction, Administrative Directive 10.19, Americans with Disabilities Act
5. Connecticut Department of Correction, Administrative Directive 8.17, Gender Non-Confirming
6. MCTSD Lesson Plan CSP 301-H Searching Technique
7. CDOC PREA Poster English
8. CDOC PREA Poster Spanish
9. Garner Correctional Institution Inmate Handbook
10. Interpretation Services telephone numbers and instructions
11. Interviews with the following:
  - a. Warden
  - b. Captain, PREA Compliance Manager (PCM)
  - c. Staff (Random and Specialized)
  - d. Inmates (Random and Targeted)
12. State of Connecticut, Department of Mental Health and Addiction Services, Office of the Commissioner, Office of Multicultural Health Equity (OMHE), Deaf or Hard of Hearing Program, protocol to request DHOH interpretive services.

### **CODA Link Conn, Inc.**

160 Batterson Dr. New Britain, CT 06053  
Donna Fernandez, RID CI/CT, Executive Director  
E-Mail: [donnaroma13@gmail.com](mailto:donnaroma13@gmail.com) 16PSX0150 [www.codalinkinc.com](http://www.codalinkinc.com)  
Phone: (954)557-5166 / Cell: (860) 682-4499  
Fax: (954)-333-7172

### **Cosign CT, LLC**

34 Shelley Rd. Middletown, CT 06457  
Leslie Warren  
E-Mail: [lawcrdr@gmail.com](mailto:lawcrdr@gmail.com) [www.cosignct.com](http://www.cosignct.com)  
FAX: (860) 649-3797

Submit Requests for DHOH Interpreting Services to:

FAX # - 890-845-5394

Tim Warren [inquiry@cosignct.com](mailto:inquiry@cosignct.com)



## DAS/DMHAS Contractual Agreement – Scope of Services:

1. Contractors shall provide certified, experienced and qualified interpretation services for persons who are deaf or hard of hearing.
2. Providers or consumers may discuss their satisfaction or lack thereof with the requester or staff clinician that requested the DHOH interpreting services on their behalf.
3. DMHAS/OMHE encourages requesters/staff/clinicians to share feedback, compliments and complaints in order to help ensure high quality services and compliance with contractual agreement. Feedback may be directed to Marlene F. Jacques, RN, MSN, MPH, L.M.S.W. Director, DMHAS/OMHE DHOH Program Tel #: (860) 418-6974 Fax #: (860) 418-6780 E-mail: marlene.jacques@ct.gov

## 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 who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  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 record 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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Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 4, Section 6 Staff Selection, and page 5, Section 7, Staff Promotion and Section 8, Selecting Contractors, Vendors and Volunteers addresses Standard 115.17.

Employment with the CDOC is subject to satisfactory completion of a background investigation to determine suitability for employment as a law enforcement official. Background investigations includes law enforcement and criminal record checks, credit checks, and inquiries with previous employers and personal references. Suitability determinations are made on a case-by-case basis and are based upon an individual's character or conduct that could affect how the agency accomplishes its duties or responsibilities.

The agency Director of HR confirmed that CDOC recruitment efforts are centrally initiated and coordinated in conjunction with the CDOC Affirmative Action Unit. All applications are processed by the agency Human Resource Unit prior to hiring consideration by the approving Unit Administrator or higher authority. Information on recruitment activities is logged on the applicant flow sheet for forwarding to the Affirmative Action Unit for review. At a minimum, when an applicant is an ex-inmate and/or has any criminal history, the selection process includes mandatory guidelines such as:

- an applicant with an undeclared criminal history shall not be considered
- 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.

The agency HR Director indicated during his phone interview, as outlined in GCI Unit Directive 2.3, Employee Selection, Transfer and Promotion, CDOC will not hire anyone who may have contact with inmates who is known to the Department of Correction to have:

- 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;
- 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.

Before hiring new employees, who may have contact with inmates, the Connecticut Department of Correction shall:

- 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.
- CDOC ask the applicant in a written application or interview 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 providing skilled nursing or intermediate or long-term care or custodial or residential care.

Material omissions regarding such misconduct, or the provision of materially false information regarding such misconduct may be grounds for termination.

The PREA Coordinator that the PREA Unit would after closure of an investigation when applicable, notify the appropriate licensing and certifying agencies when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment. Documentation on file supports a finding that the agency/facility follows this standard. Garner Correctional Institution met the requirements for Standard 115.17.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 4, Section 6 Staff Selection, and page 5, Section 7, Staff Promotion and Section 8, Selecting Contractors, Vendors and Volunteers.
3. Interviews with the following:
  - a. PREA Coordinator

- b. Human Resource Director
- c. Captain, PREA Compliance Manager (PCM)
- d. Human Resource Representative

**Corrective action:** None required

## 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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Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and

Technologies and Connecticut Department of Correction addresses the requirements of Standard 115.18.

Garner Correctional Institution utilizes an electronic camera system for video surveillance. Cameras are placed strategically throughout the complex to ensure the safety and security of both inmates and staff. The PAQ indicated that since the last PREA audit there were no substantial expansions, modifications, or updates to the existing facility. The Warden and PCM each affirmed that GCI considered how video technology could enhance the agency's ability to protect inmates from sexual abuse. More, the Warden and PCM also confirmed the addition of cameras in correctional industries and in the inmate visitation room to enhance PREA prevention and detection of sexual abuse and sexual harassment. Garner Correctional Institution met the requirements for Standard 115.18.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies
3. Auditor's observations during the facility tour
4. Interviews with the following:
  - a. Warden
  - b. Captain, PREA Compliance Manager (PCM)

**Corrective action:** None required

<b>RESPONSIVE PLANNING</b>
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**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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  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 *always* makes a victim advocate from a rape crisis center available to victims.)  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.*

CTDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Evidence Protocol/Securing the Area; Administrative Directive 6.9, Control of Contraband and Physical Evidence, Physical Evidence; and Administrative Directive 8.1 Scope of Health Service Care, Scope of Services and Access To Care and University of Connecticut Health Center (UCONN) Correctional Managed Health Care (CMHC), policy B5.01, Response to Sexual Abuse all collectively address Standard 115.21.

115.21 (a) CDOC is not responsible for investigating allegations of sexual abuse. CDOC has a MOU with the Connecticut State Patrol to conduct sexual abuse investigations. CDOC conduct administrative investigations. According to the PREA Coordinator/PREA Unit Director and the PREA Unit Captain the agency follows the uniform evidence protocol to maximizes the potential for collecting usable physical evidence for administrative proceedings and criminal prosecutions.

During his interview the PREA Coordinator outlined how the agency follows the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams.

115.21 (b) According to the PREA Coordinator Garner is an adult male facility with zero Youthful Inmates. CDOC is responsible for conducting any form of administrative sexual abuse investigations. The Connecticut State Police conducts all criminal investigations for CDOC.



115.21 (c) According to the PREA Coordinator, the agency offers 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. GCI medical and mental health providers role in a sexual assault is limited to triage, emergency stabilization, after care and follow-up.

Likewise, the Auditor interviewed the Warden and PCM individually. Both the Warden and the PCM confirmed that the agency offers 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. More, specialized medical and mental health practitioners all confirmed that such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible, and if SAFEs or SANEs cannot be made available, the examination would be performed by a qualified Emergency Department medical practitioner that has been trained to conduct sexual assault forensic exams. Sexual assault victims are taken to the closest emergency hospital, stabilized then transferred to local hospital or UCONN Medical Center in Farmington, CT as their primary provider where SAFE/SANE staff are on duty or on call. CDOC has a contract for services with UCONN.

115.21 (d) CDOC makes available to the victim a victim advocate from a rape crisis center. CDOC has a contractual agreement with the Connecticut Alliance to End Sexual Violence to provide emotional support services to CDOC inmates of sexual violence. The Auditor interviewed a representative from the Connecticut Alliance to End Sexual Violence by phone. The organization confirmed that CDOC makes available through the Connecticut Alliance to End Sexual Violence emotional services to inmate victims of sexual victimization.

115.21 (e) According to the PREA Coordinator, Warden and PCM each interviewed individually as requested by the victim, the victim advocate, a qualified agency staff member, or qualified community-based organization staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews.

According to the PREA Coordinator, Warden and PCM each interviewed individually as requested by the victim, the victim advocate, a qualified agency staff member, or qualified community-based organization staff member would provide emotional support, crisis intervention, information, and referrals.

115.21 (f) CDOC does not conduct criminal investigations into allegations of sexual abuse. CSP investigates allegations of sexual abuse for CDOC. CDOC has a contractual agreement with CSP. Inclusive in the agreement CDOC has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Further, The agency PREA Unit conducts administrative investigations. During his interview the PREA Coordinator confirmed that the agency PREA Unit follows the requirements of paragraphs (a) through (e) of this standard.

115.21 (g) The Auditor is not required to audit this provision.

115.21 (h) The agency always makes a victim advocate from a rape crisis center available to victims.

Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. There was zero SANE/SAFE examination conducted during the past 12 months as was evident in the investigations reviewed by the Auditor and the facility PAQ.

Victim advocacy and emotional support services are available to all inmates via an MOU with Connecticut Alliance to End Sexual Violence. The Connecticut Alliance To End Sexual Violence advocacy organization has agreed to make available to the victim a victim advocate from a rape crisis center that will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The MOU with Connecticut State Police (CSP) demonstrates that the agency has requested that the investigating agency follow the requirements of Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, Section 15, paragraphs (a) through (e). Garner Correctional Institution met the requirements for Standard 115.21.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.6, Reporting of Incidents
3. Connecticut Department of Correction, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence
4. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 15, Evidence Protocol/Securing the Area
5. Connecticut Department of Correction, Administrative Directive 8.1, Scope of Health Care Services
6. Connecticut Department of Correction, Administrative Directive 8.5, Mental Health Services
7. Prison Rape Elimination Act (PREA), 2003, Public Law 108-79
8. Standards for Health Services in Prisons (P-B-04). 2014
9. National Commission on Correctional Health Care. Chicago, IL.
10. Memorandum of Understanding between CDOC and the Connecticut State Police (CSP)
11. Memorandum of Understanding between CDOC and Connecticut Alliance to End Sexual Violence
12. Telephone interview with SANE\SAFE
13. Telephone interview with Connecticut Alliance to End Sexual Violence
14. Interviews with the following:
  - a. PREA Coordinator
  - b. Warden
  - c. Specialized medical and mental health providers
  - d. Captain, PREA Compliance Manager (PCM)

**Corrective action:** None required

## 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  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

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Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations; Connecticut Department of Connecticut, Administrative Directive 6.6, Reporting of Incidents; Connecticut Department of Connecticut, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence; and Connecticut Department of Connecticut, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment collectively address the requirements of Standard 115.22.

The PREA Investigative Unit Director/PREA Coordinator, Statewide PREA Investigative Unit, Captain/PREA Compliance Manager, and the CSP conduct all sexual abuse investigations. The PREA Investigative Unit Director/PREA Coordinator was interviewed and proved very knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. There are 4 agency-wide investigators in the CDOC. The Auditor interviewed the PREA Unit Captain and the agency PREA Coordinator for CDOC. The CDOC/CSP MOU, dated August 1996, delineates each agency's responsibilities relative to an incident involving a criminal act.

115.22 (a) CDOC ensures that administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. Sexual abuse investigations are completed by the Connecticut State Patrol.

115.22 (b) CDOC has a policy (Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment), 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.

CDOC has published such policy on its website. By examination, the Auditor verified that CDOC has published Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment on the CDOC official website.

115.22 (c) Connecticut State Police, a separate entity is responsible for conducting criminal investigations, the policy describes the responsibilities of both the agency and the investigating entity.

115.22 (d) The Auditor is not required to audit this provision.

115.22 (e) The Auditor is not required to audit this provision.

Moreover, there were 2 administrative and zero criminal allegations of sexual abuse and sexual harassment in the past 12 months. One investigation was found to be unfounded and the other unsubstantiated. The documentation related to the investigations was contained in each investigative file and was reviewed by the Auditor. The facility utilizes a tracking log to ensure all required steps of the investigation process is completed and are timely. The

tracking form is maintained by the PREA Liaison Captain. The information tracked includes the date of the allegation, name of the victim/perpetrator, RHU placement/reviews, initial two-day after-action review, full protocol, investigation outcome/date, date inmate notified of outcome, and retaliation monitoring. An examination of training certificates of completion from the National Institute of Corrections confirmed that all agency investigators received specialized training instruction in conducting sexual assault investigations in confined spaces/prisons. Garner Correctional Institution met the requirements for Standard 115.22.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations
3. Connecticut Department of Corrections, Administrative Directive 6.6, Reporting of Incidents
4. Connecticut Department of Corrections, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence
5. Connecticut Department of Corrections, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment
6. Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies, page 1 - 14
7. Interviews with the following:
  - a. PREA Liaison Captain
  - b. PREA Coordinator
  - c. PREA Compliance Manager (PCM)
  - d. Captain PREA Unit

**Corrective action:** None required

## 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.*

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum; and Connecticut Department of Connecticut Administrative Directive 2.7, Training and Staff Development collectively address the requirements of Standard 115.31.

115.31 (a) CDOC/Garner trains all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment.

CDOC/Garner trains 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 according to the agency training Lieutenant. During random interviews (12) custody staff confirmed receiving PREA related education annually and general PREA training during the agency's new employee onboarding process.

CDOC/Garner trains all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, and how to avoid inappropriate relationships with inmates.

CDOC/Garner trains 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, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.31 (b) According to the agency training Lieutenant, training is gender neutral. Interviews with random and specialized staff confirm receiving follow-up training during shift briefings and electronic platforms. Random and specialized staff interviewed during the audit confirmed completing PREA training annually. Training records sampled from the agency training academy confirm staff receive PREA training at least annually. Staff transfers according to the PCM are required to complete onsite orientation and education when reassigned from

another facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

115.31 (c) The agency training Lieutenant confirmed that all current employees who may have contact with inmates received PREA Education. Likewise, the agency provides each employee with refresher training at least every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency provides refresher training on current sexual abuse and sexual harassment policies according to the PCM.

Garner CI provides PREA training via electronic training and platforms, structured classroom training and roll calls. CDOC trains 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. Furthermore, staff interviewed confirmed that training also includes topics such as; inmates' right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.31 (d) CDOC documents, through employee signature or electronic verification, that employees understand the training they have received. All newly hired employees must attend and successfully complete the course curriculum before assignment to a facility. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes an extensive review of PREA requirements. Training curriculum, training sign-in sheets, and other related training documentation were reviewed by the Auditor. Interviewed staff (random and specialized) verified the requirement to acknowledge, in writing, not only that they received the PREA training, but that they understood it. Garner Correctional Institution met the requirements for Standard 115.31.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum
3. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development
4. Staff sign-in training acknowledgement
5. Staff Training Curriculum
6. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. Staff (random and specialized)
  - c. Agency Training Lieutenant



**Corrective action:** None required

## 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.*

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers collectively address the requirements of Standard 115.32.

The Captain/PCM confirmed that zero volunteers and zero contractors received the PREA training, including the zero-tolerance policy, detection, prevention, response, reporting, and responding requirements in the past two years. Volunteerism has been suspended. Contractors' interaction with inmates has been suspended also due to the pandemic.

Staff training is documented and maintained on file at Garner Correctional Institution. Copies of training sign-in sheets and other related documents were reviewed by the Auditor at the facility. Garner Correctional Institution met the requirements for Standard 115.32.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
3. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers
4. VIP (Volunteers, Interns, Professional Partners) Handbook
5. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. Agency Training Lieutenant

**Corrective action:** None required

**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 the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education; Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates; Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers; Connecticut Department of Connecticut, Administrative Directive 10.12, Section 3, Initial Orientation; and the Inmate Handbook (English) explaining how to report incidents or suspicions of sexual abuse or sexual harassment collectively address the requirements of Standard 115.33.

After receiving orientation and inmate education, each inmate signed an acknowledgement education training form addressing the mandates of Standard 115.33. The facility puts forth its best efforts to educate the inmates regarding PREA. Inmates receive information during the intake process including a pamphlet and inmate handbook, printed in multiple languages.

115.33 (a) During intake, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment., according to inmates (random and targeted) sampled during the onsite portion of this PREA audit. Inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment

115.33 (b) Intake staff interviewed confirmed that within 30 days of intake, CDOC provides comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents and CDOC policies and procedures for responding to such incidents.

115.33 (c) All inmates (random and targeted) sampled confirmed receiving a comprehensive education to include a PREA video as referenced in Standard 115.33 (b).

The intake staff interviewed also confirmed that PREA related education and training is provided to all inmates 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.

115.33 (d) CDOC according to intake staff provides inmate education in formats accessible to all inmates including those who are limited English proficient when necessary, utilizing the language line or a staff person who speaks the language.

CDOC provides inmate education in formats accessible to all inmates including those who are deaf, visually impaired, limited reading skills or otherwise disabled.

CDOC provides inmate education in formats accessible to all inmates including those who are deaf.

CDOC provides inmate education in formats accessible to all inmates including those who are visually impaired. Intake staff indicates that visually impaired inmates would be read the inmate education material.

CDOC provides inmate education in formats accessible to all inmates including those who are otherwise disabled.

The Auditor noted during her tour of the facility that the facility provided other PREA related information explaining sexual abuse and reasons to report abuse on the living units and throughout the facility. Advocacy information and PREA related information was posted in each living unit near the telephones for easy accessibility.

115.33 (e) CDOC maintains documentation of inmate participation in these education sessions. After receiving orientation and inmate education, each inmate signed an acknowledgement education training form addressing the mandates of Standard 115.33. The facility puts forth its best efforts to educate the inmates regarding PREA. Inmates receive information during the intake process including a pamphlet and inmate handbook, printed in English and Spanish.

115.33 (f) In addition to providing such education, The PCM confirmed that Garner ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The Auditor noted during her tour of the facility that the facility provided other PREA related information explaining sexual abuse and reasons to report abuse on the living units and throughout the facility. Advocacy information was posted in each living unit near the telephones for easy accessibility. Garner Correctional Institution met the requirements for Standard 115.33.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education
3. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates
4. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers
5. Connecticut Department of Connecticut, Administrative Directive 10.12, Section 3, Initial Orientation
6. Inmate Handbook
7. Auditor tour and observation
8. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. Staff (Intake)
  - c. Inmates (Random and Targeted)

**Corrective action:** None required

## 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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  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

*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 Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations Section 11, page 6, Training collectively met the requirements of Standard 115.34.

In addition to the general training provided to all CDOC employees pursuant to §115.31, CDOC ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Administrative Directive 1.10, Investigations, Section 11, requires each investigator who is assigned to work with the Security Division and/or PREA Unit is required to complete an approved training program prior to investigating an incident of sexual abuse or sexual harassment. The PREA Coordinator indicated during his interview that investigators are trained through the Connecticut Department of Correction and the National Institute of Correction (NIC).

115.34 (a) In addition to the general training provided to all CDOC employees pursuant to §115.31, CDOC ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Administrative Directive 1.10, Investigations, Section 11, requires each investigator who is assigned to work with the Security Division and/or PREA Unit is required to complete an approved training program prior to investigating an incident of sexual abuse or sexual harassment. By examination the Auditor examined three (3) certificates of completion of specialized training. The PREA Coordinator indicated during his interview that investigators are trained through the Connecticut Department of Correction and the National Institute of Correction (NIC).

115.34 (b) The specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.34 (c) CDOC maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The Department curriculum for training outline provided included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, how to properly conduct interviews, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility maintains documentation of investigators having completed the required specialized training in conducting sexual abuse investigations.

Moreover, a review of CDOC and Garner CI directives confirmed policies are in place that require PREA investigators to receive specialized investigative techniques for interviewing sexual abuse victims. During an interview with the PREA Coordinator, he confirmed investigative training included 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 also confirmed by reviewing signatures verifying participation in a specialized training program for PREA investigators. The CDOC PREA Investigative Unit has four (4) trained PREA investigators.

115.34 (d) The Auditor is not required to audit this provision. Garner Correctional Institution met the requirements for Standard 115.34.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
3. Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations Section 11, page 6, Training
4. Training Logs/Records of Investigative Staff
5. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator
  - c. Staff (Random and Specialized)
  - d. PREA Investigative Unit, Captain

**Corrective action:** None required

**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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA



- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 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 or the agency does not employ medical staff.)  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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  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 Connecticut, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Connecticut, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff collectively address the requirements of Standard 115.35.

115.35 (a) CDOC ensures 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.

CDOC ensures 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.

CDOC ensures 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.

CDOC ensures 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. Medical and mental health staff interviewed acknowledged completing specialized training for medical and mental health providers. The same staff also signed written acknowledgement forms acknowledging that they received and understood the training as it relates to PREA. Furthermore, interviews with medical and mental health practitioners confirmed during individual interviews an awareness of their responsibilities to detect, assess signs of sexual abuse and sexual harassment, preserve physical evidence of sexual abuse and how to respond and report PREA related incidents

115.35 (b) Medical practitioners interviewed confirmed that Garner does not conduct forensic examinations. In the event of a sexual victimization specialized medical staff would triage for critical injuries, stabilize the patient then transport to a local hospital for a SANE examination or to UCONN to be examined by a qualified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE).

115.35 (c) CDOC maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere Garner maintains documentation that medical and mental health practitioners have received the

specialized training referenced in Standard 115.35. Training rosters, staff meetings sign in sheets and acknowledgments was submitted to the Auditor for her review. All mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions.

115.35 (d) The training lieutenant for CDOC confirmed during his interview that medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31.

CDOC has suspended volunteerism during this auditing cycle due to the Covid -19 virus pandemic.

Garner employees receive training annually and documentation reviewed on site confirmed training of sampled specialized staff. Garner met the requirements for Standard 115.35.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees
3. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Corrections, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff
5. Staff Training Agenda 2021 Annual Refresher Training
6. Training Logs/Records for Medical and Mental Health Practitioners
7. Interviews with the following:
  - a. Medical Practitioner
  - b. Health Services Administrator
  - c. Staff (Random and Specialized)
  - d. Mental Health Practitioner

**Corrective action:** None required

## 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, as 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, as 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, as 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 an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  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

*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 Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility; and Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities collectively address the requirements of Standard 115.41.

CDOC and Garner policies require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Garner assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.

Interviews with staff and inmates (targeted and random) confirmed that intake screenings are conducted within 72 hours of the inmate's arrival at the facility. In addition, during intake screening, procedures require staff to review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field, and medical files) for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly.

Garner utilizes a CDOC PREA Screening Form (CN 9306/2) as the objective screening instruments to screen for risk of victimization and abusiveness. Staff interviews and documentation review confirmed that the CN 9306/2 form included the required information outlined in Standard 115.41.

115.41 (a): Within 72 hours of the resident's arrival at Garner, Connecticut Department of Corrections obtains and uses information about each resident's personal history and behavior

to reduce risk of sexual abuse or sexual abusive behavior. Information is also periodically updated by the Unit Administrator as needed throughout a resident's confinement. Interviews with random and targeted resident sampled during the onsite audit confirmed participating in a risk screening for victimization or abusiveness during the intake process within 72 hours of their arrival.

115.41 (b): By examination the Auditor determined that Connecticut Department of Corrections PREA screening assessments are conducted using an objective screening instrument.

115.41 (c): The PREA screening assessments, at a minimum, considers: Prior sexual victimization or abusiveness, survey any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse, current charges and criminogenic history, age of the resident, level of emotional and cognitive development, physical size and stature, history of mental illness or mental disabilities, any history of intellectual, developmental or physical disabilities, a residents' own perception of vulnerability, and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Risk management staff review all relevant pre-sentence documentation and information from other confinement facilities and reassess a resident's risk level, as necessary. Agency policy prohibits residents from being disciplined for refusing to answer, or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability to inform program, bed assignment, education with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from those residents who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis.

115.41 (d): PREA screening assessments and risk of victimization and abusiveness is ascertained through conversations with the resident during the intake process and medical mental health screenings. Random and targeted residents sample confirmed that risk management staff ascertain information through conversation, during the classification assessment, face-to-face interviews, from court records, case files, behavioral records, or other relevant documentation such as the resident's institutional record. Random and targeted residents sample confirmed that risk management staff indicated were professional and respectful and considered they're on views of vulnerability and sexual identity on a case-by-case basis. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility follows this standard.

115.41 (e): According to specialized health care practitioners, the dissemination of personal identifying information (PII) and sensitive information is limited and controlled to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. According to medical and mental health practitioners interviewed the dissemination of PII is protected through use of individual passwords and restricting access of resident files to medical and mental health practitioners and security management with a need to know.

115.41 (f) According to the Counselor, within a set time 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. The Auditor examined 27 reassessments to determine compliance.

115.41 (g) The Counselor confirmed during her interview that inmates would be reassess if an inmate's risk level changed or when warranted due to a referral, due to a request, due to an incident of sexual abuse or when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
3. Connecticut Department of Corrections, Garner Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
4. Connecticut Department of Corrections, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities
5. HR001 Intake Screening Form
6. CN 9306 PREA Screening Form
7. Interviews with the following:
  - a. Medical Practitioners
  - b. Mental Practitioners
  - c. Staff (Random and Specialized)
  - d. Unit Administrator
  - e. Inmates (random and targeted)
  - f. Unit Counselor
  - g. Counselor

#### **Corrective action:**

### **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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  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 Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information, and Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates both address the requirements of Standard 115.42.

Housing and program assignments at Garner Correctional Institution are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. The Auditor interviewed random and targeted inmates during the onsite audit. Each targeted inmate interviewed during the audit denied being placed in a dedicated living unit because of their gender identity, whether the inmate is or was perceived to be gay, bisexual, transgender, intersex, or gender nonconforming. The Captain/PCM confirmed Garner was not operating under a consent decree, legal settlement, or legal judgment that required the facility to establish a dedicated facility, unit, or wing for gay, bisexual, transgender, or intersex inmates.

115.42 (a) By examination, the Auditor that CDOC uses 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, bed and to inform work assignments.

CDOC uses 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 and program assignments.

115.42 (b) Interviews with the Counselor confirmed that CDOC makes individualized determinations about how to ensure the safety of each inmate. The Supervisor explained that housing and program assignments at Garner are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. The Auditor interviewed random and targeted inmates during the onsite audit. Each targeted inmate interviewed during the audit denied being placed in a dedicated living unit because of their gender identity, whether the inmate is or was perceived to be gay, bisexual, transgender, intersex, or gender nonconforming. The PREA Coordinator confirmed that Garner was not operating under a consent decree, legal settlement, or legal judgment that required the facility to establish a dedicated facility, unit, or wing for gay, bisexual, transgender, or intersex inmates.

115.42 (c) When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, the PREA Coordinator/agency designee confirmed that CDOC considers, 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 (Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates).

115.42 (d) 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. As confirmed by the Counselor. During the facility audit there were zero transgender or intersex inmates assigned to Garner.

115.42 (e) According to the PREA Coordinator, CDOC considers, 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.

115.42 (f) By examination the Auditor determined that a transgender and intersex inmate could be given the opportunity to shower and perform bodily functions separately from other inmates during the facility tour.

More, during the audit, Unit Counselor each confirmed during individual interviews that a transgender or intersex inmate would be reassessed twice a year to review any threats to safety experienced by the inmate. Serious consideration would be given by staff with respect to their own safety.

115.42 (g) According to the PREA Coordinator, agency designee, CDOC always refrains from placing: transgender inmates in dedicated facilities, units, or wings solely based on such identification or status,

According to the PREA Coordinator, agency designee, CDOC always refrains from placing lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely based on such identification or status the agency always refrain from placing lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely based on such identification or status.

According to the PREA Coordinator, agency designee, CDOC always refrains placing intersex inmates in dedicated facilities, units, or wings solely based on such identification or status.

Staff and inmate interviews, the review of supporting documentation and the Auditor's observations confirm that the facility follows Standard 115.42

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information
3. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates
4. Interviews with the following:
  - a. Staff (Random and Specialized)
  - b. Inmates (Random and Targeted)
  - c. PREA Compliance Manager
  - d. Unit Counselor
  - e. PREA Coordinator, agency designee

### **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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 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

*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 Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility and Connecticut Department of addresses the requirements of this Standard 115.43.

CDOC policy states that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The agency directive indicates that inmates are reassessed every seven days after entering the RHU. The Warden and Captain/PCM each confirmed that zero inmates at risk of sexual victimization were placed in RHU in the past 12 months.

115.43 (a) According to the PREA Compliance Manager, Garner always refrains 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.

More, if Garner cannot conduct such an assessment immediately, the facility according to the Counselor or Unit Team would hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

CDOC policy (Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility) states that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. Inmates are reassessed every seven days after entering the RHU.

115.43 (b) During an interview the RHU supervisor indicated that to the extent possible inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Very limited access to programs, some privileges, education, daily medical and mental health access. If a restriction is applied, Garner would document in the RHU logbook any said limitations, the opportunities limited, the duration of the limitation and the reason for the restriction.

115.43 (c) According to the PCM and the Counselor, the facility would 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. The assignment to RHU not to ordinarily exceed a period of 30 days.

115.43 (d) If an involuntary segregated housing assignment is made pursuant to this standard, according to the PCM, Garner would clearly document the basis for the facility's concern for the inmate's safety and clearly indicate the reason why alternative means of separation could not be arranged by the facility.

115.43 (e) The Counselor confirmed, 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.

The Auditor also interviewed custody staff who supervised inmates in RHU who also denied the placement of inmates at high risk for sexual victimization being placed in RHU as a first choice. There were no inmates at risk of sexual victimization who were assigned to the RHU during the onsite portion of the audit. Specialized staff (medical and mental health) indicated that if a victim was placed in RHU, he would be seen by staff at least weekly and more frequently if necessary.

A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed by health care practitioners when considering all appropriate alternatives for safeguarding alleged inmate victims. Interviews with staff, an examination of the RHU operations during the facility tour and an examination of policy/documentation confirmed that Garner Correctional Institution met the requirements for Standard 115.43. The Auditor also interviewed custody staff who supervised inmates in RHU who also denied the placement of inmates at high risk for sexual victimization being placed in RHU as a first choice.

Specialized staff (medical and mental health) indicated that if a victim was placed in RHU, he would be seen by staff at least weekly and more frequently if necessary. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed by health care providers when considering all appropriate alternatives for safeguarding alleged inmate victims.

Interviews with staff, an examination of the RHU operations during the facility tour and an examination of policy/documentation confirmed that Garner Correctional Institution met the requirements for Standard 115.43.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
3. Interviews with the following:
  - a. Segregated Housing Officers
  - b. Staff (Random and Specialized)
  - c. Inmates (Random and Targeted)
  - d. RHU staff
  - e. Captain, PREA Compliance Manager (PCM)

**Corrective action:** None required

## 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
 Yes    No    NA

### 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

*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 Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse); PREA Notices; and the Inmate Handbook collectively address the requirements of the standard.

A review of supporting documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the

facility which also explain reporting methods. During a tour of the facility, the Auditor observed a row of telephones located in each housing unit. The Auditor tested phones on every living unit for accessibility to third-party reporting entities. Garner also posted easily visible to a bank of telephones multiple ways for inmates to privately report sexual abuse and sexual harassment. Interviews with random and targeted inmates confirmed that each inmate could give examples of methods of privately reporting sexual abuse or sexual harassment.

Staff members interviewed during the audit were aware of their responsibility to promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse. Family and friends of inmates may report sexual abuse/sexual harassment by using the CDOC website, phoning the CDOC Investigative Unit or CSP, or contacting facility staff. Moreover, all interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations. Inmates at Garner Correctional Institution are not detained solely for civil immigration purposes. Interviews with staff and inmates, observations of posters addressing reporting methods, and an examination of policy/documentation confirmed that Garner Correctional Institution met the requirements for Standard 115.51.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education
3. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
4. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
5. CDOC PREA zero tolerance Policy poster (English)
6. CDOC PREA zero tolerance Policy poster (Spanish)
7. Inmate Handbook
8. Auditor's observations during the facility tour
9. Interviews with the following:
  - a. PREA Investigative Unit Director, PREA Coordinator
  - b. Captain, PREA Compliance Manager (PCM)
  - c. Staff (Random and Specialized)
  - d. Inmates (Random and Targeted)

**Corrective action:** None required

## **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

### 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**

*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 Connecticut, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure and the Administrative Remedy Form CN 9602 both address the requirements of Standard 115.52. The policy requires that all PREA grievances be processed in accordance with 115.52 (a-f).

115.52 (a) CDOC is not exempt from this standard. Administrative Directive 9.6, Inmate Administrative Remedies, Section 8, page 10, PREA Investigation Decision, "states complaints alleging sexual abuse or sexual harassment must be reported in accordance with Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention with Intervention, and shall be initially investigated by the PREA Investigative Unit."

Paragraph (a) of the standard Final Rule, dated rule governed the amount of time allotted inmates to file a request for administrative remedies (typically known as grievances) following an incident of sexual abuse. The proposed standard set this time at 20 days, with an additional 90 days available if an inmate provides documentation, such as from a medical or mental health provider or counselor, that filing sooner would have been impractical due to trauma, removal from the facility, or other reasons.

115.52 (b) Paragraph (b) of the standard governs the amount of time that agencies must resolve a grievance alleging sexual abuse before it is deemed to be exhausted, to ensure that the agency is allotted a reasonable amount of time to investigate the allegation, after which the inmate may seek judicial redress. Also, paragraph (b) requires that agencies take no more than 90 days to resolve grievances alleging sexual abuse, unless additional time is needed, in which case the agency may extend up to 70 additional days. The Final Rule nor the standard considers time consumed by inmates in making appeals against these time limits.

According to the PREA Coordinator, CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention, permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits and requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Problematic, in reviewing the same directive the Auditor found no evidence of language detailing for inmates the submission process which should the exclusion on a submission deadline.

CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention states, omits filing an administrative remedy (grievance as a reporting option). CDOC does however provide guidance to inmates with other reporting methods such as:

1. Reporting to any staff member either verbally or in writing (verbal reports must be documented promptly).
2. Calling the PREA hotline.
3. Writing an inmate request.
4. Writing an anonymous note.
5. Calling the Connecticut State Police.
6. Inmates detained solely for civil immigration purposes may also contact any relevant consular officials and relevant officials at the United States Department of Homeland Security. Staff shall provide contact information to such inmates upon request.

According to the Federal Register, Volume. 77, No. 119, dated June 20, 2012, Standard 115.52 is consistent with the Prison Litigation Reform Act (PLRA). The standard as with the PLRA does not require a State to impose any administrative exhaustion requirements. The PLRA requires that an inmate exhaust “such administrative remedies as are available” before bringing an action under Federal law. 42 U.S.C. 1997e(a). The PLRA thus affords States a procedural defense in court by requiring inmates with grievances to satisfy such administrative exhaustion requirements as States may adopt. This standard is meant to govern only the contours of administrative remedy procedures, since under the PLRA, exhaustion of any such procedures is a prerequisite to access to judicial remedies. The Department of Justice leaves to agency discretion whether to utilize such administrative remedies as part of its procedures to combat sexual abuse. After careful review, it is unclear to the Auditor which position CDOC has taken as it relates to the inclusion or excluding of the filing of a grievance as an option for reporting sexual abuse.

Moreover, the Department of Justice leaves to an agency discretion whether to utilize such administrative remedies as part of its procedures to combat sexual abuse. As noted in § 115.51 and its counterparts, agencies must provide multiple internal ways to report abuse, as well as access to an external reporting channel. A grievance system cannot be the only method—and should not be expected to be the primary method—for inmates to report abuse. More, an inmate in an agency that lacks any administrative remedies may proceed to court directly. Accordingly, this standard is inapplicable to agencies that lack administrative remedy schemes.

Likewise, if CDOC exempts sexual abuse allegations from its administrative remedies scheme, an inmate who alleges sexual abuse may proceed to court directly about such allegations, and this standard would not apply.

115.52 (c) According to the PREA Coordinator, CDOC ensures 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.

115.52 (d) According to the PREA Coordinator, CDOC (PREA Unit) would 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. 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 for response is insufficient to make an appropriate decision, CDOC would notify the inmate in writing of any such extension and provide a date by which a decision will be made. 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, the inmate should consider the absence of a response to be a denial at that level.

115.52 (e) CDOC allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. By examination of investigative reports for this reporting period while onsite this auditor found no evidence of third-party reports. During his interview the PREA Coordinator, PREA Director denied receiving any third-party reports complaints 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. If the inmate declines to have the request processed on his or her behalf, CDOC/PREA Unit would document the inmate's decision.

115.52 (f) Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention is the established directive for the filing of an emergency grievance. All allegations of sexual abuse are immediately investigated to include the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. According to the PREA Coordinator, PREA Unit Director, Investigator, after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the practice would be for the agency to 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 with an initial response within 48 hours.

Problematic, the presence of language in the agency administrative directive falls short of written details to address provision 115.52 (f). "A grievance system cannot be the only method—and should not be the primary method—for inmates to report abuse." Conversely the Writer found zero evidence of an inmate filing an emergency grievance during this reporting period. Interviews with a sample of random and targeted inmates found zero indicating the filing of an emergency grievance which failed to adhere to the time limits prescribed in this standard. Further, the PREA Coordinator confirmed that after receiving an emergency grievance CDOC/PREA Unit would issue a decision within 5 calendar days. The initial response and final agency decision would document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse. CDOC/PREA Unit would document the agency's final decision and action(s) taken in response to the emergency grievance.

115.52 (g) If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith, as confirmed by the PREA Coordinator.

During the onsite audit the PCM confirmed information contained in the PAQ (Standard 115.52) indicating there were zero grievances filed involving PREA related issues during the

past 12 months. There were zero grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were zero grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. This standard required corrective action.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies, Section 8, page 10, Inmate Grievance Procedure
3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention
4. Interviews with the following:
  - a. Staff (Random and Specialized)verify
  - b. Inmates (Random and Targeted)
  - c. PREA Compliance Manager (PCM)
  - d. PREA Coordinator

#### **Corrective action:**

Garner issued a Unit Directive outlining all provision of Standard 115.352. Garner will provide the Auditor with documented evidence of compliance with this standard. The Unit Directive will inform inmates that the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits, how to file an emergency grievance and the associated timeline, and that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

### **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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- 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

- 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 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 has a MOU with a local victim advocacy group, The Auditor reviewed the signed MOU document. The inmate handbook provides the contact information for alternate services and the information is also posted in each housing unit. The Auditor noted victim advocacy information on each living unit.

115.53 (a) Garner provides 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 called the Alliance to End Sexual Violence. The facility never detains inmates solely for civil immigration purposes. Garner provides inmates with reasonable communication between advocacy organizations in as confidential manner as possible.

115.53 (b) Garner informs 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. By examination, the Auditor tested the telephone system. A recording immediately come on the line informing the inmate that all calls are subject to being monitored. All random and targeted inmates sampled during the on-site portion of this audit believed calls were being monitored.

115.53 (c) CDOC maintains a memorandum of understanding or other agreements with Alliance to End Sexual Violence, to provide inmates with confidential emotional support services related to sexual abuse. The Auditor contacted the organization by telephone. The Alliance to End Sexual Violence confirmed that the community service provider would provide inmates with confidential emotional support services related to sexual abuse as needed. Garner Correctional Institution met the requirements for Standard 115.53.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education
3. MOU between CDOC/Garner Correctional Institution and the Connecticut Alliance to End Sexual Violence
4. Inmate Handbook (English)
5. Interviews with the following:
  - a. Staff (Random and Specialized)
  - b. Inmates (Random and Targeted)
  - c. PREA Compliance Manager (PCM)
  - d. PREA Coordinator

**Corrective action:** None required

## **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

*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 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment and Connecticut Department of Correction addresses the requirements of Standard 115.54.

115.54 (a) CDOC has established a method to receive third-party reports of sexual abuse and sexual harassment. By examination of the CDOC official website, the Auditor determined that third party reporting is publicly distributed information on how to report inmate sexual abuse or sexual harassment on behalf of an inmate. Staff are mandated to accept such reports from individuals outside the correctional facility. These individuals may make reports by:

1. Writing to or calling the Commissioner, Deputy Commissioner, District Administrator or Unit Administrator of the facility in which the incident allegedly occurred.
2. Contacting the PREA Coordinator.

GCI Inmate Handbook (English), PREA posters (English and Spanish), CSP address, CDOC website, and the Connecticut Alliance to End Sexual Violence MOU collectively meet the mandates of Standard 115.54. The CDOC website, posted notices (inside living units and Garner Inmate Handbook provide inmates with contact information to the Connecticut State Police (\*9333#), toll free numbers to CDOC (\*9222#), and Connecticut Alliance to End Sexual Violence (\*9444) and their 24-Hour Hotline (1-888-999-5545/English or 1-888-568-8332/Spanish). The website and posted notices assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The inmates interviewed indicated they were aware of third-party reporting methods and would probably feel more comfortable reporting an incident of sexual abuse to someone outside the facility. Garner Correctional Institution met the requirements for Standard 115.54.

### Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment

3. MOU between Garner Correctional Institution and Connecticut Alliance to End Sexual Violence
4. CDOC website
5. Inmate Handbook (English)
6. Interviews with the following:
  - a. Staff (Random and Specialized)
  - b. Inmates (Random and Targeted)
  - c. PREA Compliance Manager (PCM)

**Corrective action:** None required

## 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

*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 6.6 Reporting of Incidents and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) both address Standard 115. 61.

CDOC requires 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. Likewise, CDOC requires 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. Further, CDOC requires 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.

115.61 (a) During interviews with random and specialized staff all confirmed that CDOC requires 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 it is part of the agency.

During interviews with random and specialized staff all confirmed that CDOC requires 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.

During interviews with random and specialized staff all confirmed that CDOC requires 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.

115.61 (b) During interviews with random and specialized staff all confirmed that apart from reporting to designated supervisors or officials, each staff person would 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.

115.61 (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners interviewed confirmed a requirement as mandatory reporters, to report sexual abuse pursuant to Standard 115.61. Further, medical and mental health practitioners interviewed confirmed an agency requirement to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Moreover, CDOC requires 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 it is part of the agency.

Likewise, CDOC requires 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. Further, CDOC requires 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.

115.61 (d) Garner houses zero Youthful Inmates. Medical and mental health practitioners interviewed confirmed if the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the agency would report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

115.61 (e) Garner reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Staff (random and specialized) interviewed were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The PCM indicated that unless otherwise precluded by Federal, State, or local law, CDOC medical and mental health providers at Garner are required to report sexual abuse pursuant to Standard 115.61. More, CDOC/Garner medical and mental health providers affirmed that they are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Staff typically report allegations of sexual abuse to the Shift Commander, Lieutenant, or Captain, but reports can also be made privately or by a third party. Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Staff (random and

specialized) members interviewed were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The PCM indicated that unless otherwise precluded by Federal, State, or local law, CDOC medical and mental health providers at Garner are required to report sexual abuse pursuant to Standard 115.61. More, CDOC/Garner medical and mental health providers affirmed that they are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Staff typically report allegations of sexual abuse to the Shift Commander, Lieutenant, or Captain, but reports can also be made privately or by a third party.

CDOC policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident.

Administrative Directive 6.6, Reporting of Incidents, outlines the levels or classifications of inmate disciplinary violations. Class 1 Incidents include sexual abuse with immediate evidence that it occurred; Class 2, where there is sexual abuse, however, there is no immediate evidence that it occurred; and Class 3; sexual harassment. This policy described the required reporting procedures for each level of offense. A review of policy and interviews with staff support the finding that the facility follows this standard. Garner Correctional Institution met the requirements for Standard 115.61.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Interviews with the following:
  - a. Staff (Random and Specialized)
  - b. Inmates (Random and Targeted)
  - c. Captain, PREA Compliance Manager (PCM)

**Corrective action:** None required

## **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

*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 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness, and Connecticut Department of Correction, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk both address the requirements of Standard 115.62.

Staff (random and specialized) members interviewed were very aware of their duties and responsibilities when they become aware or suspect that an inmate is being sexually abused or sexually harassed. All staff (random and specialized) indicated they would act immediately to protect the inmate, including separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the Shift Supervision, Lieutenant, PREA Compliance, Captain, and medical staff.

115.62 (a) According to the PREA Coordinator, PREA Unit Director, when CDOC learns that an inmate is subject to a substantial risk of imminent sexual abuse, the agency takes immediate action to protect the inmate.

During the Auditor interview the Warden and Captain/PCM each confirmed information contained in the PAQ, there were zero instances in which Garner Correctional Institution staff determined that an inmate was subject to a substantial risk of imminent sexual abuse, in the past 12 months. Garner met the requirements for Standard 115.62.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Correction, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk
4. Interviews with the following:
  - a. Staff (Random and Specialized)
  - b. Inmates (Random and Targeted)
  - c. Captain, PREA Compliance Manager (PCM)



d. PREA Coordinator

**Corrective action:** None required

## 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

*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 6.6 Reporting of Incidents; and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) both address the requirements of Standard 115. 63.

Policy requires that any inmate allegation of sexual abuse occurring while confined at another facility be reported to the Warden of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. The Auditor interviewed the PCM to established procedures that require the Warden to immediately notify the Chief Executive Officer/Warden of the other confinement facility, in writing, of the nature of the sexual abuse allegation. When the inmate reports sexual abuse/sexual harassment from state, non-bureau privatized facilities, jails, juvenile facilities, or inmate reentry centers, the Warden contacts the appropriate office of the facility and/or notifies the CDOC PREA Investigative Unit, if appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. In the past 12 months, Garner Correctional Institution received zero allegation from an inmate that he was abused while confined at another facility. Garner Correctional Institution met the requirements for Standard 115.63.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator
  - c. Warden

**Corrective action:** None required

## **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

*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 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) addresses the requirements of Standard 115.64.

All staff (random and specialized) interviewed were well-informed concerning their first responder duties and responsibilities upon learning of an allegation of sexual abuse/sexual harassment. Staff (random and specialized) indicated they would separate the inmates, protect the victim, secure the crime scene, prevent the destruction of usable physical evidence, and contact the Shift Commander, Warden, Deputy Warden, Captain/PCM, and medical and mental health staff. The Shift Commander, Lieutenant, would also be responsible to protect the inmate and notify medical, mental health, the Emergency Response Team (ERT), and administrative/executive staff.

115.64 (a) According to custody staff (100%) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: Separate the alleged victim and abuser.

According to custody staff (100%) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: Separate the alleged victim and abuser.

According to custody staff (100%) sampled during the onsite portion of this audit, 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.

According to custody staff (100%) interviewed at Garner during the onsite portion of this audit, each confirmed that upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is 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.

According to custody staff (100%) interviewed during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is 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.

According to custody staff (100%) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

According to custody staff (100%) sampled during the onsite portion of this audit, 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.

According to custody staff (100%) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is 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.

115.64 (b) According to non-custody staff interviewed during the onsite portion of this audit confirmed a duty as a first responder to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security Shift Supervisor, Warden, Duty Officer and PCM . The Shift Commander, Lieutenant, would also be responsible to protect the inmate and notify medical, mental health, the Emergency Response Team (ERT), and administrative/executive staff. In the past 12 months, Garner Correctional Institution received two allegations of sexual abuse/harassment Garner Correctional Institution met the requirements for Standard 115.64.

## Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
3. Interviews with the following:
  - a. PREA Compliance Manager (PCM)
  - b. Staff (Random and Specialized)
  - c. Shift Commander (intermediate or upper-level manager)
  - d. First responder (custody)
  - e. First responder (non-custody)

**Corrective action: None required**

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) addresses the requirements of Standard 115.65.

Policy and DOJ/CDOC First Responder Reference Guide response protocol addresses the requirements of this standard. Policies were reviewed by the Auditor. The local policy

specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provides for prompt and effective intervention, in the event abuse or assault occurs. Local policy also includes procedures for the investigation, discipline and prosecution of the assailant or abuser. The First Responder Reference Guide response protocol details first responder duties, reporting procedures, physical evidence collection/preservation, and medical/mental health care responsibilities. The First Responder Reference Guide response protocol was developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior.

115.65 (a) The CDOC/Garner has 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. Garner Correctional Institution met the requirements for Standard 115.65.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
3. PREA Incident Checklist
4. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. Staff (Random and Specialized)

**Corrective action:** None required

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

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

115.66 (a) The PREA Coordinator, agency's head designee and the agency contract administrator each confirmed that CDOC and any other governmental entities responsible for collective bargaining on the agency's behalf is 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. Garner Correctional Institution met the requirements for Standard 115.66.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Garner Correctional Institution Pre-Audit Questionnaire
2. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator
  - c. Agency Contract Administrator

**Corrective action:** None required

## 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 €

- 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 €

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, 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 Standard 115.67.

The policies prohibit any type of retaliation against any staff person or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations. The Captain/PCM is charged with monitoring retaliation. During her interview, the Captain indicated that she follows up on all 30, 60 and 90-day retaliation monitoring reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing

reassignments, and negative performance reviews/staff job reassignments, as required in 115.67c. The Captain/PCM indicated she would monitor the situation indefinitely. Likewise, the agency PREA Unit also monitors in the event of possible retaliation. According to the PREA Coordinator and PREA Unit Captain, in the past 12 months, there have been no incidents of retaliation. Compliance with this standard was determined by a review of policy/documentation and staff interviews. Garner Correctional Institution met the requirements for Standard 115.67.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, 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
3. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Unit Captain
  - c. PREA Coordinator, PREA Unit Director

**Corrective action:** None required

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

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for

Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility and Connecticut Department of Correction addresses the requirements of Standard 115.68.

115.68 (a) According to the Warden and PCM 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. Interviews and documentation reviewed at Garner indicated that inmates at high risk for sexual victimization are prohibited from being placed 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.

Interviews with staff who supervise inmates in segregation all indicated that if an assessment cannot be immediately completed, Garner Correctional Institution would hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Custody and specialized staff are required to assess and consider all appropriate alternatives for safeguarding an alleged inmate victim of sexual abuse/sexual harassment.

The Captain/PCM confirmed with the Auditor that staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (RHU), alternatives such as placing the inmate in another housing unit or transferring the inmate to another facility.

Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in RHU. The Captain/PCM confirmed that to the extent possible, access to programs, privileges, education, and work opportunities would not be limited to inmates placed in RHU for the purpose of protective custody for reasons of sexual abuse or sexual harassment. Restrictions of programs, privileges, education, or work would be documented by the facility. There were zero inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy and supporting documentation, as well as a tour of the facility and staff interviews. Garner Correctional Institution met the requirements for Standard 115.68.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility
3. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. Staff (Random and Specialized)
  - c. Inmates (targeted and random)
4. Facility tour

**Corrective action:** None required

# 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 €

- 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*)

### 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 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations; and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment collectively address the requirement of Standard 115.71.

115.71 (a) When the CDOC conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively according to the PREA Coordinator, PREA Unit Director and PREA Unit Captain.

115.71 (b) Where sexual abuse is alleged, CDOC uses investigators who have received specialized training in sexual abuse investigations as required by 115.34.

115.71 (c) According to the PREA Coordinator, investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data., interview alleged victims, suspected perpetrators, and witnesses, review prior reports and complaints of sexual abuse involving the suspected perpetrator.

According to the PREA Unit Captain, investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data., interview alleged victims, suspected perpetrators, and witnesses, review prior reports and complaints of sexual abuse involving the suspected perpetrator

115.71 (d) When the quality of evidence appears to support criminal prosecution, the Connecticut State Police would inform the PREA Unit and conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71 (e) According to the PREA Coordinator, PREA Unit Director, agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as inmate or staff. The agency investigates 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.

According to the, PREA Unit Captain, agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as inmate or staff. The agency investigates 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.

115.71 (f) According to the PREA Coordinator, PREA Unit Director, and the PREA Unit Captain, administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations are 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

115.71 (g) CSP/CDOC documents criminal investigations 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.

115.71 (h) According to the PREA Coordinator, all substantiated allegations of conduct that appears to be criminal referred for prosecution.

115.71 (i) CDOC retains 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.

115.71 (j) CDOC ensures 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.

115.71 (k) Auditor is not required to audit this provision.

115.71 (l) The Connecticut State Police an outside entity investigates allegations of sexual abuse. The agency/Garner fully cooperates with outside investigators and endeavor to remain informed about the progress of the investigation, according to the PREA Coordinator.

The Connecticut State Police (CSP) is identified by directive and agreement as the primary investigative authority (criminal) for the CDOC and Garner CI. The CDOC PREA Investigative Unit serves as the principal investigators for initial inquiries and administrative investigations. The Statewide PREA Investigative Unit Director/PREA Coordinator indicated that administrative reports that are investigated by his unit but thought to be criminal are forwarded to CSP for review and triage.

CDOC investigators utilize The Uniform Evidence Protocol. Where sexual abuse is alleged, CDOC uses investigators who have received specialized training in sexual abuse investigations as required by Standard 115.34, investigative training that outlines how best to investigate reports of sexual abuse and harassment in correctional confinement settings.

The PREA Investigative Unit Director/PREA Coordinator indicates that all referrals to CSP is well-documented. According to the PREA Coordinator, CSP investigations would include but not be limited to gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, assessing the credibility of an alleged victim, suspect, or witness on an individual basis, review prior reports and complaints of sexual abuse involving the suspected perpetrator and make referral for prosecutable criminal offenses to the prosecutor for action. Furthermore, the PREA Coordinator indicated that investigations for all allegations, including third party and anonymous reports would be investigated by the agency.

A total of 2 allegation of sexual abuse/sexual harassment was documented in the last 12 months. Two sexual abuse allegations investigation was generated at Garner Correctional Institution and zero allegation was referred to CSP during the last 12 months. All sexual abuse investigations were investigated, closed and each inmate was notified of the outcome of the investigation in writing. Compliance with this standard was determined by a review of policy/documentation, investigative files, and staff interviews. Garner Correctional Institution met the requirements for Standard 115.71.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations
4. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
5. Interviews with the following:
  - a. PREA Compliance Manager (PCM)
  - b. PREA Unit, Director, PREA Coordinator
  - c. PREA Unit, Captain
  - d. Staff (Random and Specialized)

**Corrective action:** None required

**Standard 115.72: Evidentiary standard for administrative investigations**

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

**115.72 (a)**

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

**Auditor Overall Compliance Determination**



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

### Instructions for Overall Compliance Determination Narrative

*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 1.10 Investigations, Section 3, pages 1 – 2, Definitions and Acronyms; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations. CDOC policies and the interview with the PREA Coordinator collectively address the requirement of Standard 115.72.

115.72 (a) According to the agency PREA Coordinator, PREA Unit Director, PREA Investigator and the PREA Unit, Captain, PREA Investigator, the standard of evidence is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. The evidence standard was utilized in the cases reviewed by the Auditor. Garner Correctional Institution met the requirements for Standard 115.72.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 3, pages 1 – 2, Definitions and Acronyms
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations
4. Interviews with the following:
  - a. Agency PREA Coordinator, PREA Unit Director, PREA Investigator
  - b. PREA Unit Captain, PREA Investigator

**Corrective action:** None required

## 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 €

- 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.*

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 4, Initial Inquiries and Administrative Investigations; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, PREA Unit Investigations; and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment collectively address the requirements of Standard 115.73.

A total of 2 allegations (two administrative and zero criminal) of sexual abuse/sexual harassment were documented in the last 12 months. All allegations were investigated, closed and each inmate was notified of the outcome of the investigation in writing. 115.73 (a) The PREA Coordinator confirmed that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.73 (b) Criminal investigations are conducted by the Connecticut State Police. CDOC/PREA Unit request relevant information from the Connecticut State Police to inform the inmate. Documentation is maintained in the investigative file by the PREA Unit.

115.73 (c) The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless CDOC has determined that the allegation is unfounded, or unless the inmate has been released from custody, the PREA

Unit subsequently would inform the inmate whenever: The staff member is no longer posted within the inmate's unit.

115.73 (d) The PREA Coordinator confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, CDOC would 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.

The PREA Coordinator confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, CDOC would 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.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The staff member is no longer employed at the facility.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless CDOC has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would 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.

115.73 (e) The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, CDOC has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit.

The PREA Coordinator confirmed that 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, CDOC would subsequently inform the inmate whenever: The staff member is no longer employed at the facility.

The PREA Coordinator confirmed that 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, CDOC would 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.

The PREA Coordinator confirmed that 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, CDOC would

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.

The PREA Coordinator confirmed that 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, the agency would 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.

115.73 (f) Auditor is not required to audit this provision.

Documentation is maintained in the investigative file. Compliance with this standard was determined by a review of policy, an examination of the written notices, and staff interviews. Garner Correctional Institution met the requirements for Standard 115.73.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 4, Initial Inquiries and Administrative Investigations
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, PREA Unit Investigations
4. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
5. PREA Investigation Tracking Log
6. Interviews with the following:
  - a. PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator
  - c. PREA Unit Captain

**Corrective action:** None required

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline; and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions both address the requirements of Standard 115.76.

115.76 (a) According to CDOC PREA Coordinator all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from Garner who have violated agency sexual abuse or sexual harassment directives was zero.

115.76 (b) According to the PREA Coordinator, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c) Disciplinary sanctions for violations of agency directives relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be 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, according to the PREA Coordinator.

115.76 (d) 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, when applicable, are reported to: Law enforcement agencies, unless the behavior was clearly not criminal.

Further, all CDOC 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, are reported to: Relevant licensing bodies All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the CDOC, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews. Garner Correctional Institution met the requirements for Standard 115.76.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
4. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator
  - c. PREA Unit, Captain

**Corrective action:** None required

**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.*

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions addresses the requirements of Standard 115.77.

115.77 (a) According to the PREA Coordinator, any contractor or volunteer who engages in sexual abuse would be prohibited from contact with inmates.

According to the PREA Coordinator, any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal). Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In non-criminal cases, the Connecticut Department of Correction would



take appropriate remedial measures and consider whether to prohibit further contact with inmates.

115.77 (b) In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, The PREA Compliance Manager confirmed that CDOC/Garner would take appropriate remedial measures and consider whether to prohibit further contact with inmates.

During the past 12 months, there were zero incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Volunteerism has been suspended due to the pandemic. Contractors contact with inmates has been suspended also.

During the past 12 months, there were zero incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Garner met the requirements for Standard 115.77.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
3. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Coordinator, PREA Unit Director
  - c. PREA Unit, Captain

**Corrective action:** None required

**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 €**

- 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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  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 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline; and Connecticut Department of Correction, Administrative Directive 9.5 Code of Penal Discipline collectively address Standard 115.78.

The Code of Penal Discipline defines sexual abuse as persons regardless of gender, consent, coercion, force of threat involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The code identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in a disciplinary action. CDOC prohibits consensual sex between inmates, but it does not constitute sexual abuse. CDOC disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Penal Code.

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.

115.78 (b) According to the Counselor, CDOC imposes disciplinary 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. 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.

115.78 (c) When determining what types of sanction, should be imposed, the agency/facility disciplinary hearing process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior.

115.78 (d) Garner, offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, Garner considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits.

115.78 (e) CDOC disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (f) For the purpose of disciplinary action 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.

115.78 (g) CDOC prohibits all sexual activity between inmates, CDOC refrains from considering non-coercive sexual activity between inmates to be sexual abuse.

Specialized staff (mental health) interviewed confirmed that if mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Compliance

with this standard was determined by a review of policy/documentation, an examination of the inmate penal code, and staff interviews.

Garner does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the PREA Coordinator support compliance with this standard. The PREA Coordinator and the Captain/PCM indicated that an inmate's mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed. Specialized staff (mental health) interviewed confirmed that if mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Compliance with this standard was determined by a review of policy/documentation, an examination of the inmate penal code, and staff interviews. Garner Correctional Institution met the requirements for Standard 115.78.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline
3. Connecticut Department of Correction, Administrative Directive 9.5 Code of Penal Discipline
4. Interviews with the following:
  - a. PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator
  - c. Specialized staff interviews

**Corrective action:** None required

## 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.*

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness, and Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6 both address the requirements of Standard 115.81.

Interviews with health and psychology service practitioners confirmed that Garner Correctional Institution has a system for collecting medical and mental health information on inmates. The appraisals allow medical and mental health practitioners to provide an initial assessment, 30-day re-assessment and provide follow up emotional support services to the inmate victims of sexual abuse.

115.81 (a) Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness, and Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, CDOC risk 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, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

115.81 (b) Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness, and Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, CDOC risk 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, health care practitioners ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening, according to the Counselor Supervisor.. The Auditor examined a sample of follow-up referrals of inmates with prior histories of victimization in the community.

115.81 (c) Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness, and Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, indicates that if risk 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 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.

115.81 (d) According to medical and mental practitioners sampled during the audit sensitive personal information is strictly limited to health care practitioners and security management with a need to know and inform decisions such as housing placement, work, programming, and education or as otherwise required by Federal, State, or local law. Electronic medical records are password protected.

115.81 (e) A sample of medical and mental health practitioners confirmed during individual interviews that informed consent is obtained from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Garner does not house inmates under the age of 18.

Interviews with health and psychology services staff confirmed that Garner Correctional Institution has a system for collecting medical and mental health information on inmates. The system allows medical and mental health staff to provide an initial assessment and continued re-assessment and follow up services to the inmates.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6
4. PREA Emergency Medical and Mental Health Services Log Sample
5. Interviews with the following:
  - a. PREA Compliance Manager (PCM)
  - b. Specialized (medical/mental health) staff interviews
  - c. Inmates (random and targeted)
  - d. Counselor

**Corrective action:** None required

**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.*

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action address Standard 115.82.

115.82 (a) According to the PREA Coordinator, 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. Likewise, the Auditor interviewed a sample of medical and mental health practitioners who also confirmed that 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.

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, custody staff sampled indicated that they would take preliminary steps to safeguard and protect the victim pursuant to § 115.62 and notify facility leadership, and the agency PREA Unit of the incident. Custody staff (100%) sampled during the onsite portion of this audit confirmed, as a first responder they would safeguard the victim and immediately notify the appropriate medical and mental health practitioners.

115.82 (c) Medical and mental health practitioners sampled during the onsite portion of this audit confirmed that inmate victims of sexual abuse would be 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. Medical practitioners are on duty daily and are available for consultation or call-back on off duty hours. Information and access to emergency medical care is offered to all inmate victims of sexual abuse, as clinically indicated.

115.82 (d) Medical and mental health practitioners sampled during the onsite portion of this audit confirmed that treatment services would be provided to a victim of sexual abuse without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There was zero allegation of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE examiner in the past 12 months as confirmed by interview with the PREA Unit Captain and records review. The facility medical and mental health personnel provide services to all inmates placed at Garner Correctional Institution. Medical practitioners are on duty daily, seven days a week and are available for consultation or call-back on off duty hours. Mental health practitioners are on-site five days per week and are also available for call-back on off duty hours. Information and access to emergency medical care are offered to all inmate victims, as clinically indicated. Victim advocacy services are offered telephonically and via mail from the Connecticut Alliance to End Sexual Violence. Agency policy prohibits inmate co-pays for medical treatment from being applied to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There was no allegation of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE examiner in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE/SAFE provider and facility medical staff. Secondary materials documenting compliance are on file. Garner Correctional Institution met the requirements for Standard 115.82.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action
3. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. Specialized staff (medical and mental health) practitioners
  - c. SANE/SAFE interview

**Corrective action:** None required

### **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 €

- 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 €

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  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.*

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13 addresses the requirements of Standard 115.83.

115.83 (a) CDOC/Garner 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.

115.83 (b) Specialized health care practitioners interviewed during the onsite portion of this audit, confirmed that the evaluation and treatment of a sexual abuse victim would 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.

115.83 (c) Specialized health care practitioners interviewed during the onsite portion of this audit, confirmed that Garner would provide victims of sexual abuse with medical and mental health services consistent with the community level of care,

115.83 (d) The provision is not applicable. Garner is a male only facility.

115.83 (e) The provision is not applicable. Garner is a male only facility.

115.83 (f) Specialized health care practitioners interviewed during the onsite portion of this audit, confirmed that inmate victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g) Specialized health care practitioners interviewed during the onsite portion of this audit, confirmed that 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.

115.83 (h) Specialized health care practitioners interviewed during the onsite portion of this audit, confirmed that Garner attempts 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. Garner met the requirements for Standard 115.83.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13
3. Interviews with the following:
  - a. Specialized staff (medical/mental health)

<b>DATA COLLECTION AND REVIEW</b>
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**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.*

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents addresses the requirements of Standard 115.86.

Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The PREA Investigative Unit and CSP conduct all investigations. The PREA Investigative Unit Director, PREA Coordinator was interviewed and found to be extremely knowledgeable concerning his duties and responsibilities. The Garner Correctional Institution conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was proven to be unfounded.

115.86 (a) During her interview the PCM confirmed that Garner conducts 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.

115.86 (b) During her interview the PCM confirmed that an incident review ordinarily occur within 30 days of the conclusion of the investigation Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment.

115.86 (c) During her interview the PCM, the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

115.86 (d) During her interview the PCM confirmed that 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, 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, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assess the adequacy of staffing levels in that area during different shifts, assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and 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 the PREA Coordinator

115.86 (e) During her interview the PCM confirmed that Garner would either implement the recommendations for improvement or document its reasons for not doing so.

All required sexual abuse incident reviews were completed at the conclusion of each substantiated and unsubstantiated allegation. The PCM indicated that the incident review team would seek additional information from other staff, as needed, to ensure a thorough review has been completed.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents
3. Interviews with the following:
  - a. PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator
  - c. PREA Liaison Captain

**Corrective action:** None required

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms; and Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting both address the requirements of Standard 115.87.

115.87 (a) According to the PREA Coordinator, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions CDOC collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. Data reports relative to this standard on the internet shows the last update occurred in 2018. The Auditor found little evidence of compliance with this standard.

115.87 (b) According to the PREA Coordinator, CDOC aggregates the incident-based sexual abuse data at least annually. This provision requires corrective action.

115.87 (c) According to the PREA Coordinator, the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice After corrective action, a review of 2020-2021 agency CDOC Annual Report was completed. This provision requires corrective action

115.87 (d) According to the PREA Coordinator and PREA Unit Captain, CDOC maintains, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The PREA Unit maintains uniform data from all each facility and aggregates the incident-based sexual abuse data for the agency.

115.87 (e) According to the PREA Coordinator, CDOC also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

115.87 (f) According to the PREA Coordinator, upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup>.

After corrective action, Garner Correctional Institution met the requirements for Standard 115.87.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms



3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting
4. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator

**Corrective action:**

According to the PREA Coordinator, CDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. This Writer found little evidence to satisfy this standard. CDOC will provide this Auditor with evidence to satisfy this standard. The Auditor will provide CDOC with sample templates to review and implement to address the corrective action in this standard. CDOC will publish said data on the agency website in accordance with PREA Standards.

**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.*

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12 addresses the requirements of Standard 115.88.

Connecticut Department of Correction reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated. The PREA Coordinator Manager forwards data to the CDOC PREA Investigative Unit Director/PREA Coordinator. An annual report is prepared and placed on the CDOC website. Compliance with this standard was determined by a review of policy/documentation and staff interviews. After corrective action, Garner Correctional Institution met the requirements for Standard 115.88.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12
3. Form: CN 61203, PREA Incident Post-Investigation Facility Review
4. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Coordinator

### **Corrective action:**

CDOC will complete an annual report as outlined in this standard. CDOC PREA Coordinator will provide the Auditor with a copy of the completed report for her records. CDOC will indicate the nature of any 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.

## **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.*

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting; Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking; and CDOC Records Retention Schedule, Series #26 collectively address Standard 115.89.

CDOC Retention Schedules indicates that agency records shall be retained in accordance with applicable records retention schedules as follows:

- A. Schedule S-1, Administrative Records; Directive Number 4.7 Effective Date 10/22/15  
Page 4 of 4 Title Records Retention;
- B. Schedule S-2, Personnel Records;
- C. Schedule S-3, Fiscal Records;
- D. Schedule S-4, Health Records;
- E. Schedule S-5, Higher Education Records;
- F. Schedule S-6, Information Systems Records;
- G. Schedule RC-050.

Department of Correction Records Retention Schedule and H. General Letter 2009-2, Management and Retention of E-mail and other Electronic Messages. All requests for record disposal shall be coordinated through an agency in accordance with the provisions of Directive 4.7.

The PREA Investigative Unit Director/PREA Coordinator reviews data compiled by each CDOC facility and issues a report to the Commissioner of the Connecticut Department of Correction on an annual basis. The data is securely retained and published on the CDOC website after the removal of all personal identifying information. The reports cover all data noted in this standard. After corrective action, Garner Correctional Institution met the requirements for Standard 115.89.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting
3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking
4. Connecticut Department of Corrections, Administrative Directive 4.7, Record Retention
5. CDOC Records Retention Schedule, Series #26
6. PREA Investigations and Records Review
7. PREA Investigative Reports by Facility 2013-2017
8. Auditor Summary Report, Bishop House 2018
9. Auditor Summary Report, Isaiah House 2018
10. Auditor Summary Report, Mary Magdalene House, 2018
11. Auditor Summary Report, Next Step Cottage, 2018
12. Auditor Summary Report, January House, 2018

- 13. Auditor Summary Report, Bridgeport Correctional Center, 2018
- 14. Auditor Summary Report, Corrigan-Radgowski Correctional Center
- 15. Auditor Summary Report, Manson Youth Center, 2018
- 16. Auditor Summary Report, Garner Correctional Institution, 2018
- 17. Form: CN 61203, PREA Incident Post-Investigation Facility Review
- 18. Interviews with the following:
  - a. Captain, PREA Compliance Manager (PCM)
  - b. PREA Investigative Unit Director, PREA Coordinator

**Corrective action:**

The PREA Coordinator will make available 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. CDOC will provide the Auditor with verification of all PREA audits completed to date. CDOC will submit a workorder ticket to CDOC Management Information Systems Department to upload all final PREA reports completed since 2018 both state and private contract confinement facilities.

## 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 was the third PREA audit of this facility. The Auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The Auditor was able to conduct private interviews with both inmates and staff. All CDOC facilities have received at least one PREA audit since August 20, 2012. At least one-third of all CDOC facilities were audited during the one-year period after August 20, 2012. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the Garner Correctional Institution allowed inmates to send confidential letters to the Auditor prior to the audit. There was no confidential letter mailed to the Auditor because of the audit postings in the housing units. Garner Correctional Institution met the requirements for Standard 115.401.

**Corrective action:** None required

## 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.*

The Garner Correctional Institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and through the review of supporting documentation, interviews with staff, 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. CDOC policies are directly tied to the PREA standards and staff expectations. The public has access to reporting mechanisms and CDOC PREA trends data via the CDOC website. The Garner Correctional Institution currently complies with all applicable PREA standards and no further corrective actions are required. After corrective action, Garner Correctional Institution met the requirements for Standard 115.403.

#### **Corrective action:**

115.403 (f) The PREA Coordinator indicated that CDOC has published on its website, all final reports. By examination, the Auditor determined that all final reports were not published on the CDOC website. This standard requires corrective action. The PREA Coordinator issued a

ticket to the agency IT Department to have all final agency PREA reports published on the CDOC website. Because of the pandemic and staffing issues the work request remains in the cue for actions. CDOC will provide this Auditor with confirmation of the publishing of all final reports.



# 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Sonya Love

2/16/2022

**Auditor Signature**

**Date**

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

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