

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 09 May 2016

Auditor Information			
Auditor name: WC Sparks			
Address: 123 Farmington Ave., Suite 117, Bristol, CT 06010-4200			
Email: wcsparks@sparkssecurityct.com			
Telephone number: 860 841 0416			
Date of facility visit: 04 and 05 April 2016			
Facility Information			
Facility name: York Correctional Institution			
Facility physical address: 201 West Main Street, Niantic, CT 06357			
Facility mailing address: (if different from above) SAA			
Facility telephone number: (860) 451-3001			
The facility is:	Federal	State	County
	Military	Municipal	Private for profit
	Private not for profit		
Facility type:	Prison	Jail	
Name of facility's Chief Executive Officer: Stephen Faucher			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity:			
Current population of facility:			
Facility security levels/inmate custody levels: Level 2 to 5 - Minimum to Super Maximum			
Age range of the population: Minimum age is 18, no maximum			
Name of PREA Compliance Manager: Anthony Corcella		Title: Deputy Warden	
Email address: anthony.corcella@ct.gov		Telephone number: (860)-451-3147(O)	
Agency Information			
Name of agency: Connecticut Department of Correction			
Governing authority or parent agency: State of Connecticut			
Physical address: 24 Wolcott Hill Road Wethersfield, CT 06109			
Mailing address: SAA			
Telephone number: (860) 692-7480			
Agency Chief Executive Officer			
Name: Scott Semple		Title: Commissioner	
Email address: Scott.Semple@ct.gov		Telephone number: (860) 692-7480	
Agency-Wide PREA Coordinator			
Name: Dave McNeil		Title: PREA Director	
Email address: Dave.McNeil@ct.gov		Telephone number: (203)-250-8136	

AUDIT FINDINGS

NARRATIVE

A PREA Audit was conducted at the State of Connecticut, Department of Correction facility, York Correctional Institution, Niantic, CT on 04, 05 April 2016. In conjunction with the on-site audit of YORK CI, interviews were conducted at the Central Office of the Connecticut Department of Correction. Interviewed were Commissioner Scott Semple, Deputy Commissioners Cheryl Cepelak, Deputy Commissioner Monica Rinaldi, Human Resources Director Suzanne Smedes, PREA Unit Director Dave McNeil, Contract Administrator Michael Letteri, two PREA Investigators and two Security Division Investigators. During the six weeks prior to the audit, a comprehensive review was conducted of both Agency and Facility policy and procedures.

On 23 June 2015, a pre-audit tour was conducted of the facility. Numerous recommendations were made to the facility. As a result of that tour, a plethora of recommended changes were implemented.

On 04 April 2016, the day began with introductions in the Warden's office. CTDOC PREA Coordinator Dave McNeil, YORK CI Warden Stephen Faucher, Compliance Manager Deputy Warden Anthony Corcella, Deputy Warden Stephen Bates, Captain Tim Fusaro, and YORK CI Lieutenant Michael Beaton were all in attendance. After introductions a tour was conducted of the entire YORK CI facility.

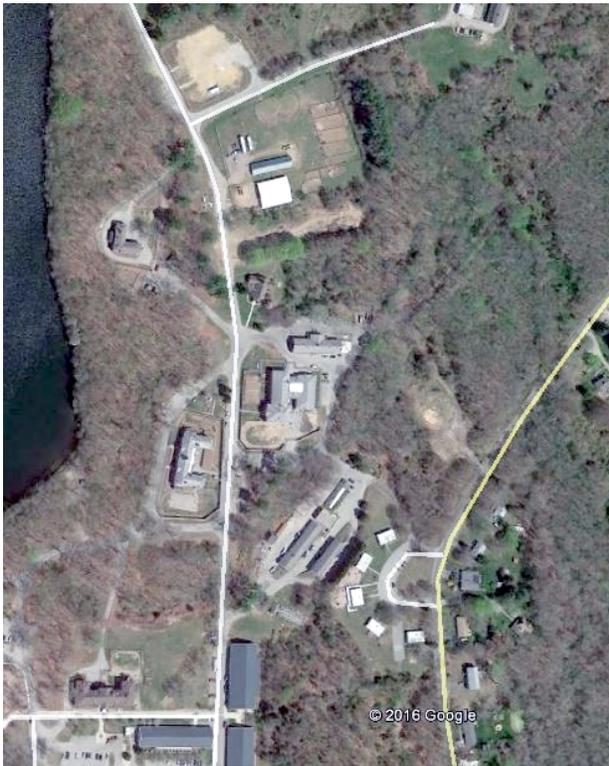
A YORK CI inmate listing was furnished showing the following; three inmate self-identifying as transgender; four self-identifying homosexual inmates; four self-identifying as bisexual; two self-identifying homosexual; forty-seven inmates that had reported sexual abuse. An attempt to interview all of these individuals was made. There were also thirty-three inmates being tracked as potential predators. Rosters of staff assignments for each shift were also furnished to enable selection of staff to interview.

Random inmates were selected with at least one from each housing unit as well as those inmates listed above. In all twenty-three inmates were identified and agreed to interviews. Ten random officers representing all three shifts were also selected. Specialized staff interviewed on-site included the Warden, Deputy Wardens, the PREA Compliance Manager, seven Intermediate/Higher Level Supervisors at the rank of Captain and Lieutenant, four Medical Nurse and two mental health practitioner, two member of the incident review team, three staff from Intake/Screening, and two counselor, one maintenance person, two food service person, three first responders, and one staff from RHU. The medical and mental health staffs at the facility are contracted through the University of Connecticut Medical Center's Correctional Managed Health Care (CMHC).

YORK CI provided two private locations to conduct interviews with both staff and inmates. Interviews were conducted during the Day Watch with staff from all three shifts.

The correctional officers and other staff interviewed were both articulate and knowledgeable on the subject of their duties and specifically those aspects of PREA that were of potential impact to their positions. The overall impression was one of a well-trained and professional work force.

DESCRIPTION OF FACILITY CHARACTERISTICS



The York Correctional Institution is a high-security facility. It serves as the state's only institution for female offenders. It serves all superior courts in Connecticut and manages all pretrial and sentenced female offenders, whatever their security level.

The programming units at the facility have an extensive array of positive interventions for the population, including the 80-bed intensive, inpatient drug treatment unit, the Marilyn Baker House. A Hospice program trains inmate volunteers to provide end of life care to fellow offenders.

In June 2005, the Charlene Perkins Reentry Center was dedicated in honor of a past deputy warden. The 100-bed stand-alone unit assists in preparing appropriate female offenders, who are within 18 months with skills they will need for community reentry. In February 2016, this unit became the 'Keys to Success' Community Reintegration Unit; a specifically designed program of support to and accountability by applicable female offenders cultivating their path toward successful community reintegration.

The Department's Correctional Enterprise of Connecticut manages a program based at this facility in which offenders are employed on projects including tailoring offender uniforms.

Girl Scouts Behind Bars, for the daughters of incarcerated women, reflects recent research that enhanced visitation may reduce the possibility of the mother returning to prison and/or the daughter becoming an offender.

The Mommy and Me program provides an enhanced family-focused visitation for mothers, children and their caregivers. In order to participate, mothers are required to be enrolled in or have completed a parenting program at York CI and their children must be on their approved visitor list. Additional information on the program can be accessed on Page 71 on the [York compendium](#) or by contacting the program coordinator at 860-451-3128.

Female offenders have spoken to many school and local organizations, as well as at-risk-youth. Community service crews have assisted at the Hole in the Wall Gang Camp, Camp Hazen, the New London Housing Authority, and OpSail 2000.

The facility is also home to the [Second Chance Corral](#), a partnership with the Connecticut Department of Agriculture which provides restorative shelter for abused farm animals which are cared for by the inmate population.

The York Correctional Institution of the Connecticut Department of Correction has received international attention for the programs and management of its offender population.

Present staffing: 639.

History:

The Niantic Correctional Institution was founded in 1918 as the Connecticut State Farm and Reformatory for Women. In 1930 an addition added to the population capacity and the facility was renamed the Niantic Correctional Institution. With the transfer of women from the State Prison in Wethersfield, it became only correctional institution for women in Connecticut.

In 1988 dormitory style housing was built and added an additional 224 beds.

The York Correctional Institution was opened in October of 1994 and was named in honor of Janet S. York, who served as the Warden of the Niantic Correctional Institution from 1960-1975 and as a deputy commissioner for the agency from 1969-1977.

In 1996 the York Correctional Institution and the Niantic Correctional Institution were consolidated into one facility keeping the York Correctional Institution as its name. This facility is situated on 425 acres.

In 1997 an additional celled housing unit was built to add another 196 beds.

In 2008 the institution was named the Facility of the Year by the National Commission on Correctional Health Care for its excellence in health service delivery. The accompanying accreditation has been renewed as of June of 2011.

In June 2011, with the closing of the adjoining Gates Correctional Institution, an annex housing 225 men at the time was renamed the Niantic Annex and was transferred to the supervision of the Warden of York Correctional Institution. This was done to insure continued support of the surrounding communities with inmate work crews as well as facilitate the reintegration of offenders who are from south eastern Connecticut.

In January 2016, the Niantic Annex was closed due to a continued decline in Connecticut's prison population.

In February 2016, the Charlene Perkins Reentry Center building was dedicated as the new 'Keys to Success' Reintegration Center for female offenders.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	2
Number of standards met:	40
Number of standards not met:	0
Number of standards not applicable:	1

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Compliance with the standard was determined by review of CT DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 1, "Policy"; dated 20 July 2015; YORK CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 1, "Policy"; dated 12 Jan. 2016. Review of the organizational chart showed the PREA coordinator indicated in the upper management level of the Department. The CT DOC has established an agency-wide PREA Coordinator (Dave McNeil) who reports to Commissioner of Corrections, Scott Semple, and PREA Compliance Managers for each facility it operates. Mr. McNeil was appointed as the Agency PREA Coordinator on Sept 6, 2013. Deputy Warden Anthony Corcella's appointment as PREA Compliance Manager was effective July 2013. Deputy Warden Corcella reports to YORK CI Warden Stephen Faucher. Based upon the interviews, both of these individuals have ample time to accomplish their PREA related duties, however Deputy Warden Corcella indicated that he "makes time" for those duties. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in that it complies in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The YORK CI does not contract with any entities to house inmates; however, the Connecticut Department of Correction does contract with seventeen non-profit private agencies for the confinement of its inmates. Review of these contracts clearly indicates those entities' obligation to adopt and comply with the PREA standards including triennial PREA audits. Based upon correspondence from PREA Coordinator Dave McNeil dated 11 March 2016, the CT DOC PREA Investigations Unit will be responsible for monitoring the status of audits scheduled and completed at contracted units,

conducting routine and random monitoring of compliance activities within those contracted units and dissemination of all information gathered thereby to both CT DOC Parole unit as well as the Contracts Unit.

Based upon the totality of interviews conducted and reviews of applicable policy and related contracts, it is apparent that the CT DOC achieves minimal compliance in that it complies in all material ways with the standard for the relevant review period. YORK CI, as a sub-division of the CT DOC, is determined to be "Meets Standard" for this standard.

Standard 115.13 Supervision and monitoring

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The CT DOC ensures that the YORK CI makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. Governing policies are; CT DOC 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 YORK CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 4, "Staffing Plan". The YORK CI has developed a staffing plan that ensures safety and security of all is maintained by adopting generally accepted detention and correctional practices and documents compliance therewith. There are no findings of inadequacy from any judicial, federal investigative agency, or internal/external oversight bodies. All components of the facility's physical plant are considered during development of the staffing plan as evidenced by minutes from staffing plan meetings. YORK CI provided documentation of staffing plan meetings in the form of minutes from the 25 April 2015 "PREA Unit" and a second meeting 03 Sept. 2015." Additional documentation submitted for review included camera maps, daily shift rosters, YORK CI Post Plan. General post orders and logs showing unannounced rounds were also submitted for review. The totality of the documentation demonstrates that the YORK CI and the CT DOC keep PREA standard considerations in mind when determining the need for additional staff and video monitoring. Security concerns are balanced with the composition of the inmate population. Programming is scheduled based upon the supervision and staff available. There were five deviations from the staffing plan which occurred during previous twelve months. In each deviation event a incident report was submitted and overtime was assigned after designated "Pull Posts" and "Shutdown Posts" were closed. Shutting down of a post triggers cessation of programming in that area. Logbooks and interviews clearly illustrate that Supervisors

conduct unannounced rounds on all shifts throughout the facility. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.14 Youthful inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

YORK CI does accept inmates less than eighteen years of age. A separate housing unit is maintained for these individuals. On-site inspection of those housing units showed that sight and sound separation is maintained for these inmates. These housing units also contain an integrated recreation area, direct staff supervision at all times and meet all provisions of the standard. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.15 Limits to cross-gender viewing and searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The YORK CI officers are permitted to conduct cross gender strip searches per CT DOC and YORK CI policy when, “accommodation cannot be made and a strip-search is deemed to be essential without delay”. Relevant policy is; CT DOC Administrative Directive 6.7, “Searches Conducted In Correctional Facilities”, Section 7, “Inmate Strip Searches”; YORK CI Unit Directive 6.7, “Searches Conducted In Correctional Facilities”, Section 7, “Inmate Strip Searches”. Should this occur, reporting is mandatory via form CN 6601, “Incident Report”, in accordance with Administrative Directive 6.6, “Reporting of Incidents”. Documentation submitted shows that there was one cross gender strip search conducted during the relevant reporting period which involved a intersex inmate. YORK CI is an all-female facility and does not house male inmates. When cross gender staffs are on the housing units, there is an announcement made of

opposite gender staff being on the unit. It was evident from the tour as well as inmate and staff interviews that these announcements are being made routinely. Said announcements are logged in logbooks on the housing units. The facility has implemented a second notification process for opposite gender staff being on the unit, this in an effort to “go the extra mile.” When male staff are in the unit there is a red color card which is affixed to the wall of the unit in an area readily observable to all inmates as an aid to notifying inmates of opposite gender staff presence. All staff are trained to conduct all pat searches in a professional manner. CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention”, section 11 (e), “Showering and Bodily Functions” and YORK CI Unit Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention” section 11 (f), “Showering and Bodily Functions” provides for inmates to be able to shower, perform bodily functions, and change clothing without opposite gender staff viewing their buttocks or genitalia. The training lesson plan for “Security Procedures – Body Search Techniques” and a training video entitled, “VTS-02-1” was reviewed which does contain information regarding searches of LGBTI inmates. A sample of training records for YORK CI employees was reviewed to confirm training was attended. Staff receiving refresher training secondary to basic training equaled fifty five percent (247). Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Exceeds Standard” for this standard.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

A review of the following CT DOC policies and documents shows policy compliance with this standard: CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention”, section 10, “Inmate Education”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention”, section 10, “Inmate Education” and section 12, “Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment”, sub-section a, “Inmate Reporting”; CT DOC Administrative Directive 10.19 “Americans with Disabilities Act”; CT DOC Administrative Directive 10.12 “Inmate Orientation” section 3(a), “Initial Orientation”; PREA “Training For Staff” Lesson Plan; York Correctional Institution Inmate Handbook; PREA Posters in both English and Spanish; and MOU’s for linguistic translation with four different companies. The facility takes necessary steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to

sexual abuse and sexual harassment. All materials are presented verbally during orientation. There have been no instances during this report period where inmate interpreters, readers or other types of inmate assistants were used. This was confirmed through staff and inmate interviews. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.17 Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Interviews with representatives from the CT DOC Human Resources unit indicate that the components of this standard are being met. CT DOC Administrative Directive 2.3, "Employee Selection, Transfer and Promotion" is the guiding authority to accomplish compliance with this standard. YORK CI does not conduct background checks on permanent employees as these are completed at the Agency level at least every five years for current permanent employees. The Agency has conducted seven hundred sixty nine background checks during the past twelve months for new hires and transfers. Documentation received from the CT DOC has been received. The agency has become compliant with this standard as of 26 Sept. 2014. All employees with over five year's seniority have had their criminal background check completed again. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.18 Upgrades to facilities and technologies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Upgrades and enhancements to facilities are mandated to consider PREA aspects by CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention", section 20, "Upgrades to Facilities and Technologies";

YORK CI Unit Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention”, section 20, “Upgrades to Facilities and Technologies”. Review of the camera schematics along with observations made during the tour shows that the facility has a marginal camera system augmented by mirrors to enhance the ability to monitor inmates. Requests have been submitted, via a “Five Year Plan” for approval to acquire cameras and/or additional mirrors. Recommendations were made by the auditor for the installation of windows in a significant number of doors as well as the removal of blinds and other impediments to visual observation of offices. Based upon the “Progress Report” furnished by the facility, some of the recommended improvements have been accomplished, others remain pending. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.21 Evidence protocol and forensic medical examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Policy and procedures are encompassed in an MOU between CT DOC and Connecticut State Police (CSP), CT DOC Administrative Directive 6.12, “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 15, “Evidence Protocol/Securing the Area” and Administrative Directive 6.9, “Control of Contraband and Physical Evidence”, section 7, “Physical Evidence” and Administrative Directive 8.1, “Scope of Health Service Care”, section 4, “Scope of Services and Access To Care” and University of Connecticut Health Center (UCONN) Correctional Managed Health Care (CMHC), policy B5.01, “Response to Sexual Abuse”; and YORK CI Unit Directive 6.12, “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 13 (c) “Medical Staff Action”, and section 15, “Evidence Protocol/Securing the Area” which outline uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. Healthcare staff is not involved in the management or treatment of sexual assault cases except to stabilize the inmate before the transfer to William Baccus Hospital, Norwich, CT or UCONN Medical Center in Farmington, CT as their primary provider where SAFE–SANE staff are on duty. All services are available without cost to the inmate. The Connecticut State Police are also notified immediately and would be present at the hospital for the investigation. There were no forensic medical examinations during this reporting period. Interviews with Medical and Custody staff showed a competent knowledge of evidentiary collection procedures and specifics to biological materials. Victim advocacy is available to all inmates via an MOU with Connecticut Sexual Assault Crisis Services (CONNSACS). CONNSACS agrees 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 aforementioned MOU with CSP shows that the agency has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency publishes this policy on its website at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868> . The agency ensures this is accomplished through promulgation of policies that meet this standard, including CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 16, “Investigation of Sexual Abuse/Sexual Harassment”, YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 16, “Investigation of Sexual Abuse/Sexual Harassment”, CT DOC Administrative Directive 6.6 “Reporting of Incidents”, section 8(a)5, “Notification Procedures”, Administrative Directive 1.10 “Investigations”, section 6(b) “Initial Inquiries and Administrative Investigations“. All allegations are referred to the PREA Unit for investigation and some may be further referred to the Security Division. An administrative investigation is completed on all allegations of sexual abuse and sexual harassment. Administrative Directive 1.10 “Investigations” governs the conduct of such investigations. The Connecticut State Police determine the necessity of a criminal investigation. During the past twelve months there were a total of forty nine total allegations; forty of sexual abuse and nine of sexual harassment. Of those allegations, a staff member was alleged to have violated the sexual abuse policy and one was alleged to have violated the sexual harassment policy. None of these resulted in prosecution by the Connecticut State Police. Forty cases were assigned to the PREA Unit for investigation. One case was forwarded to the Security Division, Eight cases of the original forty nine remain pending in the DOC PREA Unit. Of the other thirteen, eleven were determined to be “unfounded”, one was determined to be “unsubstantiated” and one case was substantiated. That substantiated case involved two inmates and one of those inmates was disciplined in accordance with Administrative Directive 9.5, Code of Penal Discipline. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is

apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.31 Employee training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The agency trains all employees on Agency and facility policies, including; its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates’ right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; 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. The training is tailored to the gender of the inmates at YORK CI. Training standards are set forth in: CT DOC Administrative Directive 2.7, “Training and Staff Development”, CT DOC Administrative Directive 6.12, “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 9, “Staff Training”; YORK CI Unit Directive 6.12, “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 9, “Staff Training”; 24-HREL 408A PREA Standards Training 2014 power point training material. Training curriculum includes all requirements of the PREA Standards. Training attendance sign-in sheets have been reviewed. All staff is mandated to forty hours of in-service training (IST) each year that includes this mandated training. Additionally, there were eighteen roll-call memos issued, breaking down the PREA policy, and issued in order to reinforce the formal trainings mentioned above. The facility trained five hundred fifty eight out of six hundred thirty nine staff (officers, supervisors, and support staff) which equaled 87%. All staff (100%) have received the information contained in the aforementioned roll call memos. Training is ongoing. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.32 Volunteer and contractor training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The CT DOC and YORK CI ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the CT DOC and YORK CI sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Governing policies are; CT DOC Administrative Directive 2.7 "Training and Staff Development", section 6-d, "Volunteers"; CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 9-b, "In Service Training"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 9-b, "In Service Training"; VIP (Volunteers, Interns, Professional Partners) Handbook, p.17, 18, "PREA Standards"; VIP Prison Rape Elimination Act Training Handout. All volunteers and contractors who have contact with inmates are trained in the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. CT DOC conducts background and Motor Vehicle checks every five years for contractors, vendors and volunteers or whenever the contract is renewed, whichever is less. YORK CI has conducted background checks on five hundred seventy two contractors and volunteers during the past twelve months. Contractors do not have unescorted access to the facility or the inmates. YORK CI maintains documentation confirming that volunteers understand the training they have received. Training attendance sign-in sheets were reviewed. No volunteers were available for interview. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.33 Inmate education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

All inmates receive information explaining the CT DOC and YORK CI zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Governing policies are; CT DOC Administrative Directive 9.3, "Inmate Admissions, Transfers and Discharges", section 5, "Admissions", (J) "PREA Screening of Newly Admitted Inmates"; mandate PREA training upon arrival at the receiving facility. CT DOC Administrative Directive 10.12, "Inmate Orientation", section 3 "Initial Orientation" mandates that the receiving facility provides PREA training upon receiving transfer inmates including to those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. CT DOC Administrative Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 10, "Inmate Education" and YORK CI Unit Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 10, "Inmate Education" mandates inmates receive presentation of the PREA video and are made aware of the CT DOC zero tolerance policy, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. YORK CI documentation shows that there were three thousand five hundred forty two inmates that received a minimal level of instruction which included zero tolerance policy and how to report and one thousand five hundred and thirty seven inmates stayed at the facility for thirty days or more and received comprehensive education on their rights as delineated by PREA. Interviews with the inmates and staff verify that they received the PREA training. The PREA education video is run continuously in the A&P area thus ensuring that every inmate entering the facility receives the minimum level of PREA training. PREA Posters were displayed throughout the facility in prominent areas with phone numbers to call to report abuse. The facility inmate handbook covers the PREA information as well. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Exceeds Standard" for this standard.

Standard 115.34 Specialized training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CT DOC and Kim Weir, as Director of Security for CT DOC using material from the Moss Group and the PREA Resource Center entitled "Investigating Sexual Abuse in Confinement." This was verified through staff interviews, a review of the PowerPoint presentation, which included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse

evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. Training records and sign in sheets indicate training was conducted and attended. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.35 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policies are; CT DOC Administrative Directive 8.6, "Credentials for Health Services Staff," section 6 "Training Of Health Services Staff" mandates that all Health Service staff who have contact with inmates shall be trained on their responsibilities. Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 9 (b), "Staff Training" and CT DOC Administrative Directive 2.7 "Training and Staff Development", section 8 (c), "In-Service Training"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 9 (b), "Staff Training" mandate that all Healthcare Practitioners shall receive additional PREA related training specific to their areas of responsibility. All medical and mental health staff has received specialized training presented by NIC "PREA for Medical Staff, "Module 1 and 2." Required training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. YORK CI had eighty seven medical health care staff that received this training this year, which represents one hundred percent compliance. Medical staff assigned to YORK CI does not conduct forensic examinations. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

All inmates are assessed during intake screening for their risk of being sexually abused by or sexually abusive towards other inmates. As stated in CT DOC Administrative Directive 9.3, "Inmate Admissions, Transfers and Discharges", section 7 (a)-3, "PREA Screening of Inmates Transferred Between Facilities", all intake screening is conducted within 72 hours of arrival. Review of random files shows this practice is incorporated into normal routine. During the audit the documentation of the screenings and the instruments used were reviewed. CT DOC form CN9306 "Inmate Intake Form" and HR001, "Intake Screening Form", Attachment B contain all questions required by the standard including; whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. Per YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11, "Screening for Risk of Victimization and Abusiveness", (b) "After Intake to the Facility", each inmate's risk of victimization or abusiveness will be reassessed twenty one days following his arrival at the facility based upon any additional, relevant information received by the facility since the intake screening. Use of screening information is governed by YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11-C, "Use of Screening Information" controls all screening information by limiting access to the inmate's master file, which is the only place that information is contained. Access to those files is restricted to counseling staff, supervisors and administrative personnel. During the previous twelve months there were two thousand four hundred and twenty inmates entering the facility, all of which were screened. The number of inmates that stayed longer than 30 days and were thus reassessed as per policy was one thousand five hundred and thirty seven. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.42 Use of screening information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

As mandated by CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 11(c), “Use of Screening Information” and Section 11 (d), “Transgender and Intersex Inmates”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 11(c), “Use of Screening Information” and Section 11 (d), “Transgender and Intersex Inmates”; YORK CI makes individualized determinations about how to ensure the safety of each inmate using information from the risk screening in order to make informed decisions in the matters of housing, work, education, and program assignments, the goal being to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Section 11 (d) of those same directives mandates that, in making other housing and programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. Also mandated in that same section is the requirement that placement and programming assignments for each transgender or intersex inmate will be reassessed at least twice each year to review any threats to safety experienced by the inmate. Documentation reviewed for those inmates identified as transgender showed that these reassessments are occurring as mandated. Screening form, CT DOC form CN9306 “Inmate Intake Form” and HR001, “Intake Screening Form”, Attachment B are used to document a transgender or intersex inmate’s own views with respect to his or her own safety and those views are given serious consideration. There are no dedicated facilities, units, or wings used to house lesbian, gay, bisexual, transgender, or intersex inmates on the sole basis of such identification or status. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.43 Protective custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

There have been no incidents involving use of Involuntary Protective Housing. Governing policy is CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11 “Screening for Risk of Victimization and Abusiveness” (a) “Intake Into The Facility” 1-3 and YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 11 “Screening for Risk of Victimization and Abusiveness” (a) “Intake Into The Facility” 1-3. Review of policy shows that policy dictates that inmates at high risk for sexual victimization will not be placed in involuntary restricted housing unless an assessment of all available housing alternatives has been made, and a determination has been made that there is no available alternative housing means of separation from likely abusers. If YORK CI cannot conduct such an assessment immediately, they may hold the inmate in involuntary segregated housing on Administrative Detention status per CT DOC Administrative Directive 9.4, “Restrictive Status” for less than 24 hours while completing the alternative housing assessment. Inmates placed in restrictive housing for this purpose are permitted access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility documents the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. The facility assigns such inmates to involuntary restrictive housing on Administrative Detention status only until an alternative means of separation from likely abusers can be arranged. Such an assignment will not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made, the facility documents the basis for the facility’s concern for the inmate’s safety; and the reason why no alternative means of separation can be arranged. Every 30 days, the facility reviews the case in order to determine whether there is a continuing need for separation from the general population. All of the above is promulgated via the quoted directives. There was one incident involving use of Involuntary Protective Housing for these purposes at YORK CI. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.51 Inmate reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Inmates housed at the YORK CI have multiple internal ways to make a private report of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, including verbally to staff and in writing through formal inmate correspondence. YORK CI also provides several ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request by calling one or both anonymous reporting hotlines (one for external CT DOC and one external to Connecticut State Police). Staff and third parties may also utilize a hotline to report an allegation privately. Interviews with staff indicate they are well aware that they must accept all reports and they are responsible for reporting them promptly and subsequently documenting them via incident report. Governing policy is CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12 "Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment" and section 13 "Staff Monitoring and Intervention", YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 12 "Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment" and section 10 "Inmate Education"; PREA Posters, Inmate Handbook, Staff Training Modules HREL 408 A Power Point presentation. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.52 Exhaustion of administrative remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

YORK CI is exempt from this standard as their Grievance Policy excludes PREA

incidents from the grievance procedure by way of omission, in that, it is not one of the specifically authorized subjects which may be grieved. Governing policy is CT DOC Administrative Directive 9.6 "Inmate Administrative Remedies", Section 4 "Administrative Remedies" (a) "Inmate Grievance Procedure". YORK CI is determined to be "Not Applicable" with this standard.

Standard 115.53 Inmate access to outside confidential support services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

YORK CI provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The CT DOC and the Connecticut Sexual Assault Crisis Services (CONNSACS) have each signed an MOU to assure a unified effort to provide inmates with confidential emotional support service related to sexual violence. The YORK CI community victim service provider may be one of twelve regional offices that provide for confidential reporting and outside confidential support services to include hospital accompaniment for a Sexual Assault Forensic Exam. YORK CI enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible by providing toll free, unmonitored telephonic communication and mailing addresses of those local victim advocacy and rape crisis organizations. CONNSACS also provides, upon request, outside confidential support services to include hospital accompaniment for a Sexual Assault Forensic Exam. Interviews with inmates indicated most were aware of these outside support services. Those that were not aware of this specific agency were nevertheless aware that such agencies did exist and could be reached. Governing policy includes CONNSACS MOU, CT DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, "Inmate Education," and Section 13(b) "Supervisory Action"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 10, "Inmate Education," and Section 13(b) "Supervisory Action"; PREA Posters, and the Inmate Handbook. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.54 Third-party reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The governing policy for implementation of this standard is CT DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, "Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment;" and YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 12, "Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment". CT DOC and YORK CI provide a PREA Hotline toll free at 770-743-7783 for third party reports of sexual abuse and harassment, said number being posted and available on the CT DOC website <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>. Most inmates interviewed indicated an awareness of third party reporting ability and hotline numbers (Internal toll free CT DOC hotline *9222# and External toll free CTCSP hotline *9333#). These numbers are also published in the Inmate Handbook as well as on posters throughout the facility in all inmate accessible areas. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.61 Staff and agency reporting duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

YORK CI requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Governing policy is, CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 "Staff Monitoring and Intervention", YORK CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 "Staff Monitoring and Intervention", Staff Training Modules HREL 408 A Power Point

presentation, various PREA Roll Call memos. Staff is also prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in applicable directives, to make treatment, investigation, and other security and management decisions. The obligation of medical and mental health practitioners to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services is incorporated in CMHC Policy B5.01 "Response to Sexual Abuse." YORK CI does not accept inmates under the age of 18. YORK CI reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the CT DOC PREA unit for investigation as mandated by the governing policy noted above and in conjunction with CT DOC Administrative Directive 6.6, "Reporting of Incidents." Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.62 Agency protection duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy includes CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11 "Screening For Risk of Victimization and Abusiveness", CT DOC Administrative Directive 9.3 "Inmate Admissions, Transfers and Discharges", Section 5-J "PREA Screening of Newly Admitted Inmates"; CT DOC Administrative Directive 6.6 "Reporting of Incidents", Section 5-S "Class 1 Incidents", CT DOC Administrative Directive 9.9 "Protective Management", Section 6 "Determination of Substantial Risk" and Section 8 "Alternative Placements"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11 "Screening For Risk of Victimization and Abusiveness"; Form "HR001", P4, Part 3 "PREA Screening", Staff Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. All staffs are required to take immediate action to protect any inmate(s), which they determine to be at substantial risk of imminent sexual abuse. Interviews with employees demonstrated they are familiar with their required actions and obligation to keep inmates safe. At YORK CI there were no incidents of this nature during the previous twelve months. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.63 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 13 "Staff Monitoring and Intervention"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 13 "Staff Monitoring and Intervention"; CT DOC "Memo To All Staff, Reporting to Other Confinement Facilities". The policy at YORK CI is consistent with PREA Standard 115.63. Should an inmate allege that he was sexually abused while confined at another facility the Warden of YORK CI will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred immediately upon receiving the report. The Warden will document that notification via incident report. In the event that the Warden of YORK CI is notified of such an allegation being made regarding an incident at the YORK CI, that allegation shall be investigated immediately. There was one incident in which the Warden notified another Agency of allegations alleged to have occurred while in the custody of that Agency. Documentation via incident reports and notification emails were obtained and reviewed. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.64 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 "Staff Monitoring and Intervention"; YORK CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, section 13 "Staff Monitoring and Intervention"; Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. CN61201 "PREA Incident Checklist" is utilized to ensure that all necessary steps are taken to ensure compliance with the standard. Staff first responders for allegations of sexual abuse are trained to meet the following mandates: upon learning of

an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The number of allegations that an inmate was sexually abused that were first reported directly to a custody staff was twenty six. There were no incidents in which a staff member responded within a time frame enabling the collection of physical evidence. Review of the associated incident reports for those incidents showed all aspects of the standards were met. Those inmates were offered support services and follow-up treatment. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.65 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 “Staff Monitoring and Intervention”; YORK CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 “Staff Monitoring and Intervention” section (a) “Staff Action”, section (b) “Supervisory Action”, section (c) “Medical Staff Action”; Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. YORK CI also utilizes a “PREA Incident Checklist”, form CN 61201 designed by the statewide PREA unit to guide staff through the required actions of an active PREA incident. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

YORK CI collective bargaining activities are negotiated at the Agency 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. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.67 Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The agency has 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, and has designated a staff member charged with monitoring retaliation. Governing policy includes, CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18 "Post Allegation Protection of Inmates and Staff From Retaliation"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18 "Post Allegation Protection of Inmates and Staff From Retaliation"; Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The facility Deputy Warden monitors for possible retaliation within the facility and reports to the Agency PREA Coordinator any violations of this policy. Monitoring includes coordination between the YORK CI PREA Liaison and Inmate Discipline Investigators, Intelligence Officers, Phone Monitors and assigned Counselor for inmates and Supervisors, Post Rosters, and access to training for staff members. For at least 90 days following a report of sexual abuse, the YORK CI Retaliation Monitor will monitor any known staff and/or inmates who have reported

alleged sexual abuse, inmates who were reported to have suffered sexual abuse (to see if there are changes that may suggest possible retaliation by inmates or staff), and any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff, said monitoring possibly including face to face meetings with the staff and/or inmates. The YORK CI Retaliation Monitor acts promptly to remedy any such retaliation. The YORK CI Retaliation Monitor continues the monitoring beyond 90 days if the initial monitoring indicates a continuing need for monitoring. If any other individual who cooperates with the investigation expresses a fear of retaliation, the YORK CI Retaliation Monitor recommends appropriate actions (if any) to protect the individual against retaliation. The YORK CI Retaliation Monitor's obligation to monitor terminates if an investigation determines that the allegation is unfounded. Monitoring is not limited in duration other than by necessity. To date, there have been no incidents of retaliation. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.68 Post-allegation protective custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18 "Post Allegation Protection of Inmates and Staff From Retaliation" and Section 11 "Screening for Risk of Victimization and Abusiveness" (a) "Intake Into The Facility"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 11 "Screening for Risk of Victimization and Abusiveness" (a) "Intake Into The Facility" and section 18 "Post Allegation Protection of Inmates and Staff From Retaliation", Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The agency prohibits the involuntary placement into segregated housing for inmates who allege to have suffered sexual abuse unless no other alternative housing is available to the extent necessary to protect the inmate from likely abusers. Furthermore, the policy states that if the facility cannot perform such an alternative housing assignment, that the involuntary housing shall not exceed thirty days during which time the inmate shall have access to programs, privileges, education and work opportunities. At YORK CI, there have been one incident involving use of Involuntary Protective Housing. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.71 Criminal and administrative agency investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy includes CT DOC Administrative Directive 1.10 "Investigations" Section 4 "Criminal Investigations" and section 8 "PREA Unit Investigations"; CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 16 "Investigation of Sexual Abuse/Sexual Harassment"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 16 "Investigation of Sexual Abuse/Sexual Harassment". The agency policy states and interview of the YORK CI PREA Compliance Manager confirms that upon receipt or discovery of an allegation or sexual abuse incident, at a minimum, a supervisor shall promptly review both direct and circumstantial evidence, interview all alleged victims or suspected perpetrators, and report the matter to the Connecticut State Police to determine the necessity of a criminal investigation including third-party and anonymous reports. At the time of the audit there were three allegations which resulted in arrest that are now pending within the judicial system awaiting prosecution. The agency PREA investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CT DOC and Kim Weir, as Director of Security for CT DOC entitled, "Investigating Sexual Abuse in Confinement" which included evidence preservation, reporting, and handling incidents of sexual abuse. Furthermore, the agency policy requires that all reports be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Based upon interviews with staff, investigators and administrators as well as review of pertinent policies and cases, YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.72 Evidentiary standard for administrative investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 1.10 "Investigations" Section 3(k) "Preponderance of Evidence" and Section 6(b) "Conduct of Investigation." Agency policy requires no standard higher than a preponderance of the evidence as the standard of proof in determining whether allegations of abuse or harassment are

substantiated. Interviews with agency investigators demonstrated their awareness of this policy. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.73 Reporting to inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 1.10 “Investigations”, Section 8(g) “Reporting To Inmates”; CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 17 “Reporting To Inmates Making an Allegation of Sexual Abuse”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 17 “Reporting To Inmates Making an Allegation of Sexual Abuse.” YORK CI had twenty three allegations of sexual abuse which were investigated by the DOC, eight allegations remain pending in the PREA Unit. Twenty one inmates received notification letters; seventeen inmates discharged from custody prior to completion of the investigations. In total, thirty eight letters were sent out. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.76 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21 “Disciplinary Sanctions”; CT DOC Administrative Directive 2.6 “Employee Discipline” Section 10 “Offenses Resulting in Dismissal”; CT DOC Administrative Directive 2.17 “Employee Conduct”, Section 6 “Staff Discipline”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21 “Disciplinary Sanctions” sub-section (a) “Staff Discipline”. All standard requirements are embodied

with these policies. There were three staff determined to have violated the Agency Sexual Abuse or Sexual Harassment policies. One of which was terminated and one voluntarily resigned. The third staff member is on administrative leave. One staff member was found guilty and was sentenced while the other two cases are pending in the judicial system. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.77 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(b) “Corrective Action For Contractors and Volunteers”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(b) “Corrective Action For Contractors and Volunteers.” All standard requirements are embodied within these policies. No volunteers were available for interview. There have been no incidents of misconduct or allegations of such against a volunteer or contractor at York CI. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.78 Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(c) “Inmate Discipline”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(c) “Inmate Discipline”; CT DOC Administrative Directive 9.5 “Code of Penal Discipline” Section 12(bb) “Sexual Misconduct”; CT DOC Administrative Directive 4.2A “Risk Reduction Earned Credit”,

Attachment B "Risk Reduction Earned Credit Rules,". The policy lists Sexual Assault as a Class A offense which subjects an inmate to possible sanctions of Punitive Segregation up to 15 days, forfeiture of Good Time (maximum ten days) and/or RREC (maximum 90 days loss of sentence credit) and two other penalties as stipulated under Section 10(e) of the Code of Penal Discipline. The YORK CI has had one inmate that incurred disciplinary sanctions as a result of a PREA related incident during the reporting period. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy is CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 11 "Screening for Risk of Sexual Victimization and Abusiveness" and CT DOC Administrative Directive 8.5 "Mental Health Services", Section 4 "Intake Screening"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 11 "Screening for Risk of Sexual Victimization and Abusiveness"; Policy indicates inmates are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.82 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Governing policy is CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" section 13(c) "Medical Staff"

Action"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" section 13(b) "Supervisory Action"; section 13(c) "Medical Staff Action"; CMHC "Policy B5.01" and "UCONN CMHC PREA Emergency Medical and Mental Health Treatment Services Policy", all of which state that treatment services relative to sexual abuse shall be provided to the victim without final cost regardless of whether the victim cooperates with the subsequent investigation or not. Interviews with Medical and Mental Health staff confirm compliance with this standard. There were no instances of an inmate availing himself of these services during the reporting period. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

CT DOC policy is compliant with this standard; Governing policy is CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 13(c) "Medical Staff Action"; YORK CI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" section 13(c) "Medical Staff Action"; CMHC "Policy B5.01." CT DOC has an MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) to provide offenders with confidential victim advocacy and emotional support services related to sexual violence. There were no inmates that got pregnant during the audit period. All required tests are available if needed. CT DOC dictates all medical and mental health services related to sexual abuse will be provided at no cost to the inmate. YORK CI conducts a mental health evaluation of all known inmate on inmate abusers within sixty days of learning of such abuse history and offers appropriate treatment as determined to be necessary by Mental Health staff. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be "Meets Standard" for this standard.

Standard 115.86 Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

CT DOC governing policy is CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 22 “Review By Facility of Sexual Abuse Incidents” and YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 22 “Review By Facility of Sexual Abuse Incidents” which provides that all sexual abuse incident reviews are conducted by the appropriate staff within 30 days following the completion of an investigation for all allegations determined to be substantiated or unsubstantiated. There was one substantiated incident of abuse during the prior twelve months. The reviewing committee for sexual abuse incident reviews consists of the YORK CI PREA Compliance Manager, Shift Commander, Medical/Mental Health staff, and the Warden. The review committee considers all required elements. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.87 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 3 “Definitions and Acronyms”, Section 23(a) “Internal Reporting”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 3 “Definitions and Acronyms”, Section 23(a) “Internal Reporting”; and USDOJ SSV-IA are the governing policies, dictating the collection of accurate uniform data for every allegation of sexual abuse at all facilities to include facilities that have contracts for the confinement of CT DOC offenders. The CT DOC provided auditors with documentation demonstrating all appropriate data is being collected. There had been no previous audits for comparison purposes. DOJ has not made any prior requests for data. The CT DOC PREA Coordinator works closely with the YORK CI PREA Compliance Manager to maintain, review, and collect all necessary

data; the CT DOC PREA Coordinator stores this data electronically. Responses during interviews with PREA Coordinator and PREA Compliance Manager are consistent and indicate compliance with standard. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.88 Data review for corrective action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

The CT DOC reviews the data collected to assess the effectiveness of its sexual abuse prevention, detection, and response policies. Governing policy is CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 23(c) “Tracking”; YORK CI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 23(c) “Tracking.” Any areas identified as deficiencies or areas that will improve the effectiveness of the sexual abuse prevention, detection, or response policies are addressed. The CT DOC publishes an annual report that will compare data from the previous year(s) in order to assess progress and address concerns. This is the first year for which data was collected, thus there are no comparison figures available. These reports are reviewed and approved by the CT DOC Commissioner and are available on the CT DOC website located at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>. There are no personal identifiers contained in the annual report available on the website. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

Standard 115.89 Data storage, publication, and destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Standard Is Not Applicable

Standard requirements are included in CT DOC Administrative Directive 6.12 “Inmate

Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 23(a) “Internal Reporting” and Section 23(c) “Tracking” and “Records Retention Schedule,” State of Connecticut State Library, Office of the Public Records Administrator, form RC-050. All PREA Data is kept a minimum of 10 years after the date of initial collection. Annual reports pertaining to this data are available on the CT DOC website with all identifying information removed prior to publication. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that YORK CI achieves substantial compliance in all material ways with the standard for the relevant review period. YORK CI is determined to be “Meets Standard” for this standard.

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 Signature

09 May 2016

Date