

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

Interim Final

Date of Report

Auditor Information

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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: **March 6 – 9, 2019**

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

Telephone: 860-692-7480

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

BPO

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

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

Agency Chief Executive Officer

Name: Rollin Cook

Title: Commissioner

Email: rollin.cook@ct.gov

Telephone: (860) 692-7480

Agency-Wide PREA Coordinator

Name: David McNeil	Title: PREA Coordinator
Email: david.mcneil@ct.gov	Telephone: (203) 250-8136
PREA Coordinator Reports to: Commissioner of Correction, Rollin Cook	Number of Compliance Managers who report to the PREA Coordinator: 18

Facility Information

Name of Facility: Osborn Correctional Institution			
Physical Address: 335 Bilton Road, Somers, CT 06071			
Mailing Address (if different than above): P.O. B. 100, Somers, CT 06071			
Telephone Number: 860-814-4600			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

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

Facility Website with PREA Information: <https://www.ct.gov/doc>

Warden/Superintendent

Name: Gary Wright	Title: Warden
Email: Gary.Wright@ct.gov	Telephone: 860-814-4614

Facility PREA Compliance Manager

Name: Yadira Otero-Negron	Title: Deputy Warden
Email: Yadira.Otero-Negron@ct.gov	Telephone: 860-814-4633

Facility Health Service Administrator

Name: Richard Furey	Title: Health Services Administrator
Email: Richard.Furey@ct.gov	Telephone: 860-814-4743

Facility Characteristics

Designated Facility Capacity: 1505	Current Population of Facility: 1340
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Number of inmates admitted to facility during the past 12 months		2154	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1586	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		2113	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		335	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18 - 91	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		41.41	
Facility security level/inmate custody levels:		Level 3/3	
Number of staff currently employed by the facility who may have contact with inmates:		536	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		60	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		17	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		41	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Osborn Correctional Institution utilizes a video camera system for video surveillance. Cameras are placed strategically throughout the complex to ensure the safety and security of both inmates and staff.			
Medical			
Type of Medical Facility:		Medical Level 3	
Forensic sexual assault medical exams are conducted at:		St. Francis/Mt. Sinai Hospitals, Hartford Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		306	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		11 – 3 Lieutenants and 8 Captains	

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), Osborn Correctional Institution (CI) located in Somers, Connecticut was conducted on March 4-6, 2019 by U.S. Department of Justice (DOJ) certified PREA Auditor, Sonya Love, Diversified Consultant 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 second PREA (Prison Rape Elimination Act) audit for the State of Connecticut Department of Correction (CDOC), Osborn 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 Corrections, PREA Investigative Unit Director/PREA Coordinator, conducted a "pre-audit" review of the facility to ensure PREA compliance.

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

Policies and documentation were provided in the form of Administrative Directives (AD), Unit Directives, facility handbooks, and other forms/memos. Administrative Directives are agency-wide governing policies developed by the Connecticut Department of Corrections (CDOC) that stipulate specific policies, in the event, there is no agency-wide policy or site-specific policy required to expand on agency 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 Osborn Correctional Institution 2016 PREA Report was posted on the facility's website March 9, 2016.

The facility's PREA Compliance Manager submitted paper copies of the Osborn Correctional Institution's Inmate Admission and Orientation Handbook, in English and Spanish to the Auditor for her 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 the inmate. PREA hotlines have been established for inmates to call and report sexual assault or sexual abuse. The phone number is (*9222#). The hotline to the Connecticut State Police is (*9333#). In addition, inmates may call CONNSACS – Connecticut Alliance to End Sexual Violence through their unit counselor at 1-888-999-5545 (English) or 1-888-568-8332 (Spanish).

An examination of the inmate handbook revealed that Osborn Correctional Institution notified all inmates that:

- Telephone calls were subject to monitoring and recording except for unmonitored inmate calls to attorneys.
- CDOC has a zero-tolerance policy and no-tolerance philosophy for sexual victimization.
- CDOC has an Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1 – 19, dated 7/20/2015 provides guidance on the implementation of practices in compliance with PREA Standards.
- CDOC has an investigative process when the agency conducts investigations into allegations of sexual abuse and sexual harassment.
- CDOC provides access information to advocacy services for inmates who have been sexually abused or sexually harassed during their term of incarceration through the local community advocacy organization.
- CDOC has a detailed administrative remedy process for PREA related allegations.
- CDOC lists inmates' rights and responsibilities in the handbook.
- CDOC details in the handbook the guidelines for inmate correspondence.
- CDOC details in the handbook what inmates can do if they have a sensitive complaint.
- CDOC details in the handbook the inmate's healthcare rights and responsibilities.
- Sexual contact with other inmates is not authorized.
- There is no such thing as consensual sexual contact between staff and inmates in the CDOC.

The Auditor completed a document review of the Osborn Correctional Institution Pre-Audit Questionnaire (PAQ), applicable policies, procedures, administrative 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 2019 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
- Inmate 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, Osborn Correctional Institution was conducted on March 4 - 6, 2019 by Diversified Consultant Services, PREA certified Auditor Sonya Love. The population on the first day of the audit was 1340. The rated capacity was 1505. 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 Osborn Correctional Institution included the Receiving and Discharge (R&D) intake processing areas, all living units, the Special Housing (SHU), the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services and other programming areas and areas of Osborn CEC (Correctional Enterprises of Connecticut). Unit Management office space was found on each living unit and it was easily accessible to inmates. Osborn Correctional Institution has a Special Housing (SHU) consisting of 41 segregation cells. During the onsite visit zero inmates were housed in SHU as a result 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 to protect their privacy

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

Category of Staff Interviewed	# Interviews Conducted
Random Staff	16
Specialized Staff	23
Total Staff Interviewed	39

Note: Selected from all shifts

Other staff interactions during the facility tour	# Interviews Conducted
Staff Interactions during the facility tour	3
Staff who refused to be interviewed	0
Total Staff Interviewed	3

Category of Specialized Staff Interviewed	# Interviews Conducted
Agency Contract Administrator (previously interviewed) in 2019	0
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	2
Mental health staff	2
Administrative (human resource) staff	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	4
Contractors who have contact with inmates	1
Investigative staff	1
Staff who perform screening for risk of victimization and abusiveness	2
Staff who supervise inmates in segregated housing	2
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	2
Total Staff Interviewed	23

Site Review

Immediately following the opening meeting, a tour of the facilities was completed. The Auditor was escorted throughout the facility by the Deputy Warden/PREA Compliance Manager who was also Acting Warden of the facility, and the Captain/PREA Liaison Captain. 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 in both English and Spanish. Inmates affirmed the ability to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were 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 in all living units, meeting areas, and throughout the facility.

Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor noticed PREA audit postings were posted well in advance of the on-site visit. Inmate interviews confirmed the placement of the PREA notices. Observations noted during the tour:

- Zero inmates were housed in the restrictive housing unit RHU because of an allegation of sexual victimization during the audit.
- CONNSACS – Connecticut Alliance to End Sexual Violence can be reached at 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) was 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 1333 male inmates housed at Osborn Correctional Institution. A total of 45 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.

Category of Inmates Interviewed	# Interviews Conducted
Random inmates	27
Targeted inmates	18
Youthful inmates	0
Total inmates interviewed	45
Targeted Inmate Interviews-Breakdown	# Interviews Conducted
Youthful Inmates	0
Inmates with a Physical Disability	6
Inmates who are Blind, Deaf, or Hard of Hearing	0
Inmates who are Limited English Proficient (LEP)	5
Inmates with a Cognitive Disability	2
Inmates who Identify as Lesbian, Gay , or Bisexual	5
Inmates who Identify as Transgender or Intersex	0
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
Total Number of Targeted Inmates Interviews	18

*Note: Inmates selected from various living units

Staff Interviews

Osborn Correctional Institution employs on average a staff of 536 individuals. A total of 16 random staff members were interviewed to include Correctional Officers (from all shifts) and 23 administrative/specialized staff. The administrative staff included positions such as the Acting Warden/PREA Compliance Manager, Captain\PREA Liaison, Human Resources Manager, 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, CONNSACS, regarding the Memorandum of Understanding (MOU) that exists with Osborn Correctional Institution. The conversation confirmed that Osborn 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 St. Francis/Mt. Sinai Hospital and Hartford Hospital in Hartford, Connecticut 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 25 training records to establish compliance with PREA training mandates. This Auditor confirmed that five new employees of Osborn CI completed background checks before hire, and all received National Crime Information Clearance before working around inmates. The Auditor reviewed four files for facility volunteers. Zero of the volunteers selected for interview met the five-year background check review mandate. Screening and intake procedures were evaluated by reviewing 30 inmate files which included a vulnerability assessment instrument and inmate education verification documentation.

Investigations

During the current auditing period, there was 16 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.

Closeout

A closing meeting was held with the Auditor and the administrative staff on March 6, 2019. 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, inmate 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 Connecticut Department of Correction, Osborn Correctional Institution, is located in Somers, Connecticut. It is a medium security level 3 institution and has one of the largest inmate populations of the correctional facilities in the state. The facility is named after the Osborn Prison Farm which was established in the area on 1,400 acres in the 1930's. The facility opened in November of 1963 as a replacement for the Old Wethersfield State Prison and was formerly known as the Connecticut Correctional Institution-Somers.

The Osborn Correctional Institution staffing is composed of 426 fulltime staff who are committed to the institution agenda which stresses safety of staff, inmates, and the public. The facility supports an inpatient medical hospital, a mental health unit, a comprehensive education program, an inpatient Addiction Services unit and one of the largest Correctional Industries Program in the state. The Enterprise Program currently employs more than 200 inmates who manufacture inmate clothing, mattresses and run a full-service print shop. In addition, the facility is one of three in the state which also provides trained, offender, hospice volunteers who provide end of life care to fellow inmates.

Academic Programs

Adult Basic Education (ABE)

The ABE Program is designed to provide training to achieve grade eight proficiency in the basic academic areas of reading, mathematics, language arts, general science, and social

studies. Inmates who need to develop English language proficiency are provided education services in ABE.

General Educational Development (GED)

The GED program provides instruction to achieve grade twelve (12) proficiency. The focus is on writing, reading skills, mathematics, science and social studies in preparation for the GED examination. The new computer-based GED examination is offered throughout the year to those that qualify.

Vocational Education (VOC/ED)

The VOC/ED programs combine classroom instruction and occupational training in the following trades and workplace skills: Building Maintenance, Carpentry and Computer Education Technology.

Parenting Program

The Parenting Program develops positive relationships between inmates, their spouses, and children during and after incarceration. Topics covered in the class meetings include the following: parenting styles, child development, building a father-child relationship, the incarcerated father, reading and writing to your child, exploration of children's literature, communication, discipline, and societal issues.

Industries

The Osborn Correctional Enterprises of Connecticut Program (CEC) offers inmates an opportunity to learn real lifework skills while earning an hourly wage. Correctional Industries is a "self-sustaining entity" selling products and services to other state agencies, non-profit groups, municipalities and the federal government, and as such, operates much like any other business. The following industry shops are in operation at Osborn CI: Textile Shop, Print Shop, Laundry, Industry Warehouse, and Industry Janitors.

Summary of Audit Findings

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

During the auditing period, Osborn Correctional Institution reported sixteen 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 twenty-five 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 Correction and administrative staff were very professional.

Staff Interviews

Interviews with random and specialized staff confirmed that Osborn 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 Osborn 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. Osborn CI Inmate Handbook), personal instruction, videos, and posters. Thirty vulnerability assessment instruments were examined by the Auditor which confirmed that intake and classification assessments are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. 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. Twenty percent of inmates were very aware of the services provided by the local victim advocacy organization. Conversely, 80% of inmate had only a vague knowledge of community advocacy services available to victims of abuse, but each 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.*

Number of Standards Exceeded: 0

Number of Standards Met: 45

- §115.11; §115.12; §115.15; §115.16; §115.17; §115.18
- §115.21; §115.22

- §115.31; §115.32; §115.33; §115.34; §115.35
- §115.41; §115.42; §115.43
- §115.51; §115.52; §115.53; §115.54
- §115.61; §115.62; §115.63; §115.64; §115.65; §115.66; §115.67; §115.68
- §115.71; §115.72; §115.73; §115.76; §115.77; §115.78
- §115.81; §115.82; §115.83; §115.86; §115.87; §115.88; §115.89
- §115.401; §115.403

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (f)-2 There were 30 inmate institutional files originally reviewed, out of those thirty (30) files zero of the sample inmates received inmate re-assessments within 30 days of their arrival. The facility implemented a re-assessment procedure after the onsite portion of the audit. The written procedure has been in practice for (100) days. An audit of the inmate files after corrective action demonstrated (30) re-assessment were completed within 30 days and all necessary referrals were made to mental health by the facility. Osborne now meets the requirements of Standard 115.41.

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, and Connecticut Department of Correction, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention address Standard 115.11.

The agency's zero-tolerance policy against sexual abuse was confirmed during staff interviews. The agency's zero-tolerance toward sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The Deputy Warden serves as the PREA Compliance Manager (PCM). In addition to the PCM, there is a designated agency wide Director of the PREA Investigative Unit\PREA Coordinator to ensure adherence to PREA. The Deputy Warden reports to the Warden of the facility. However, the facility's Warden recently

retired and was not available to interview. The Deputy Warden, PCM is currently serving as Acting Warden of the facility. The PREA Liaison Captain reports to the Acting Warden, PCM. Zero-tolerance posters are displayed throughout every area of the complex. The agency and facility directives outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during admission and orientation presentations. All employees receive initial training and Annual Refresher Training (ART), as well as roll calls updates throughout the year. Osborn Correctional Institution met the requirements for Standard 115.11.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Osborn Correctional Institution Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19
3. Connecticut Department of Correction, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
4. Employee PREA Training Curriculum and Sign-in sheets
5. Inmate Admission and Orientation (A&O) Handbook
6. Organizational Chart
7. Interviews with the following:
 - a. Acting Warden/ PREA Compliance Manager (PCM)
 - b. Captain, PREA Liaison

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 OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency and Osborn Correctional Institution meet the requirements of this standard. An interview with the PREA Liaison Captain, Acting Warden/PCM, and the Osborn Correctional Institution PAQ substantiates that the agency and facility require contractual entities which they contract for the confinement of inmates (privatized prisons and/or inmate re-entry centers) to adopt and comply with the PREA standards. The Acting Warden/PCM confirmed that the agency contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards. Osborn Correctional Institution has 17 contracts for the confinement of inmates. Osborn Correctional Institution met the requirements for Standard 115.12.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Osborn Correctional Institution Pre-Audit Questionnaire
2. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. Acting Warden, PREA Compliance Manager (PCM)

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

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections and Osborn Correctional Institution, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan"; dated 20 July 2015; CT DOC Administrative Directive 2.15 "Custodial Staff Deployment" Section 5 "Staffing Plan" and OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan".

The agency policy requires Osborn Correctional Institution to review the staffing plans on an annual basis. Interviews with the Acting Warden/PCM and Captain, PREA Liaison Captain confirmed compliance with PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The Acting Warden/PCM confirmed that she has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, and staff interviews.

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. Osborn Correctional Institution has video cameras to augment staff presence, and mirrors. These cameras were pointed out during the tour with this Auditor. The facility utilizes convex mirrors to supplement security in areas where there are numerous corners or potential blind spots. Osborn Correctional Institution met the requirements for Standard 115.13.

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, OCI Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
5. Osborn Correctional Institution Post Plan
6. Osborn Correctional Institution Post Orders dated November 1, 2013 titled Warden
7. Osborn Correctional Institution Post Orders dated January 10, 2018 titled Correctional Lieutenant
8. Officer Unannounced Rounds Reports
9. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM)
 - b. Captain, PREA Liaison

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.

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

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager
4. Captain, PREA Liaison

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 – 8, Connecticut Department of Correction, Administrative Directive 8.17, Gender Non-Confirming, pages 1 – 6, Connecticut Department of Correction, Osborn C.I. Post Orders, dated February 23, 2018, titled B-Block I and Connecticut Department of Correction, OCI Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 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. 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 a majority of the inmates interviewed, indicated that employees of the opposite gender announce their presence before entering a housing unit. Likewise, staff interviewed also affirmed that Osborn Correctional Institution trains 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. All staff interviewed confirmed that they were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, the PAQ indicated there was one cross-gender strip or cross-gender visual body cavity search of an inmate by a staff member at the Osborn Correctional Institution. The Acting Warden/PCM indicated that there were no exigent circumstances in which a cross-gender strip search or

cross-gender-body cavity search took place at Osborn CI in the past 12-month period. Osborn Correctional Institution met the requirements for Standard 115.15.

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 - 8
3. Connecticut Department of Correction, Administrative Directive 8.17, Gender Non-Confirming, pages 1 – 6
4. Connecticut Department of Correction, Osborn C.I. Post Orders, dated February 23, 2018, titled B-Block I
5. Connecticut Department of Correction, OCI Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
6. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM)
 - b. Staff interviews (random)
 - c. Captain, PREA Liaison

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 Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10 – Inmate Education, Connecticut Department of Corrections, Administrative Directive 10.19, Americans with Disabilities Act and Connecticut Department of Corrections, Administrative Directive 10.12, Inmate Orientation address the requirements in Standard 115. 16.

Osborn Correctional Institution takes appropriate steps to ensure inmates with disabilities and inmates with LEP have an opportunity to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings, and inmate handbooks are in both English and Spanish. The above-mentioned documents were submitted to and reviewed by the Auditor. Staff members interviewed were aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. Osborn CI provided the Auditor with the contractual agreement with the National Registry of Interpreters for the Deaf or Hearing Impaired. Interpreters from the National Registry aid inmates using sign language to communicate. Several LEP inmates were interviewed during this audit. The review of documentation, staff, and inmate interviews support a finding that Osborn Correctional Institution met the requirements for Standard 115.16.

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, page 7, Section 10 – Inmate Education
3. Connecticut Department of Corrections, Administrative Directive 10.19, Americans with Disabilities Act
4. Connecticut Department of Corrections, Administrative Directive 10.12, Inmate Orientation
5. CDOC PREA Poster English
6. CDOC PREA Poster Spanish
7. Osborn Correctional Institution Inmate A & O Handbook
8. Interpretation Services telephone numbers and instructions
9. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. Acting Warden, PCM
 - b. Staff (Random and Specialized)
 - c. Inmates (Random and Targeted)

Corrective action: None required

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections, 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 and Connecticut Department of Corrections, OCI Unit Directive 2.3, Employee Selection, Transfer and Promotion address 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.

A Human Resources representative confirmed that she initiates and coordinate all recruitment activities in conjunction with the CDOC Affirmative Action Unit. All applications are processed by the Human Resources Unit prior to hiring consideration by the approving Unit Administrator or higher authority. Information on recruitment activities are 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 shall include 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 HR representative indicated as outlined in OCI 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 Corrections 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 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 Acting Warden, PCM indicated after closure of an investigation when applicable Osborn would 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 facility follows this standard. Osborn Correctional Institution met the requirements for Standard 115.17.

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, pages 4, Section 6 Staff Selection, and page 5, Section 7, Staff Promotion and Section 8, Selecting Contractors, Vendors and Volunteers.
3. Connecticut Department of Corrections, OCI Unit Directive 2.3, Employee Selection, Transfer and Promotion
4. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. Human Resource Manager
 - c. Acting Warden, PCM

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies and Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies address Standard 115.18.

Osborn Correctional Institution utilizes a video 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 facilities or video monitoring system, electronic surveillance system, or other monitoring technology. Osborn Correctional Institution met the requirements for Standard 115.18.

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 20, Upgrades to Facilities and Technologies
3. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies
4. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. Acting Warden, PCM
5. Auditor's observations during the facility tour

Corrective action: None required

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

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. CDOC and Osborn CI both affirm their responsibility to follow a uniform evidence protocol for administrative prosecutions. Likewise, CDOC and Osborn CI policy and procedures to include the uniform evidence protocol extends to the best efforts of the Connecticut State Police investigation of criminal prosecutions on behalf of CDOC and Osborn CI. The PREA Investigative Unit will serve as an investigative liaison between the CDOC and correctional facilities in Connecticut. Medical services to victims of sexual abuse are provided free of charge as confirmed by specialized interviews with medical and mental health practitioners during the onsite audit period. Osborn CI medical healthcare practitioners utilize forensic sexual assault medical services (SANE/SAFE) at St. Francis/Mt. Sinai Hospitals and Hartford Hospital.

An interview with the SANE/SAFE examiner at St. Francis/Mt. Sinai Hospitals and Hartford Hospital was conducted and the health care provider confirmed a comprehensive awareness of PREA standards. The representative indicated that a SANE/SAFE is available 24 hours a day, seven days a week. There was one SANE/SAFE examination conducted during the past 12 months. JDI (Just Detention International), a national victim advocacy agency, was contacted by this Auditor via email, but the agency had no information related to Osborn Correctional Institution. Victim advocacy is available to all inmates via an MOU with Connecticut Alliance to End Sexual Violence. CONNSACS agreed to make available to the victim a victim advocate from a rape crisis center that will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The MOU with Connecticut State Police (CSP) and CONNSACS demonstrate 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). Based on the interviews conducted and reviews of applicable policy and related documentation, it is apparent that Osborn CI achieves substantial compliance with the standard for the review period. Osborn Correctional Institution met the requirements for Standard 115.21.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Osborn Correctional Institution Pre-Audit Questionnaire

2. Connecticut Department of Corrections, Administrative Directive 6.6, Reporting of Incidents, 2018
3. Connecticut Department of Corrections, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence, 2018
4. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 2015, Section 15, Evidence Protocol/Securing the Area
5. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 2015, Section 15, Evidence Protocol/Securing the Area
6. Connecticut Department of Corrections, Administrative Directive 8.1, Scope of Health Care Services 2014
7. Connecticut Department of Corrections, Administrative Directive 8.5, Mental Health Services, 2015
8. Prison Rape Elimination Act (PREA), 2003, Public Law 108-79
9. Standards for Health Services in Prisons (P-B-04). 2014
10. National Commission on Correctional Health Care. Chicago, IL.
11. Memorandum of Understanding between CDOC and the Connecticut State Police (CSP)
12. Memorandum of Understanding between CDOC and Connecticut Alliance to End Sexual Violence (CONNSACS)
13. Telephone interview with SANE\SAFE examiner at St. Francis/Mt. Sinai Hospital and Hartford Hospital
14. Telephone interview with Connecticut Alliance to End Sexual Violence (CONNSACS)
15. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. Specialized medical and mental health providers
 - c. Acting Warden, PCM

Corrective action: None required

Cautionary Note:

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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, Connecticut Department of Connecticut, Administrative Directive 6.12, 8.A.5, Connecticut Department of Connecticut, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment, and Connecticut Department of Connecticut, OCI Unit Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment address Standard 115.22.

The PREA Investigative Unit Director/PREA Coordinator, Statewide PREA Investigative Unit, Captain/PREA Investigator 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 11 agency investigators in the CDOC. The Auditor interviewed one trained PREA investigator for the CDOC. The CDOC/CSP MOU, dated August 1996, delineates each agency's responsibilities relative to an incident involving a criminal act. There was 16 administrative (5 sexual harassment) and zero criminal allegation of sexual abuse and sexual harassment in the past 12 months. All sixteen investigations were closed before the posting of this report. 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 Captain, PREA Liaison. 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. The closed investigation results in a written inmate outcome notification to the inmate. A review of training documents confirmed that all investigators received specialized training instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff (specialized and random), an investigator, and an examination of supporting documentation confirm compliance with this standard. Osborn Correctional Institution met the requirements for Standard 115.22.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations
3. Connecticut Department of Connecticut, Administrative Directive 6.6, Reporting of Incidents
4. Connecticut Department of Connecticut, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence
5. Connecticut Department of Connecticut, Administrative Directive 6.12, 8.A.5
6. Connecticut Department of Connecticut, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment

7. Connecticut Department of Connecticut, OCI Unit Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment
8. Connecticut Department of Connecticut, Administrative Directive 9.6, Inmate Administrative Remedies, page 1 - 14
9. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. PREA Coordinator
 - c. Acting Warden, PCM
 - d. Captain PREA Unit

Corrective action: None required

Cautionary Note:

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.

Osborn CI provides PREA training via electronic platforms 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. All newly hired employees must attend and successfully complete the course curriculum. 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. Osborn 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, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum
4. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development
5. Staff sign-in training acknowledgement
6. Staff Training Curriculum
7. Interviews with the following:
 - a. Captain, PREA
 - b. Staff (random and specialized)

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.

Policies, Annual Training 2018 Lesson Plan, and Annual Training 2018 Agenda/Presentation address the mandates of this standard. The Acting Warden/PCM confirmed that sixty-nine volunteers and fourteen contractors received the PREA training, including the zero-tolerance policy, detection, prevention, response, reporting, and responding requirements. Training is documented and maintained on file at Osborn Correctional Institution. Copies of training sign-in sheets and other related documents were reviewed by the Auditor at the facility. Four volunteers were interviewed, and all indicated that they received PREA training. Each volunteer confirmed that they understood the training they received. Osborn 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, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers
5. VIP (Volunteers, Interns, Professional Partners) Handbook
6. Interviews with the following:
 - a. Acting Warden, PCM
 - b. Captain, PREA Liaison
 - c. Volunteers

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CDOC administrative directives, Inmate A&O Handbook (English and Spanish) explaining how to report incidents or suspicions of sexual abuse or sexual harassment, and the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. 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 stenciled on each living unit near the telephones for easy accessibility.

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.

A Unit Team staff member conducts PREA education for all inmates within 30 days of their arrival at Osborn Correctional Institution. Random and targeted inmates interviewed by the Auditor confirmed receiving PREA education within 30 days of their arrival. Osborn Correctional Institution inmate PREA education includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities. Inmates also view the PREA orientation video that explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment, and retaliation. PREA posters were displayed throughout the facility and in each housing unit. Inmates also have access to a "PREA Hotline" telephone number, which may be called to report sexual abuse or sexual harassment.

The facility also provides over-the-phone interpretive service for inmates that require a translator with limited English proficiency. The Auditor was provided a random sampling of

A&O Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the PREA education and relevant written materials. All inmates are required to acknowledge, in writing, completion of PREA education. During the interview process, random and targeted inmates indicated they received information about Osborn Correctional Institution's rules against sexual abuse/sexual harassment, when they arrived at the facility. All random and targeted inmates interviewed also indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment, and their right not to be punished for reporting sexual abuse/sexual harassment. Some inmates were aware of available services outside of the facility for dealing with sexual abuse. Other inmates indicated that the facility staff conducted inmate education, but they were not listening attentively and therefore could have missed the information provided about outside services for emotional support. These same inmates confirmed seeing PREA education on their living unit and they detailed how to gain additional information if needed. Osborn 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, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education
4. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates
5. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers
6. Connecticut Department of Connecticut, Administrative Directive 10.12, Section 3, Initial Orientation
7. Inmate Admission and Orientation (A&O) Handbook
8. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. PREA Compliance Manager/Acting Warden
 - b. Staff (Intake)
 - c. Inmates (Random and Targeted)
9. Auditor tour and observation

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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

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 Corrections (NIC).

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 Osborn CI directives confirmed policies are in place that require PREA investigators to receive specialized investigative techniques for interviewing sexual abuse victims. During a 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 three (3) trained PREA investigators. Osborn 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, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
4. Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations Section 11, page 6, Training
5. Training Logs/Records of Investigative Staff
6. Interviews with the following:
 - a. Captain, PREA Liaison
 - b. Acting Warden/PREA Compliance Manager
 - b. PREA Unit/PREA Coordinator
 - d. Staff (Random and Specialized)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees
3. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Connecticut, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
5. Connecticut Department of Connecticut, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff
6. Staff Training Agenda 2018 Annual Refresher Training

7. Training Logs/Records for Medical and Mental Health Practitioners
8. Interviews with the following:
 - a. Psychologist
 - b. Health Services Administrator
 - c. Staff (Random and Specialized)

The medical staff at Osborn CI does not conduct forensic examinations. Exams are conducted in a local hospital with a qualified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). The examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations. Osborn 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. The agency ensures all full and part-time medical and mental health practitioners, who work regularly in its facilities, have been trained according to the practitioner's status in the agency. All mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions.

Osborn Correctional Institution employees receive training annually and support documentation was reviewed by the Auditor on site and is on file at the facility. 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 staff confirmed 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. Osborn Correctional Institution met the requirements for Standard 115.35.

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Policy addresses the requirements of Standard 115.41. CDOC and Osborn 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. Osborn 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.

Osborn 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. Documentation did not support inmate reassessment for risk of victimization and abusiveness were conducted within 30 days of arrival or when even warranted.

Interviews with targeted and random inmates denied being disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d). The PREA Compliance Manager indicated during her interview that the facility has implemented appropriate controls to monitor the dissemination of sensitive information within the facility. Inmate information is password protected and physical files are monitored by medical staff using a login and out system to prevent information being exploited to the inmate's detriment by staff or other inmates.

Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff and a random review of 30 risk screening assessments support the finding that the facility follows Standard 115.41. After corrective action, Osborn Correctional Institution met the requirements for Standard 115.41.

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. Connecticut Department of Connecticut, OCI 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 Connecticut, 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 11.14 Attachment B
6. Interviews with the following:
 - a. Medical staff
 - b. Staff (Random and Specialized)
 - c. Unit Team members
 - d. Inmates (random and targeted)

Corrective action:

115.41 (f)-2 There were 30 inmate institutional files originally reviewed, out of those thirty (30) files zero of the sample inmates received inmate re-assessments within 30 days of their arrival. The facility implemented a re-assessment procedure after the onsite portion of the audit. The written procedure has been in practice for greater than 90 days. An audit of the inmate files

after corrective action demonstrated (30) re-assessment were completed within 30 days and all necessary referrals were made to mental health by the facility. The facility now reassesses an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness Osborne now meets the requirements of Standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or

female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction Administrative Directive 6.12 requires Osborne to use information from the risk screening instrument to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information requires Osborn to make individualized determinations about how to ensure the sexual safety of each inmate. Staff interviewed confirmed that they understood their responsibility to adhere to Administrative Directive 6.12 and Standard 115.42.

Housing and program assignments at Osborn 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 Acting Warden/PREA Compliance Manager confirmed Osborn 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.

During the audit, staff, the Captain/PREA Liaison and Acting Warden/PREA Compliance Manager all 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 of these inmates with respect to their own safety. Additionally, transgender or intersex inmates would be given the opportunity to shower separately from other inmates. Staff and inmate interviews, the review of supporting documentation and the Auditor's observations confirm that the facility follows Standard 115.42. Osborn Correctional Institution met the requirements for Standard 115.42.

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 C, page 9, Use of Screening Information
3. 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
4. Connecticut Department of Connecticut, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information
5. Connecticut Department of Connecticut, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates
6. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Captain, PREA Liaison
 - d. Acting Warden/PREA Compliance Manager

Corrective action: None required

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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, OCI 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 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 inmates are reassessed every seven days after entering the RHU. The Acting Warden and the Captain, PREA Liaison both confirmed that zero inmates at risk of sexual victimization were placed in RHU in the past 12 months.

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 in the 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 is 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 Osborn 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. Connecticut Department of Connecticut, OCI 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. CDOC Psychology Services Risk of Victimization notes
5. CDOC Psychology Services Risk of Abusiveness notes
6. Interviews with the following:

- a. Segregated Housing Officers
- b. Staff (Random and Specialized)
- c. Inmates (Random and Targeted)
- d. RHU staff
- e. Acting Warden/PREA Compliance Manager and the Captain, PREA Liaison

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? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Policies, the PREA Notices, and Inmate A&O Handbook 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 on each housing unit. The Auditor tested phones on every living unit for accessibility to third-party reporting entities. Osborn also has stenciled in bright colored paint and 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 at least three 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 Osborn 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 Osborn 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. Connecticut Department of Connecticut, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education
6. Connecticut Department of Connecticut, OCI Unit 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
7. Connecticut Department of Connecticut, OCI Unit 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
8. CDOC PREA zero tolerance Policy poster (English)
9. CDOC PREA zero tolerance Policy poster (Spanish)
10. Inmate A&O Handbook
11. Auditor's observations during the facility tour
12. Interview with the PREA Coordinator
13. Interview with the Acting Warden/PREA Compliance Manager and the Captain, PREA Liaison
14. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. 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 NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 addresses Standard 115.52. Policies and the Administrative Remedy Form CN 9602 address the requirements of this standard. The policy requires that all PREA grievances be processed in accordance with 115.52 (a-f). Inmates may file a grievance, however, all allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, policy prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. This may be accomplished by completing and depositing form CN 9602, Inmate Administrative Remedy Form, in the Administrative Remedies box. Policy states that there is no time frame for filing a grievance relating to sexual abuse or sexual harassment. Allegations of physical abuse by staff shall be referred to the PREA Investigative Unit, in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. The Acting Warden/PREA Compliance Manger indicated that if an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse; an expedited response is required to be provided within 48 hours. CDOC best efforts are made to provide expedited appeal responses within five calendar days.

If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger, if the remedy became known at the institution, the inmate may submit the remedy directly to the PREA Coordinator. Third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates shall be permitted in assisting inmates to file administrative remedies related to allegations of sexual abuse. During the onsite audit the Acting Warden/PREA Compliance Manager 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. Inmates are held accountable for manipulative behavior and false allegations. Generally, disciplinary action would be taken if a grievance was filed in bad faith. Osborn Correctional Institution met the requirements for Standard 115.52.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure
3. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Acting Warden/PCM and Captain, PREA Liaison

Corrective action: None required

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

- 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 Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education and Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education address 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. Osborn Correctional Institution met the requirements for Standard 115.53.

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 10, page 7, Inmate Education
3. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education
4. MOU between Osborn Correctional Institution and Connecticut Alliance to End Sexual Violence (CONNSACS)
5. Inmate Handbook (English)
6. Inmate Handbook (Spanish)
7. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Acting Warden/PCM and Captain, PREA Liaison

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 Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment and Connecticut Department of Corrections, OCI Unit 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 address the requirements of Standard 115.54.

The CDOC Inmate A&O Handbook (English and Spanish), PREA Posters (English and Spanish), CSP address and CDOC website and Connecticut Alliance to End Sexual Violence (CONNSACS) meet the mandates of Standard 115.54. The CDOC website, posted notices (inside living units and visiting room) and the Osborn 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 (CONNSACS) 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. RAINN, a National Sexual Abuse Hotline (800-656-HOPE) is also available to the inmate population for reporting incidents of sexual abuse/sexual harassment. Osborn Correctional Institution met the requirements for Standard 115.54.

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 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
3. Connecticut Department of Corrections, OCI Unit 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. MOU between Osborn Correctional Institution and Connecticut Alliance to End Sexual Violence (CONNSACS)
5. CDOC website
6. Inmate Handbook (English)
7. Inmate Handbook (Spanish)
8. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)

c. Acting Warden/PCM and Captain, PREA Liaison

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

Staff, contractors and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Staff members interviewed were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to the PREA standards. Staff typically reports allegations of sexual abuse to the Shift Commander, Lieutenant or Captain, but reports can be made privately or by a third party. 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. Osborn Correctional Institution met the requirements for Standard 115.61.

Policy, Materials, Interviews and Other Evidence Reviewed

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

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 Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness and Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness addresses 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, Captain, PREA Liaison, Acting Warden/PREA Compliance Manager and medical staff. During her interview the Acting Warden/PREA Compliance Manager confirmed information contained in the PAQ that in the past 12 months, there were zero instances in which Osborn Correctional Institution staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. Osborn Correctional Institution met the requirements for Standard 115.62.

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 of Victimization and Abusiveness
3. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness
4. Connecticut Department of Corrections, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk
5. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Acting Warden/PCM and Captain, PREA Liaison

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 Corrections, Administrative Directive 6.6 Reporting of Incidents, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) and Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) 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. Established procedures require the Warden to immediately notify the Chief Executive Officer 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, Osborn Correctional Institution received one allegation from an inmate that he was abused while confined at another facility. The facility was notified by Osborn within 72 hours. Osborn Correctional Institution met the requirements for Standard 115.63.

Policy, Materials, Interviews and Other Evidence Reviewed

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

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 Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) and Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) address the requirements of Standard 115.64.

All staff (random and specialized) members interviewed were extremely knowledgeable 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, Lieutenant, Acting Warden/PCM

and Captain, PREA Liaison, medical and mental health staff. The Shift Commander, Lieutenant or Captain would also be responsible to protect the inmate and notify medical, mental health, the Emergency Response Team (ERT), and administrative/executive staff. Osborn Correctional Institution met the requirements for Standard 115.64.

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 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Corrections, OCI Unit 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. Acting Warden/PCM and Captain, PREA Liaison
 - b. Staff (Random and Specialized)
 - c. Shift Commander (intermediate or upper-level manager)

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 Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) and 3. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) address Standard 115.65.

Policy and DOJ/CDOC First Responder Reference Guide, response protocol addresses the requirements of this standard. The 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. Osborn Correctional Institution met the requirements for Standard 115.65.

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 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. PREA Incident Checklist, form CN 61201
5. Interviews with the following:
 - a. Acting Warden/PCM and Captain, PREA Liaison
 - 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 Corrections conducts collective bargaining activities at the State level. There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any new collective bargaining agreements since August 20, 2012. Osborn Correctional Institution met the requirements for Standard 115.66.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Osborn Correctional Institution Pre-Audit Questionnaire
2. Interviews with the following:
 - a. Acting Warden/PCM and Captain, PREA Liaison

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 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 Corrections, 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 and Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation address Standard 115.76.

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 Acting Warden/PCM is charged with monitoring retaliation. During the interview, she indicated that she follows up on all 30, 60 and 90-day 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. In the event of possible retaliation, the PCM indicated she would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and staff interviews. Osborn Correctional Institution met the requirements for Standard 115.67.

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 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation
3. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation
4. Interviews with the following:
 - a. Acting Warden/PCM

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 Corrections, 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 Corrections, OCI Unit 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 address Standard 115.68.

The facility's use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of Standard 115.43. Interviews and documentation review at Osborn 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 that supervise inmates in segregation indicated during an interview that if an assessment cannot be immediately completed, Osborn would hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The mentioned above require staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment.

The Acting Warden/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 Acting warden/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. Osborn Correctional Institution met the requirements for Standard 115.68.

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 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility
3. Connecticut Department of Corrections, OCI Unit 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
4. Interviews with the following:
 - a. Acting Warden/PCM, Captain, PREA Liaison
 - b. Staff (Random and Specialized)

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 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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 Corrections, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations, Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14,

Investigation of Sexual Abuse/Sexual Harassment, Connecticut Department of Corrections, 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 Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment addresses Standard 115.71.

The Connecticut State Police (CSP) is identified by directive and agreement as the primary investigative authority (criminal) for the CDOC and Osborn CI. The CDOC PREA Investigative Unit serves as the principle investigators for initial inquiries and administrative investigations. The Statewide PREA Investigative/PREA Coordinator/Unit Director 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 Coordinator/Director of the PREA Investigation Unit 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. The Auditor reviewed a sample of an investigative report completed by CSP beyond the date range for this audit, but the report provided an example of a comprehensive written investigation completed by an external entity.

A total of 16 allegations of sexual abuse/sexual harassment were documented in the last 12 months. Eleven sexual abuse allegations investigations were generated at Osborn Correctional Institution during the last 12 months. Two of the 11 investigations alleging sexual abuse are still under investigation. Five allegations of sexual harassment occurred in the last 12 months. Five sexual harassment investigation 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. Osborn Correctional Institution met the requirements for Standard 115.71.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations

3. Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations
4. Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
5. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
6. Interviews with the following:
 - a. Acting Warden/PCM, Captain, PREA Liaison
 - b. PREA Coordinator
 - c. Staff (Random and Specialized)

Cautionary Note: CDOC conducts its own initial and administrative Investigations into allegations of sexual abuse and sexual harassment. While the investigations are thought to be objective and through the time consumed with each administrative investigation is lengthy. The Auditor strongly urges CDOC to streamline the review process to improve the efficacy of Standard 115.71.

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 Corrections, Administrative Directive 1.10 Investigations, Section 3, pages 1 – 2, Definitions and Acronyms and Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations. CDOC policies and the interview with the PREA Coordinator address the requirement of this Standard 115.72. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. When interviewed, the PREA Coordinator was aware of the evidence standard. The evidence standard was utilized in the cases reviewed by the Auditor. Osborn Correctional Institution met the requirements for Standard 115.72.

Policy, Materials, Interviews and Other Evidence Reviewed

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

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 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 6, pages 2 - 4, Initial Inquiries and Administrative Investigations, Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 8, PREA Unit Investigations, Connecticut Department of Corrections, 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 Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment address Standard 115.73.

A total of 16 allegations of sexual abuse/sexual harassment were documented in the last 12 months. Eleven sexual abuse allegations investigations were generated at Osborn Correctional Institution during the last 12 months. Two of the 11 investigations alleging sexual abuse are still under investigation. Five allegations of sexual harassment occurred in the last 12 months. Five sexual harassment investigation 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. 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. Osborn Correctional Institution met the requirements for Standard 115.73.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 6, pages 2 - 4, Initial Inquiries and Administrative Investigations
3. Connecticut Department of Corrections, Administrative Directive 1.10 Investigations, Section 8, PREA Unit Investigations
4. Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
5. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment

- 6. PREA Investigation Tracking Log
- 7. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM), Captain, PREA Liaison
 - b. PREA Coordinator

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 actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

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

Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. 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. Osborn Correctional Institution met the requirements for Standard 115.76.

Policy, Materials, Interviews and Other Evidence Reviewed

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

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 Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions and Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual

Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions address Standard 115.77.

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. 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. Compliance with this standard was determined by a review of policy and volunteer/contractor training files and volunteer/contractor and staff interviews. Osborn Correctional Institution met the requirements for Standard 115.77.

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 21, page 16, Disciplinary Sanctions
3. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
4. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM), Captain, PREA Liaison

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 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline, Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline and Connecticut Department of Corrections, Administrative Directive 9.5 Code of Penal Discipline 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. Osborn 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 Acting Warden, 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. Osborn Correctional Institution met the requirements for Standard 115.78.

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 21 C, page 16, Inmate Discipline
3. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline
4. Connecticut Department of Corrections, Administrative Directive 9.5 Code of Penal Discipline
5. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM), Captain, PREA Liaison
 - b. 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? Yes No

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews with health and psychology services staff, confirmed the Osborn 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.

Intake Screening. All newly admitted and inter facility transferred inmates are required to be screened by health services staff upon admission to the facility prior to placement in general population. A mental health referral and evaluation by mental health staff within 24 hours of referral is also required for the following circumstances such as:

- A. Inmates incarcerated for the first time;
- B. Inmates discharged from a psychiatric facility within the last 30 days;
- C. Inmates who, within 30 days of incarceration, have displayed or indicated a suicidal ideation but lacked a plan to carry out the suicide;
- D. Inmates with mental health concerns as identified by the court, or as reported by a concerned party;

- E. Inmates with a history (within the past three (3) years) of suicide attempts or plans, either self-reported or reported by a concerned party.

Inmates with a history of suicide attempts or ideation beyond three (3) years or inmates currently participating in outpatient mental health programs or services must be seen by mental health staff within 72 hours of admission.

Inmates indicating having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Mental health practitioners are required to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. All mandatory reporting laws for allegations of sexual abuse must be followed.

Health care providers who were interviewed during the audit confirmed that treatment services are offered without financial cost to the inmate. When indicated, specialized medical and mental health providers confirmed a duty to offer a follow-up meeting with a mental health provider within 14 days of the intake screening with inmates having experienced prior sexual victimization or prior perpetration of sexual abuse.

Specialized staff interviews with medical and mental health providers confirmed that inmates signed and dated informed consents before reporting prior sexual victimization which did not occur in an institutional setting is disclosed to need-to-know staff. Osborn Correctional Institution does not house inmates under the age of 18. Electronic medical records are password protected. All medical, mental health and PREA related information is handled confidentially and interviews with the intake screening staff support this fact. Osborn Correctional Institution met the requirements for Standard 115.81.

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, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness

4. Connecticut Department of Corrections, Administrative Directive 8.5 Mental Health Services, page 1-6
5. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM)
 - b. Specialized (medical/mental health) staff interviews

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

The facility medical and mental health personnel provide services to all inmates placed at Osborn Correctional Institution. Medical personnel are on duty 16 hours a day, seven days a week and are available for consultation or call-back on off duty hours. Mental health providers 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 through trained staff members. 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. Osborn Correctional Institution met the requirements for Standard 115.82.

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 13 C, page 12 – 13, Medical Staff Action
3. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action
4. Interviews with the following:

- a. Acting Warden, PREA Compliance Manager (PCM)
- b. Specialized staff (medical and mental health)
- 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 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13 and Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13 address Standard 115.83.

The Osborn Correctional Institution offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. The facility houses male inmates. Osborn Correctional Institution has fully staffed medical and mental health departments and offers victims of sexual abuse/sexual harassment medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Mental health evaluations are conducted on all known inmate-on-inmate abusers within at least 14 days of learning of such abuse history, but usually

immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard. Osborn Correctional Institution met the requirements for Standard 115.83.

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 13 C, Medical Staff Action, page 12-13
3. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13
4. Interviews with the following:
 - a. Specialized staff (medical/mental health)

Corrective action: None required

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents and Connecticut Department of Corrections, OCI Unit Directive 6.12

Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents address 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 was interviewed and found to be extremely knowledgeable concerning his duties and responsibilities. The Osborn Correctional Institution conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the facility incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status, perceived status, or gang affiliation. The team also decides as to whether additional monitoring technology should be added to enhance staff supervision. The incident review team is comprised of upper-level management officials, including the Acting Warden/PCM, Captain, PREA Unit, medical and mental health representatives, and the Unit Manager of the alleged victim. All required sexual abuse incident reviews were completed at the conclusion of each substantiated and unsubstantiated allegation and each incident was thoroughly documented. 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. Osborn Correctional Institution met the requirements for Standard 115.86.

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 22, Review by Facility of Sexual Abuse Incidents
3. Connecticut Department of Corrections, OCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents
4. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM)
 - b. Captain, PREA Liaison
 - c. PREA Coordinator

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 Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms, Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms and Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting address Standard 115.87.

CT DOC collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. As confirmed by a review of 2018 CDOC Annual Report, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the facilities CDOC PREA Investigative Unit using computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Facility compliance with this standard was also determined by a review of policy, a review of the tracking documentation and staff interviews. The PREA Investigative Unit Director works in conjunction with PREA Compliance managers to maintain and collect data required to meet this standard. The PREA Investigative Unit Director confirmed the process by interview. Osborn Correctional Institution met the requirements for Standard 115.87.

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 3, Definitions and Acronyms
3. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms
4. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting
5. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM)
 - b. Captain, PREA Liaison
 - c. PREA Coordinator

Corrective action: None required

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 Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12 and Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12 address 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 PCM forwards data to the respective 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. Osborn Correctional Institution met the requirements for Standard 115.88.

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 23 C, Tracking and BCC, Administrative Directive 6.12
3. Connecticut Department of Corrections, OCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12
4. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM)
 - b. Captain, PREA Liaison
 - c. PREA Coordinator

Corrective action: None required

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

The PREA Investigative Unit Director 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. Osborn Correctional Institution met the requirements for Standard 115.89.

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 23 A, Internal Reporting
3. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking
4. Agency's Records Retention Schedule, Series #26
5. PREA Investigations and Records Review
6. Interviews with the following:
 - a. Acting Warden, PREA Compliance Manager (PCM)
 - b. Captain, PREA Liaison
 - c. PREA Coordinator

Corrective action: None required

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the Auditor permitted to conduct private interviews with inmates, inmates, 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 second 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 Osborn Correctional Institution allowed inmates to send confidential letters to the Auditor prior to the audit. There was no confidential letter mailed to the Auditor as a result

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Osborn 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 Osborn

Correctional Institution currently complies with all applicable PREA standards and no further corrective actions are required. Osborn Correctional Institution met the requirements for Standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love _____

Auditor Signature

Date

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

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