

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Report 12/26/17

## Auditor Information

Name: Dorothy Xanos

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Company Name: TrueCore Behavioral Solutions, LLC

Mailing Address: P.O. Box 4068

City, State, Zip: Deerfield, Florida 33442

Telephone: (813) 918-1088

Date of Facility Visit: 11/8/17 – 11/9/17

## Agency Information

Name of Agency

Governing Authority or Parent Agency (If Applicable)

Court Support Services Division

State of Connecticut Judicial Branch

Physical Address: 936 Silas Dean Highway

City, State, Zip: Wethersfield, CT 06109

Mailing Address: 936 Silas Dean Highway

City, State, Zip: Wethersfield, CT 06109

Telephone: (860) 721-2100

Is Agency accredited by any organization? ☒ Yes ☐ No

The Agency is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

**Agency mission:** The mission of the Connecticut Judicial Branch is to serve the interests of justice and the public by resolving matters brought before it in a fair, timely, efficient and open manner. The mission of Court Support Services Division is to provide effective support services within the Judicial Branch by working collaboratively with system stakeholders to promote compliance with court orders and instill positive change in individuals, families and communities.

**Agency Website with PREA Information:** [www.jud.ct.gov](http://www.jud.ct.gov)

## Agency Chief Executive Officer

Name: Gary Roberge

Title: Executive Director

Email: Gary.Roberge@jud.ct.gov

Telephone: (860) 721-2100

## Agency-Wide PREA Coordinator

Name: Patricia Nunez

Title: Program Manager

<b>Email:</b> Patricia.Nunez@jud.ct.gov	<b>Telephone:</b> (860) 721-2129
<b>PREA Coordinator Reports to:</b> Deputy Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 2

### Facility Information

<b>Name of Facility:</b> Hartford Juvenile Detention Center	
<b>Physical Address:</b> 920 Broad Street, Hartford, CT 06106	
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.	
<b>Telephone Number:</b> (860) 244-7985	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> It is the detention center's mission to serve the communities and the youth of Connecticut by enhancing their safety and security through the establishment of programs and interventions that contribute to the positive development of the youth that are placed in detention.	
<b>Facility Website with PREA Information:</b> www.jud.ct.gov	
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### Facility Administrator/Superintendent

<b>Name:</b> Jennifer Alicea	<b>Title:</b> Center Superintendent
<b>Email:</b> Jennifer.Alicea@jud.ct.gov	<b>Telephone:</b> (860) 244-7965

### Facility PREA Compliance Manager

<b>Name:</b> Judith D'Alessandro	<b>Title:</b> Deputy Superintendent
<b>Email:</b> Judith.DAlessandro@jud.ct.gov	<b>Telephone:</b> (860) 244-7963

### Facility Health Service Administrator

<b>Name:</b> Dr. Lynn Rudich	<b>Title:</b> Physician
<b>Email:</b> Lynn.Rudich.jud.ct.gov	<b>Telephone:</b> (203) 579-6548

### Facility Characteristics

<b>Designated Facility Capacity:</b> 88	<b>Current Population of Facility:</b> 19
<b>Number of residents admitted to facility during the past 12 months</b>	565
<b>Number of residents admitted to facility during the past 12 months whose length of stay in</b>	189

the facility was for 10 days or more:		
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		383
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	12 to 17	
Average length of stay or time under supervision:		1 – 2 weeks
Facility Security Level:		High Security
Resident Custody Levels:		Low, Moderate, High
Number of staff currently employed by the facility who may have contact with residents:		108
Number of staff hired by the facility during the past 12 months who may have contact with residents:		0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		7
<b>Physical Plant</b>		
Number of Buildings:	1	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	4	
Number of Open Bay/Dorm Housing Units:	0	
Number of Segregation Cells (Administrative and Disciplinary):	0	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>  There are a total of 54 interior detention center cameras. Each housing unit has four cameras and one camera is assigned specifically to a room for suicide watch. The other 38 cameras are located throughout the first and second floor of the detention center, this includes the gym, hallways, café, medical/mental health, school hallways, processing and recreation area. The Control area (located on the first floor), the control officer (JDO) monitor's up to eight cameras at one time; they have the capacity to monitor units throughout the building including any transition of residents. The detention center's camera video can be maintained on average of 30 days. The detention center utilizes "the watchman" which consists of a pipe check while residents are in their rooms, the pipe checks are conducted every 4 minutes or 15 minutes which includes random checks during those timeframes.		
<b>Medical</b>		
Type of Medical Facility:	Clinic	
Forensic sexual assault medical exams are conducted at:	Hartford Hospital	
<b>Other</b>		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	31	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	7	

# Audit Findings

## Audit Narrative

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

The PREA audit of the Hartford Juvenile Detention Center (HJDC) was conducted on November 8-9, 2017 by Dorothy Xanos, US DOJ Certified PREA Auditor. The audit begins with the notification of the on-site audit that was posted by September 26, 2017, six weeks prior to the date of the on-site audit. The posting of the notices were verified during the tour and verified by photographs received on the USB flash drive from CSSD Program Manager/PREA Coordinator. The photographs indicated notices were posted in various locations throughout the detention center including the lobby area, entrance/administration area, four (4) housing units, medical area, processing area, café/dining area, visitation area, staff break room and school hallway. This auditor did not receive any communication from the detention staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation for all forty-one (41) standards were received by October 10, 2017. The documentation was uploaded to a USB flash drive however it was not easy to navigate. After the on-site visit, the Hartford JDC's PREA Compliance Manager re-organized and highlighted the information on the USB flash drive. Additional information in regards to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address a number of the standards was added to the USB flash drive and sent to this auditor prior to the submission of this report.

After a conference call with the Center Superintendent; Deputy Superintendent/PREA Compliance Manager; Director of Family and Juvenile Services; Deputy Director Clinical, Education and Juvenile Residential Services; Superintendent Central Transportation; Central Responsible Health Authority; Classification and Program Officer, CSSD Program Manager/PREA Coordinator and providing a list of noted concerns, the CSSD Program Manager/PREA Coordinator sent some documentation to this auditor prior to arrival to the detention center. Also a number of supporting documents were provided during the on-site visit to address some of the deficiencies and are summarized in this report under the related standards.

The on-site audit was conducted on November 8-9, 2017. An entrance briefing was conducted with the Center Superintendent; Deputy Superintendent/PREA Compliance Manager; (2) Program & Services Supervisors; Classification and Program Officer; (3) Deputy Superintendents and CSSD Program Manager/PREA Coordinator. During the briefing, it was explained the audit process and a tentative schedule for two (2) days to include conducting interviews with the detention staff and residents and reviewing the documentation. A complete guided tour of the entire detention center was conducted including the secure entrance/lobby area with administrative offices, conference rooms, master control area, intake and holding area, sally port area, visiting area, kitchen and dining area, medical and mental health area, maintenance area, warehouse and storage areas, education area with classrooms, gymnasium & weight room, library, and four (4) dormitory/housing units with single cells.

During the tour, residents were observed to be under constant supervision of the detention staff while involved in various activities. The detention center was clean and well maintained and it was obvious staff took pride in their working areas. Notification of the PREA audit was posted in all locations throughout the detention center as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the resident rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower/toilet area. During the tour, it was observed that the shower/toilet areas in both male and female unit/dorm areas did allow for privacy.

During the two (2) day on-site visit, there were a total of nineteen (19) residents in the detention center. There are four (4) dormitory/housing units and ten (10) residents (male and female) were randomly selected for the interview process. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administrative staff, the hot line, and the grievance process. The community victims' advocacy service and telephone number is available to the residents located throughout the detention center. There is evidence of CSSD Program Manager/PREA Coordinator obtaining a Memorandum of Agreement that was reviewed and signed on 6/6/13 with the "Connecticut Sexual Assault Crisis Services" (CONNSACS) to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Since that time CONNSACS has undergone an agency name change and is presently known as "The Alliance to End Sexual Violence." The Judicial Branch is in the process of executing an amendment to the MOA to reflect the agency name change. Also, this auditor contacted a representative from the "The Alliance to End Sexual Violence" via telephone after the on-site visit.

Twenty-one (21) staff were formally interviewed including those from all three (3) shifts, medical and mental health staff, administrative and supervisory staff, case management staff, investigator, teacher, Center Superintendent, and Deputy Superintendent/PREA Compliance Manager were interviewed during the two (2) days of the audit and several days after the on-site visit. Additionally, interviews were conducted via telephone with the CSSD Executive Director and CSSD Program Manager/PREA Coordinator prior to the on-site visit and the Superintendent Central Transportation was interviewed on-site at the other detention center. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report. At the end of the second day, an initial exit briefing with a summary of the findings was conducted with the Center Superintendent; Deputy Superintendent/PREA Compliance Manager; Mental Health Consultant; Classification and Program Officer; Deputy Director Clinical, Education and Juvenile Residential Services and CSSD Program Manager/PREA Coordinator. At the initial exit debriefing, it was discussed additional documentation was required for four (4) standards and it was determined this information would be sent to this auditor within the next three (3) weeks to be in compliance with all the PREA standards. Another exit briefing was conducted at the detention center with the staff identified at the initial exit briefing, Ombudsman, Superintendent Central Transportation, (3) Classification and Program Officers, (3) Program and Services Supervisors, (2) mental health staff, (3) medical staff and Administrative Clerk I to advise of the findings. The requested information was sent to this auditor by the CSSD Program Manager/PREA Coordinator prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration*

*and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Hartford Juvenile Detention Center (HJDC) is an eighty-eight (88) bed maximum secure detention center for male and female juveniles governed by the Connecticut Judicial Branch's Court Support Services Division (CSSD) located in Hartford, Connecticut. The detention center provides short term care for juveniles pending adjudication and/or disposition and commitment by the court or who are pending committed placements to a residential facility or transfer to another jurisdiction or agency. The detention center was opened in January of 2004 with their primary goal to provide security, safety and immediate protection from the threat of harm or injury to themselves, other detainees, staff and to the community. The detention staff consists of well-trained professionals dedicated to the positive development of residents by providing a wide range of services which support the resident's physical, emotional, educational and social development. The average age is between 12-17 years old although juvenile jurisdiction could remain until the age of 21 and the average length of stay is 1-2 weeks. There were nineteen (19) male and female residents at the detention center at the time of the review.

The detention center is accredited by the American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC). Additionally, Hartford JDC is endorsed under Performance-based Standards (PbS) which is a nationally recognized improvement program developed by the Council of Juvenile Correctional Administrators (CJCA). This practice is dedicated exclusively to improving the conditions, services, and overall operations of juvenile facilities and programs and providing technical assistance and tools that promote safety, accountability and rehabilitation.

The detention center's physical plant is a two (2) story building adjacent to the juvenile court. The first floor of the detention center consists of a secure entrance/lobby area with administrative offices, conference rooms, technological advanced control area, intake and holding area, sally port area, visiting area, kitchen and dining area (café), medical and mental health area, maintenance area, warehouse and storage areas. The second floor consisted of the education area with classrooms, gymnasium & weight room, library, and four (4) dormitory/housing units with single cells. The single cells have double bunk beds that open directly to a dayroom, tables and chairs, detention staff desk and the shower/bathroom area. The Classification and Program Officer (CPO) offices are located within the housing units for ease of access to the residents.

Hartford JDC is staffed with ninety (90) full-time and part-time employees. The detention staff consisted of: Center Superintendent; (5) Deputy Superintendents; (2) Program & Services Supervisors; (5) Shift Supervisors; (4) Lead Juvenile Detention Officers; (46) Juvenile Detention Officers; (8) Classification and Program Officers; and (19) other staff (accounting, administrative, food service, and maintenance). Also, at the detention center are (7) education staff; (13) contracted medical staff, (10) full-time, part-time and per diem mental health staff and thirty-one (31) volunteer and contractors.

The medical services consists of contracted medical staff (Maxim Staffing Solutions) providing nursing services seven (7) days per week from 7 AM – 11 PM and a pediatrician at minimum once per week. The detention center has contracts with the local hospital for 24 hour emergency services. Also, psychiatric services are provided with a licensed adolescent psychiatrist in addition to the nurses providing health education and counseling about a variety of health topics. The medical staff provides medical care to include: completing the initial intake assessment, review intake referrals, physical examination within 72 hours of admission, sick call, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams, dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with



any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Dental and Optometry services are provided on an as needed basis. Several on-site medical clinics occur including a weekly medical clinic, a weekly mental health clinic, and participation in weekly treatment planning meetings. Mental health services are provided by Yale University that provides crisis intervention counseling, assessment appropriate referrals, emergency and non-emergency mental health assessments. Also, there are per diem mental health consultants who work on the weekend and holidays besides the on-call provider for after hour concerns regarding mental health services.

Hartford JDC's staff and contracted staff are all trained in PBIS (positive based interventions & supports). This program is designed to award detention staff and residents for displaying positive acts and behaviors. PBIS events are scheduled throughout the year to promote a positive and safe environment.

Hartford JDC has partnered with Domus Kids to provide educational services to the residents. Domus Kids is a human service nonprofit organization that opened in 1972 and serves more than one thousand struggling youth in the Stamford and surrounding areas. The educational department consists of a Program Director (Principal), five (5) certified teachers and a school social worker providing educational services at the detention center. Following the required State law all educational staff in "licensed" positions holds the appropriate licensure for their subject(s), grade level(s) or professional assignment(s). Upon arrival to the detention center each resident under goes a series of pre-tests to determine their level of performance and then given assignments based on the results of the pre-tests. The residents participate in an individual education program that is designed for them.

The detention center provides an educational program during the week in order for residents to maintain their grades and the continuity of care upon return to their community schools. The program is designed for residents to have the opportunity to learn at the highest level possible. The instructional program encourages the residents to explore their abilities to learn, understand their cultural backgrounds, and enhance their future. Residents receive instruction in life skills, English, history, mathematics, social studies, science and computer training. Also, residents earn points based on classroom behavior, participation and work completion. Overall points can be earned for the school time slot which is a major portion of the total possible points that can be earned during the day shift. The point system is a way to help emphasize the importance of their school program. The resident's performance in school, counseling, homework assignments and other programs may be reported to the court. Special Education services are offered to residents who qualify and counseling services are offered to all residents.

Recreation and leisure time activities are available to the residents. These activities consist of: sports, team building activities, board games, dancing and arts and crafts, and outside recreation weather permitting. There are varied locations for recreation that include the housing units, gymnasium, outside and multi-purpose room/dining hall. Religious activities and services are scheduled weekly and attendance is strictly on a volunteer basis.

Programming group services is provided at the detention center. Each resident is assigned to a CPO who ensures that they are properly classified and assessed upon intake. The CPO's are responsible for the case management of each resident upon intake to release. Case management includes, but not limited to, family engagement, probation contacts, as well as mental health and education follow-up. The CPOs facilitates groups that consist of substance abuse education, life skills, anger regulation and team building. These groups are TARGET (trauma related); Work Study Group/EMPLOY (job application and interview skills); SPST (conflict resolution and decision making); Juvenile Orientation (detention center rules and expectations); Power Source (life choices); Girl's Circle (developing healthy

relationships for females); Boys Council (developing healthy relationships for males); LOVE 146 (child trafficking and exploitation); YWCA (healthy relationships, seeking safety, healing from trauma, healthy boundaries) and PBIS program (works in conjunction with the education department – awards occur bi-weekly). Hartford JDC's program highlights consist of: Breast Cancer Awareness Program; Black History Month Program; Hispanic Heritage Celebration; Women's History Month and Happy Holidays Family Night.

## Summary of Audit Findings

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

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

<b>Number of Standards Exceeded:</b>	5	(115.311; 115.317; 115.331; 115.333 & 115.341)
<b>Number of Standards Met:</b>	36	
<b>Number of Standards Not Met:</b>	0	
<b>Summary of Corrective Action (if any)</b>	NA	

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.311 (a)

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

#### 115.311 (b)



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

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #2.11 (Human Resources Employee Conduct) effective 12/2/16 and Administrative Policies and Procedures Manual #607 (Sexual Harassment in the Work Place) revised 9/2013 outlines how each facility implements its approach to preventing, detecting and responding to all approaches of sexual abuse and harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policies and manual provided comprehensive guidelines and a training foundation for implementing the approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents and employees and how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care at the Connecticut Judicial Branch's Court Support Services Division (CSSD).

CSSD has a designated Unit PREA Coordinator, her official title is Program Manager and she reports directly to the CSSD Executive Director. The Unit PREA Coordinator works within the division to implement the PREA Standards and indicated she has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of two (2) detention centers with the support of the administration. The Deputy Superintendent is designated as the detention center's PREA Compliance Manager who also indicated that she has sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned. It was evident during randomly selected and specialized staff interviews that staff had been trained and were knowledgeable of the Connecticut Judicial Branch's Court Support Services Division's Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy including all aspects of sexual abuse and sexual harassment in accordance with the requirements. Also, during the tour of the detention center, the observation of bulletin boards, posters, reviews of staff and resident handbooks, training curriculums confirmed the detention center's commitment and dedication to create a PREA compliant culture.

## Standard 115.312: Contracting with other entities for the confinement of residents

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

### 115.312 (a)

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

### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. CSSD has entered into/renewed two (2) community residential programs in the past twelve (12) months. An interview with the CSSD Unit PREA Coordinator confirmed both community residential programs are monitored on a scheduled basis by CSSD to ensure compliance with the PREA standards.

## **Standard 115.313: Supervision and monitoring**

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

#### **115.313 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
☒ Yes ☐ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
☒ Yes ☐ No ☐ NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

#### 115.313 (d)

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

#### 115.313 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.105 (Juvenile Residential Services Staffing Requirements, Overtime and Holdovers) effective 5/20/16; Policy #8.309 (Juvenile Residential Services Security Checks, Inspections and Administrative Tours) effective 11/13/14 and Policy #8.404 (Juvenile Residential Services Suicide Prevention) effective 9/1/17 contained the required information identifying the detention center to develop a staffing plan to provide for departmental adequate staffing levels to ensure the safety and custody of residents, physical plant, video monitoring, and federal standards. Additionally, the policies contained information identifying the detention center shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds on a weekly basis during all shifts documenting the information in all (unit and master control) logbooks and essential staffing reports that contains observations of all areas of the facility.

During the initial documentation review, the detention center did not report deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled and it is a mandate. Hartford JDC's staff-to-youth ratios is identified as 1:8 during the resident waking/sleeping hours and is always maintained, the detention center has a mechanism in place for call outs and staff volunteer to stay over if needed. Hartford JDC's staffing plan was developed, approved, and implemented in 2015 & 2016. Their staffing plan review is conducted on a quarterly basis and was found to be in compliance with this standard.

Hartford JDC is a secure detention center and utilizes detention staff monitoring to protect the residents from sexual abuse and sexual harassment. The Shift Supervisors and Lead Juvenile Detention Officers conduct and document unannounced rounds on all three (3) shifts and in all areas of the detention center to monitor and deter staff sexual abuse and sexual harassment on a daily basis. Additionally, the Superintendent, the Deputy Superintendents and the Program Supervisors conduct and document unannounced rounds at least once or twice on a daily basis in all areas of the detention center. All unannounced rounds are documented in all (unit and master control) logbooks and shift change reports. Interviews with one (1) of the Deputy Superintendents and the detention staff confirmed the process takes place in the detention center.

## **Standard 115.315: Limits to cross-gender viewing and searches**

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

#### **115.315 (a)**

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

#### **115.315 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes   ☐ No   ☐ NA



#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

#### 115.315 (e)

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

#### 115.315 (f)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy # 8.311 (Juvenile Residential Services Searches) effective 9/15/15; Policy #8.542 (Juvenile Residential Services Personal Hygiene and Items) effective 5/15/14 and Policy #8.418 (Juvenile Residential Services Non-Discriminatory Practices for LGBTQI Juveniles) effective 9/15/15 revealed policy and procedures prohibit any cross-gender strip search or visual body cavity searches or cross-gender pat-down searches to same gender staff absent exigent circumstances shower procedures, female and male staff announcing when entering housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Also, the policies indicated any cross-gender searches are required to be documented.

A review of the training documentation and detention staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Some detention staff interviews were able to describe what an exigent circumstance would be and were knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. Most residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Most detention staff and resident interviews indicated that detention staff of the opposite gender entering their housing area would consistently announce themselves.

Detention staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. However, most detention staff interviews could not identify the CSSD policy on prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status. During the detention center's tour, it was observed that most of the shower/toilet areas in both the male and female housing/dorm areas did allow for privacy. There has been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve (12) months. Also, there have been no exigent circumstances of cross-gender pat down, strip or visual body cavity searches conducted of residents in the past twelve (12) months.

After the on-site visit, all detention staff were re-trained on the CSSD policies on prohibiting staff from searching or physically examining transgender or intersex resident for the purpose of determining that resident's genital status and on describing what an exigent circumstance would be and the procedures for securing authorization to conduct such a search. The CSSD Unit PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

## Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

### 115.316 (a)

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

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

#### 115.316 (b)

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

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Policy #8.413 (Juvenile Detention Detainees with Disabilities) effective 3/22/16 contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity and are provided meaningful access to all aspects of the detention center's efforts to prevent, protect and respond to sexual abuse and harassment.

Additionally, the policies indicate the detention center will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a resident's safety.

Hartford JDC's detention staff has access to telephonic bilingual services (Linguistica International, Inc. and CTS Language Link) through the Judicial Branch to provide residents who are limited English proficient with various interpreter services on an as needed basis and sign language interpreter services. There are postings throughout the detention center in English and Spanish. The detention staff training documentation, pamphlet, and Hartford JDC's "Juvenile Detention Handbook" contained information on providing appropriate explanations regarding PREA to residents based upon their individual needs. Most staff interviews confirmed there is an outside agency to provide services and they do not allow for the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment. In the past twelve (12) months, the detention center did not have any instances of resident interpreters or readers being used for reporting allegations of sexual abuse or sexual harassment. The teachers could provide residents with disabilities with various services on an as needed.

## **Standard 115.317: Hiring and promotion decisions**

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

#### **115.317 (a)**

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

#### 115.317 (b)

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

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

#### 115.17 (e)

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

#### 115.317 (f)

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



### 115.317 (g)

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

### 115.317 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy # #1.3 (Criminal History Investigation) effective 7/1/05; Policy #2.11 (Human Resources Employee Conduct) effective 12/2/16; Administrative Policies and Procedures Manual #204 (Hiring Process – Recruitment of Candidates) and #607 (Sexual Harassment in the Work Place) revised 9/2013 contained all the elements required by this standard and all background checks are conducted initially on new employees, current and promotion decisions of employees and contractors. Additionally, the policies identify the requirement of all supervisors to keep the work place free of sexual harassment, monitor working conditions to detect and stop sexual harassment, and report complaints to those responsible for resolving them. Incidents of sexual harassment will be considered in determining whether to hire, appoint, or promote anyone, or enlist the services of any individual contractors.

The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse registry checks (Department of Children and Families) and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. The HR staff conducts annual background checks for all employees and contractors, therefore exceeding the standard. There is an affirmative duty to disclose any arrests or previous misconduct. Any material omission by an employee is subject to termination. During the hiring process, potential detention staff

completes the "Reference/Criminal Record Check Authorization and Release of Information" form that contains the questions regarding past misconduct. An interview with the state attorney for the Judicial Branch Human Resources Management confirmed the staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

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

#### 115.318 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection

and Response) effective 11/13/14 indicated when designing or acquiring any new facility, planning any substantial expansion or modification of existing facilities, CSSD will consider the effect of the design, acquisition, expansion or modification upon the ability to protect inmates from sexual abuse. Also, when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, facilities will consider how such technology may enhance the ability to protect residents from sexual abuse. Hartford JDC has not been newly designed or had a substantial expansion or modification since August 20, 2012.

The initial documentation review contained information dated May & November of 2017 of the additional and repairs of cameras in several areas of the detention center and updating the video monitoring system. During the tour, the video monitoring system, electronic surveillance system and mirrors were observed, this will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Also, this enables the detention staff to monitor residents more efficiently throughout the physical plant of the detention center. Interviews with the Center Superintendent and CSSD Unit PREA Coordinator confirmed the requests of the installation and repairs of the cameras to provide the continued prevention of sexual abuse and sexual harassment at the detention center and updating the video monitoring system. The administrative staff is continually evaluating the electronic surveillance and video monitoring system.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

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

#### 115.321 (b)

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

#### 115.321 (c)

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

#### 115.321 (d)

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

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.501 (Juvenile Residential Services Access to Care) effective 2/1/13; Connecticut General Statutes (19a-112a); National Protocol for Sexual Assault Medical Forensic Examinations effective 4/2013 and Department of Emergency Services and Public Protection, Division of State Police Guidelines contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies.

Documentation and staff interviews confirmed Connecticut State Police (CSP); Department of Children and Families (DCF) and Judicial Branch's HR Management conducts the criminal investigations and administrative investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. There is evidence of CSSD Unit PREA Coordinator obtaining a Memorandum of Agreement that was reviewed and signed on 6/6/13 with the "Connecticut Sexual Assault Crisis Services" (CONNSACS) to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Since that time CONNSACS has undergone an agency name change and is presently known as "The Alliance to End Sexual Violence." The Judicial Branch is in the process of executing an amendment to the MOA to reflect the agency name change. Hartford Hospital (SAFE) provides the emergency and forensic medical examinations at no financial cost to the victim. The detention center has available the PREA pamphlet "Sexual Abuse and Sexual Harassment Prevention and Reporting Guidelines for Juvenile Detention – Know Your Rights" that identifies for the residents to call or write the Ombudsman's Office. Additionally, the detention center has mental health professionals available that will serve as an advocate to link services and provide confidential emotional support to residents who are victims and/or report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. These individuals are screened for appropriateness to serve as a victim advocate and receive specialized training.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

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

### 115.322 (a)

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

### 115.322 (b)

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

### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
☒ Yes ☐ No ☐ NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Judicial Branch Policy Addressing PREA; Department of Emergency Services and Public Protection, Division of State Police Guidelines and Administrative Policies and Procedures Manual #607 (Sexual Harassment in the Work Place) revised 9/2013 requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation.

All detention staff are required to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Judicial Branch's HR Management and Department of Children and Families (DCF) for administrative investigations and the Connecticut State Police (CSP) for the determination of criminal charges. CSP provides services on a 24 hour basis that will include the responsibility of investigating allegations of sexual abuse by qualified staff who have received training concerning sexual abuse and forensic examination issues. Also, the Superintendent will notify the CSSD Unit PREA Coordinator to review the complaint and determine if the detention staff will conduct an internal investigation.

The PREA policy can be found on the Connecticut Judicial Branch's website and information can be found in their PREA pamphlet "Sexual Abuse and Sexual Harassment Prevention and Reporting Guidelines for Juvenile Detention – Know Your Rights" that is available in English and Spanish. Hartford JDC had received four (4) allegations of sexual abuse and sexual harassment resulting in a criminal investigation and/or an administrative investigation in the past twelve (12) months. All detention staff interviews reflected and confirmed their knowledge on the reporting, referral process and policy's requirements but did not know the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment. After the on-site visit, all detention staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The CSSD Unit PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

#### 115.331 (c)

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

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #2.11 (Human Resources Employee Conduct) effective 12/2/16 and Judicial Branch Policy Addressing PREA requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All the PREA training provided to employees at the detention center contains all eleven (11) topics consistent with this standard's requirements and is tailored to this detention center with the gender of their resident populations. The staff training documentation including a power-point presentation and detention staff interviews confirmed staff receives PREA training during initial pre-service training and during refresher in-service training. All employees are trained as new hires regardless of their previous experience.

All new employees receive the CSSD policies and procedures on prevention strategies to maintain a professional atmosphere and sign a training sheet indicating they received the training and understand their responsibilities for all the different training modules upon completion of the initial PREA training. A review of all detention staff and training education forms, observation of the day-to-day operations as well as detention staff interviews confirmed that staff are receiving their required PREA training.

Detention staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment. At the detention center, it was evident that the detention staff are trained continually about the PREA standards during shift briefings and the completion of various trainings. Additionally, all staff are required to complete an annual in-service PREA training. Employee training documentation including curriculums are maintained at the CSSD Training Academy. It is evident, the executive administration has taken the PREA Standards to another level and it is reflected in their commitment to protecting the residents in their care by providing extensive training to all employees who work at their detention centers.

## **Standard 115.332: Volunteer and contractor training**

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

#### **115.332 (a)**

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

#### **115.332 (b)**

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

#### **115.332 (c)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Judicial Branch Policy Addressing PREA requires volunteers and contractors who have contact with residents to receive in-depth PREA training. All volunteers, contractors, educators and interns receive the CSSD PREA training and sign the volunteer and contractor sign-in sheet upon completion of the PREA training they received. The training consists of a power point presentation that includes: policies, PREA definitions, reporting requirements and other required procedures. A review of the documentation confirmed they are aware of the detention center's requirement for confidentiality and their duty to report any incidents of sexual abuse and/or sexual harassment. Interviews with a teacher, medical and mental health contracted staff confirmed their knowledge of the required PREA training and CSSD's zero tolerance of any form of sexual activity at the detention center as well as their duty to report sexual abuse or sexual harassment.

## **Standard 115.333: Resident education**

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

### **115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

### **115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

### **115.333 (c)**

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

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Policy #8.412 (Juvenile Residential Services Juvenile Orientation) effective 5/15/14 requires residents to receive comprehensive age appropriate education



information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the assigned detention staff provides the residents with this information immediately upon arrival during their initial intake and orientation process.

During the initial intake, the assigned Classification and Program Officer (CPO) and/or detention staff utilizes the "Juvenile Detention Handbook," "Legal Rights Booklet," PREA pamphlet and PREA Juvenile Orientation Video to review detailed information verbally with the resident and the resident signs the "Juvenile Acknowledgement of Receipt" form, Orientation Acknowledgement form, and PREA Juvenile Orientation Video form verifying receipt for all information regarding orientation to the detention center. Documentation of resident's signatures were reviewed and confirmed during resident interviews. Residents are provided information on prevention/intervention, self-protection, reporting and treatment/counseling and it is available in Spanish for future reference.

Most residents interviewed stated they received this information the same day they arrived at the detention center and identified signing some forms. The CPO and detention staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session. All staff documents the orientation at intake on the "Intake and Admission Checklist" and the detention orientation program attendance is documented on the "Group Attendance Sheet." Every time a resident enters the detention center, the orientation is documented and tracked through their database. The parent/guardian is provided a packet with detailed information on PREA and the resident's orientation to the detention center. Also, residents are provided the contact information for the ombudsman services. PREA postings were observed during the detention center tour in the housing units, common areas and residents identified the postings as another source of information for them.

## **Standard 115.334: Specialized training: Investigations**

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

#### **115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

#### **115.334 (b)**

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Administrative Policies and Procedures Manual #607 (Sexual Harassment in the Work Place) revised 9/2013 requires the executive administration to ensure all investigators are properly trained in conducting investigations in confinement settings. The required training includes: 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 or prosecution referral. All investigators under-go an extensive training developed by NIC's PREA: Investigating Sexual Abuse in a Confinement Setting and additional PREA training developed by CSSD.

At the detention center, the assigned PREA investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, however all allegations are referred to the Judicial Branch's HR Management and Department of Children and Families (DCF) to conduct administrative

investigations and the Connecticut State Police (CSP) to conduct criminal investigations of allegations of sexual abuse and sexual harassment for residents under the age of 18. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. At the detention center, (2) Judicial Branch Human Resources Management staff, (3) Deputy Superintendents and (2) Program and Services Supervisors have completed both NIC's PREA: Investigating Sexual Abuse in a Confinement Setting and the additional PREA training developed by CSSD. An interview with the state attorney for the Judicial Branch Human Resources Management who oversees the investigations and the documentation confirmed the compliance with the PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement.

## **Standard 115.335: Specialized training: Medical and mental health care**

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

### **115.335 (a)**

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

### **115.335 (b)**

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

### **115.335 (c)**

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

### **115.335 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 requires PREA training and specialized training for medical and mental health staff who work at the detention centers. It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all detention staff and the specialized training offered by NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting and NIC Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The initial review of training documentation contained the training completed by all twenty-three (23) of the medical and mental health staff. Also, all medical and mental health staff participated in annual PREA training. The medical staff at the detention center do not conduct forensic examinations. Interviews with a medical and a mental health staff confirmed their understanding of the requirement to complete the specialized training, verified completing the course and participating in the annual basic PREA training.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

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

#### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No

- Does the agency also obtain this information periodically throughout a resident's confinement?  
☒ Yes ☐ No

#### 115.341 (b)

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

#### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained: During classification assessments? ☒ Yes ☐ No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

#### 115.341 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.532 (Juvenile Residential Services Special Needs Juveniles and Communications) effective 6/1/13; Policy #8.106 (Juvenile Residential Services Classification) effective 5/20/16 and Policy #8.505 (Juvenile Residential Services Juvenile Mental Health Intake Screening, Evaluation and Records) effective 4/1/14 requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness called "Juvenile Residential Services PREA Classification Screen" and within 72 hours a mental health consultant will conduct an initial mental health clinical assessment. All residents are screened within twenty-four hours upon arrival at the detention center to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert tracking system, as well as receiving further assessments, as identified.

The intake and admission process consists of the CPO initial intake assessment, parent interviews, JDO questionnaire, JDO parent questionnaire, school intake form, medical and mental health assessment and various other forms (SAVRY, MAYSI-2, Columbia & CRAFFT) to name a few, that are used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents



are reassessed continually after their arrival and throughout their stay at the detention center. If the resident remains in the detention center beyond thirty (30) days, he or she will be reassessed again. Also, the Hartford JDC mental health staff conducts weekly case conference resident reviews. The detention center's policies limits staff access to this information on a "need to know basis". Detention staff interviews confirmed a screening is completed on each resident upon admission to the detention center. Residents reporting prior victimization, according to detention staff, are referred immediately for a follow-up with medical or mental health personnel. Although there have been no transgender or intersex residents admitted to the detention center within the past twelve (12) months, detention staff were aware of giving consideration for the resident's own view of their safety in placement and programming assignments. Most resident interviews and the documentation confirmed that risk screenings are being conducted within seventy-two (72) hours of their admission to the detention center.

## **Standard 115.342: Use of screening information**

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

#### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

#### **115.342 (b)**

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? ☐ Yes ☐ No ☒ NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☐ Yes ☐ No ☒ NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☐ Yes ☐ No ☒ NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☐ Yes ☐ No ☒ NA
- Do residents also have access to other programs and work opportunities to the extent possible? ☐ Yes ☐ No ☒ NA

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.106 (Juvenile Residential Services Classification) effective 5/20/16; Policy #8.418 (Juvenile Residential Services Non Discriminatory Practices for LGBTQI Juveniles) effective 9/15/15 and Policy #8.201 (Juvenile Residential Services Administrative Meetings, Reports and Goals) effective 2/1/13 prohibits gay, bi-sexual, transgender and intersex residents being placed in a dorm area, bed or other assignments based solely on their identification or status. In addition, the policies describe the screening

and assessment process and how the information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Hartford JDC's staff as described above in standard 115.341 utilizes various forms and any other pertinent information during the resident's admission and placement process to determine specific sleeping assignments according to their risk level (low, medium or high). The detention, medical and mental health/substance abuse staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse screening forms to determine placement and risk level. There are four (4) housing units containing a day room, tables/chairs, telephones, shower/bathroom area, and single cells with double bunk beds, shelf, table and chair. All housing units had bulletin boards with some PREA information and other detention center information. One of the housing units is for female residents. Isolation is not utilized at the detention center as a means of protective custody.

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?  
☒ Yes ☐ No

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

#### 115.351 (c)

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

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.403 (Juvenile Residential Services Juvenile Grievances) effective 5/15/14; Policy #8.416 (Juvenile Residential Services Ombudsman) effective 11/1/10; Policy #8.400 (Juvenile Residential Services Intake and Admissions) effective 4/1/14; Policy #8.102 (Juvenile Residential Services Incident Reporting) effective 6/15/15; Policy #8.501 (Juvenile Residential Services Access to Care) effective 2/1/13 and Policy 5.10 (General Section Reporting of Abuse, Neglect and Injury) effective 2/1/15 provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include: Telephoning the hotline number, a written or verbal complaint to the CSSD Ombudsman, advising an administrator, a staff member, placing a written complaint in the grievance box and/or DCF Detention Liaison's communication box, and external complaint to a third party (i.e. family member). Also, during the intake and admission process residents are advised of their rights and sign a form acknowledging they had been advised of these rights. One of the rights on the form informs a resident that if he or she is not a citizen of the United States, he or she has the right to have his or her consulate notified.

While touring the entire detention center, it was observed in the living areas postings of the PREA information (posters), other facility information and the communication boxes with forms in the dining area. The victim advocate information postings were limited. Reporting procedures are provided to residents through CSSD PREA pamphlet, detention handbook and orientation video presentation. Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust, third party (DCF Detention Liaison) and about the anonymous reporting capability. Most residents identified the black boxes in the dining area as a means to report sexual abuse and sexual harassment. Most detention staff interviews along with the postings, and supporting documentation confirmed multiple internal ways for residents to report sexual abuse and sexual harassment, their understanding of the policies and their obligation of being mandated child abuse reporters.

## **Standard 115.352: Exhaustion of administrative remedies**

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

#### **115.352 (a)**

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

#### **115.352 (b)**

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

#### **115.352 (c)**

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (f)

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

#### 115.352 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.403 (Juvenile Residential Services Juvenile Grievances) effective 5/15/14 describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse and/or harassment. Residents may place a written grievance or complaint in the locked PREA/grievance box (black box) located in all four (4) housing units of the detention center. The detention center has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the detention staff member involved in the allegation. Also, the detention center has an emergency grievance procedure requiring an initial response within 48 hours and a final decision within five (5) calendar days. The detention staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the detention center. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the PREA/ grievance box (black box). Residents indicated they would contact a trusted detention staff, the Ombudsman or telephone the hotline in relation to sexual abuse or sexual harassment complaints. Hartford JDC did not have any grievances in the past twelve (12) months related to sexual abuse or sexual harassment complaint.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

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

#### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.353 (b)**

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

#### **115.353 (c)**

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

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.407 (Juvenile Detention Juvenile Mail and Telephone Communication) effective 8/1/09; Policy #8.410 (Juvenile Detention Juvenile Rights in Detention) effective 8/1/09; Policy #8.505 (Juvenile Residential Services Juvenile Mental Health Intake Screening, Evaluation and Records) effective 4/1/14 and DCF136 Mandated Reporting Guidelines ensures that residents are provided access to outside confidential support services, legal counsel and parent/guardian. There is evidence of the CSSD Unit PREA Coordinator obtaining a Memorandum of Agreement that was reviewed and signed on 6/6/13 with the "Connecticut Sexual Assault Crisis Services" (CONNSACS) to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams at the detention center. Since that time CONNSACS has undergone an agency name change and is presently known as "The Alliance to End Sexual Violence." The Judicial Branch is in the process of executing an amendment to the MOA to reflect the agency name change. Also, this auditor contacted a representative from the "The Alliance to End Sexual Violence" via telephone after the on-site visit. The detention center staff provides the PREA pamphlet, the Alliance to End Sexual Violence's pamphlet identifies the posters in the housing units and the

availability of the 24 hour toll free telephone numbers. Also, the residents have access to the Ombudsman who visits the detention center at least twice a week.

Hartford Hospital (SAFE) provides the emergency and forensic medical examinations at no financial cost to the victim. There have been no calls from residents to outside services in the past twelve (12) months. Most resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The detention center provides weekly calls to parents/legal guardians, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation, and letter writing to parents/legal guardians. Resident interviews confirmed their knowledge of how to access outside services but limited knowledge of what kind of services are provided to them. The detention staff will be providing additional education to future residents on victim advocate services during their orientation process and during their group session while at the detention center. CSSD Unit PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

## Standard 115.354: Third-party reporting

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

#### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Judicial Branch Policy Addressing PREA identifies the CSSD's third party reporting process and instruct detention staff to accept third party reports from any source.

CSSD's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. There are several reporting options (written, verbal and anonymous) for the receipt of third-party reports of sexual abuse or sexual harassment. This information is reported directly to the Judicial Branch's HR Management who will inform the CSSD Unit PREA Coordinator and Center Superintendent.

The detention staff provides the parent/guardian with a packet containing varied forms, pamphlet and third-party reporting information. Resident interviews confirmed their awareness of reporting sexual abuse or harassment to others outside of the detention center including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, the Ombudsman, DCF and/or attorney. Most detention staff interviews were able to describe how reports may be made by third parties.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.361 (d)



- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

#### 115.361 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.505 (Juvenile Residential Services Juvenile Mental Health Intake Screening, Evaluation and Records) effective 4/1/14; Policy #8.510 (General Section Reporting of Abuse, Neglect and Injury) effective 10/1/10 and DCF136 Mandated Reporting Guidelines identified the reporting process for all detention staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All detention staff are mandated reporters and random staff interviews confirmed the detention center's compliance with this standard. All detention staff receives information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the detention center protocol and/or training. The detention staff would complete an incident report with the details of any incidents that would occur in the detention center in compliance with this standard. Additionally, interviews with medical and mental health/substance abuse staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Policy #8.106 (Juvenile Residential Services Classification) effective 5/20/16 requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Documentation, interviews with the Center Superintendent

and other random selected detention staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse.

Detention staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this detention center and none had ever reported to staff that they were at substantial risk of imminent sexual abuse. Harford JDC's detention staff has a process in place that when identifying a resident who may be subject to a substantial risk of imminent sexual abuse the information is documented on a precautionary log, he or she is placed in single room occupancy as a precaution.

## Standard 115.363: Reporting to other confinement facilities

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

#### 115.363 (a)

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

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Administrative Policies and Procedures Manual #607 (Sexual Harassment in the Work Place) revised 9/2013 requires the Center Superintendent upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the Center Superintendent within 72 hours where the alleged abuse occurred and to report it in accordance with CSSD policy and procedures. Also according to the policies and procedures, the Center Superintendent is to immediately report the incident for investigation and complete an incident report. The Center Superintendent had received no allegations that a resident was abused while confined at another facility during the past twelve (12) months.

### Standard 115.364: Staff first responder duties

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

##### 115.364 (a)

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

##### 115.364 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and training documentation requires detention staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

There have been three (3) allegations of sexual abuse during the past twelve (12) months. First responder interview validated his technical knowledge of actions to be taken upon learning that a resident was sexually abused, however most detention staff interviews had difficulty in providing the action steps identified in the CSSD policies and procedures, had limited knowledge of their responsibilities as first responders and unaware of why they do these duties. All detention staff were re-trained on first responder duties consistent with CSSD policies and procedures. CSSD Unit PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the detention center is in full compliance with this standard.

## Standard 115.365: Coordinated response

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

#### 115.365 (a)

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

## Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 provides a written coordinated response system to coordinate actions taken in response to an incident of sexual abuse among detention staff first responders, administration, executive staff and contacting medical and mental health outside sources. Hartford JDC's PREA Incident Response Plan reflects the detention center's specification of how they will respond to sexual allegations and the notification procedures followed for reports of sexual allegations.

Also, the detention staff utilizes the "PREA Incident Report" form to complete the documentation of the incident. Hartford JDC's detention staff have a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, and a number of other individuals. Interviews with the Center Superintendent and other staff validated their technical knowledgeable of their duties in response to a sexual abuse.

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

### 115.366 (a)

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

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of both collective bargaining unit agreements between the State of Connecticut Judicial Branch's and State of Connecticut Judicial Employees Local 749, AFSCME, AFL-CIO and The Union of Professional Judicial Employees AFT/AFT-CT, AFL-CIO are currently under renegotiations.

### Standard 115.367: Agency protection against retaliation

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

#### 115.367 (a)

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

#### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? ☒ Yes ☐ No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Judicial Branch Policy Addressing PREA requires the protection and monitoring of residents and detention staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The policy prohibits retaliation against any detention staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. This monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of detention staff.

The Center Superintendent is responsible with overseeing the monitoring of the conduct or treatment of residents or detention staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. She has assigned the Deputy Superintendents and CPOs the responsibility to serve as an advocate to link services (community based advocates or mental health professionals) and support to residents who report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. If retaliation should occur, the assigned staff would complete a "PREA Incident Report" form whether it is a detention staff or resident retaliation monitoring. There were no incidents of retaliation in the past twelve (12) months.

### Standard 115.368: Post-allegation protective custody

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

#### 115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☐ Yes ☒ No

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Policy #8.106 (Juvenile Residential Services Classification) effective 5/20/16 prohibits the use of isolation or segregation from others at the detention center. No residents who have alleged sexual abuse in the past twelve (12) months were secluded or isolated from the other residents. The residents would be placed in another detention center.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

#### 115.371 (c)

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

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

#### 115.371 (e)

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

#### 115.371 (f)

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

#### 115.371 (g)

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

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
☒ Yes ☐ No

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #1.4 (Administration, Organization & Mgmt Investigations ) effective 6/15/09; Policy #2.25 (Human Resources Harassment, Discrimination, and Misconduct Complaint Procedure) effective 2/15/06; Judicial Branch Policy Addressing PREA; Record Retention Guidelines and Department of Emergency Services and Public Protection, Division of State Police Guidelines requires all detention staff to refer all alleged incidents of sexual abuse and sexual harassment for investigation to the Judicial Branch's HR Management and Department of Children and



Families (DCF) for administrative investigations and the Connecticut State Police (CSP) for the determination of criminal charges. Also, the Superintendent will notify the CSSD Unit PREA Coordinator to review the complaint and determine if the detention staff will conduct an internal investigation. There have been no reported investigations that appeared to be criminal and referred for prosecution of alleged detention staff's or residents inappropriate sexual behavior that occurred in this detention center in the past twelve (12) months. At the detention center, (3) Deputy Superintendents and (2) Program and Services Supervisors have completed both NIC's PREA: Investigating Sexual Abuse in a Confinement Setting and the additional PREA training developed by CSSD. It was evident, the detention staff reported incidents as required and reports are retained for five (5) years from the date the alleged abuser is released or employed by the detention center. The PREA data must be retained for ten (10) years.

## Standard 115.372: Evidentiary standard for administrative investigations

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

### 115.372 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Administrative Policies and Procedures Manual #607 (Sexual Harassment in the Work Place) revised 9/2013 contains all the elements of the standard and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The assigned investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded. An interview with the state attorney for the Judicial Branch Human Resources Management indicated that they conduct fact finding investigations, make conclusions following the investigation and provide the information to the detention center and to CSSD Unit PREA Coordinator for consultation with legal and human resources to determine disciplinary actions.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

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

#### 115.373 (c)

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

#### 115.373 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Department of Emergency Services and Public Protection, Division of State Police Guidelines requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation.

The policies further requires that following a resident's allegation that a detention staff member who has committed sexual abuse against the resident, the detention center informs the resident unless the allegations are "unfounded" whenever the detention staff member is no longer posted within the resident's housing area; the staff member is no longer employed at the detention center; Connecticut State Police (CSP) notifies that the staff member has been indicted or convicted on a charge related to sexual abuse within the detention center.

The Hartford JDC's Deputy Superintendent/PREA Compliance Manager has a process to notify the resident. Once the resident has been informed the information is documented in the resident's CPO file. With regard to investigations involving resident-on-resident allegations of sexual abuse the notification process would be the same. There have been two (2) reported investigations of alleged detention staff's or resident's sexual abuse that occurred in this detention center in the past twelve (12) months that was completed by the agency/detention center. The Superintendent validated her technical knowledge of the reporting process during his interview.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

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

#### 115.376 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #2.13 (Human Resources Employee Discipline) effective 6/15/05; Judicial Branch Policy Addressing PREA and Administrative Policies and Procedures Manual #612 (Corrective Discipline) revised 4/2015 requires detention staff disciplinary sanctions up to and including termination for violating detention center's sexual abuse or harassment policies. Also, if the violation is criminal in nature it will be referred to law enforcement. All disciplinary sanctions are maintained in the employee's HR file in accordance with CSSD policy and procedures. Termination is the presumptive sanction for detention staff who had engaged in sexual abuse. Additionally, detention staff may not escape sanctions by resigning. Detention staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There has been no employee disciplined in the past twelve (12) months for violation of the detention center's sexual abuse or harassment policies. The Center Superintendent's interview validated her technical knowledge of the reporting process was consistent with CSSD policies and procedures.

## **Standard 115.377: Corrective action for contractors and volunteers**

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

#### **115.377 (a)**

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

#### **115.377 (b)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Judicial Branch Policy Addressing PREA requires that volunteers and contractors in violation of the detention center's policies and procedures regarding sexual abuse and harassment of residents will be reported to Judicial Branch's HR Management and local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the detention staff to take remedial measures and prohibit future contact with residents in the case of any violation of the detention center's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Center Superintendent. There have been no volunteers or contractors reported in the past twelve (12) months for engaging in sexual abuse or harassment of residents.

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

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

#### **115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
☒ Yes   ☐ No

#### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes   ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☐ Yes   ☐ No   ☒ NA
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☐ Yes   ☐ No   ☒ NA
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☐ Yes   ☐ No  
☒ NA
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☐ Yes   ☐ No  
☒ NA



#### 115.378 (c)

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

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

#### 115.378 (e)

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

#### 115.378 (f)

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

#### 115.378 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.313 (Juvenile Residential Services Positive Behavior Motivation Program) effective 1/9/17; Policy #8.106 (Juvenile Residential Services Classification) effective 5/20/16 revised 9/2013; Policy #8.314 (Juvenile Residential Services Group Programming) effective 9/20/16; Policy #8.417 (Juvenile Residential Services Education Services) effective 7/1/17; Policy #8.403 (Juvenile Residential Services Juvenile Grievances) effective 5/15/14 and Judicial Branch Policy Addressing PREA any resident found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. Hartford JDC's detention staff provides each resident with information that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. Interviews with mental health staff confirmed crisis intervention and counseling are offered to residents. There have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the detention center in the past twelve (12) months. The Center Superintendent indicated that residents may also be referred for prosecution if the allegations were criminal.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?

☒ Yes ☐ No

#### 115.381 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.505 (Juvenile Residential Services Juvenile Mental Health Screening, Evaluation and Records) effective 4/1/14; Policy #8.526 (Juvenile Residential Services Health Assessment) effective 2/1/13; Policy #8.563 (Juvenile Residential Services Health Care Confidentiality) effective 9/1/12; Policy #8.540 (Juvenile Residential Services Release of Information) effective 6/1/13 and DCF136 Mandated Reporting Guidelines require medical and mental health evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Residents who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or a mental health practitioner within fourteen (14) days of admission/screening. Medical staff completes various admission screening forms (i.e. Intra-System Medical Screening, Intake Medical Screening, Physical Assessment) and mental health staff completes various forms (i.e. Mental Health Intake and Mental Health Assessment) during the initial intake process including informed consent disclosures. Documentation indicated several residents who disclosed prior victimization during their initial screening process within the past twelve (12) months. However, interviews with the medical staff confirmed that they had no disclosures during their assessments but had heard about some residents disclosing to other medical staff. All residents are offered follow-up meetings with medical and mental health providers during the intake/admission process.

#### Standard 115.382: Access to emergency medical and mental health services

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

### 115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

### 115.382 (c)

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

### 115.382 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.555 (Juvenile Residential Services Emergency Services)

effective 12/1/12; Policy #8.501 (Juvenile Residential Services Access to Care) effective 2/1/13; Policy #8.559 (Juvenile Residential Services Sexually Transmitted Diseases) effective 1/15/13; Policy #8.522 (Juvenile Residential Services Reproductive Health Care Services) effective 2/1/13; Connecticut General Statutes 19a-112a and DCF136 Mandated Reporting Guidelines requires resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and unimpeded access to emergency medical treatment and crisis intervention services. Also, one of the policies indicated that state law prohibits the imposition of co-payments or costs to resident victims.

The medical staff had a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the detention staff. Hartford Hospital (SAFE) provides the emergency and forensic medical examinations at no financial cost to the victim. The detention center has available the PREA pamphlet "Sexual Abuse and Sexual Harassment Prevention and Reporting Guidelines for Juvenile Detention – Know Your Rights" that identifies for the residents to call or write the Ombudsman. Additionally, the detention center has identified mental health professionals that will serve as an advocate to link services and provide confidential emotional support to residents who are victims and/or report sexual abuse and sexual harassment by another resident, staff member, contractor or volunteer. Interviews with the medical staff confirmed that residents have immediate access to emergency medical and mental health services.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

#### **115.383 (a)**

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

#### **115.383 (b)**

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

#### **115.383 (c)**

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

#### **115.383 (d)**

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

#### **115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14; Policy #8.522 (Juvenile Residential Services Reproductive Health Care Services) effective 2/1/13; Policy #8.501 (Juvenile Residential Services Access to Care) effective 2/1/13; Policy #8.505 (Juvenile Residential Services Juvenile Mental Health Screening, Evaluation and Records) effective 4/1/14; Policy #8.545 (Juvenile Residential Services Continuity of Care During Detainment) effective 12/15/12; Policy #8.559 (Juvenile Residential Services Sexually Transmitted Diseases) effective 1/15/13 and Policy #8.568 (Juvenile Residential Services Discharge Planning) effective 9/1/12; Connecticut General Statutes 19a-112a and Department of Emergency Services and Public Protection, Division of State Police Guidelines requires ongoing medical and mental health care



for sexual abuse victims and abusers. Additionally, the policy requires the detention center to offer medical and mental health evaluations and appropriate follow-up treatment that may include pregnancy testing, screening and treatment for STDs, family planning services and any other counseling or assistance as requested.

Victims of sexual abuse will be transported to Hartford Hospital where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There is a process in place to ensure detention staff track on-going medical and mental health services for victims who may have been sexually abused and medical staff track the follow-up medical visits. The medical and mental health staff had a protocol (Transition Discharge Summary, Mental Health Special Needs Progress Note and Medical/Mental Health Special Needs Communication) in place to coordinate residents and their families upon discharge from the detention center to continue with community health services if needed. There have been three (3) investigations of alleged resident's sexual abuse that occurred in this detention center in the past twelve (12) months.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

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

#### 115.386 (a)

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

#### 115.386 (b)

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

#### 115.386 (c)

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

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.386 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 requires a formal Incident Review conducted on every sexual abuse allegation at the conclusion of all sexual abuse investigations, except those determined to be unfounded within thirty (30) days. The Hartford JDC's Superintendent oversees the Incident Review Team that consists of CSSD Unit PREA Coordinator, Deputy Superintendents, Investigative Staff, medical or mental health staff (i.e. Psychologist). The detention center had reported four (4) investigations of criminal and/or administrative investigation of alleged sexual abuse or sexual harassment that occurred in this detention center in the past twelve (12) months. It was evident from the interviews staff had been trained, knowledgeable of the process and would document their review on the "PREA Sexual Abuse Incident Review" form that captures all aspects of an incident.

#### Standard 115.387: Data collection

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

**115.387 (a)**

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

**115.387 (b)**

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

**115.387 (c)**

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

**115.387 (d)**

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

**115.387 (e)**

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

**115.387 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities. The Center Superintendent submits a monthly report and the CSSD Unit PREA Coordinator reviews the information relating to PREA. CSSD has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2016 CSSD Annual PREA Assessment revealed it was detailed, comprehensive and identifies all state facilities within the Connecticut Judicial Branch's Court Support Services Division.

## **Standard 115.388: Data review for corrective action**

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

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### **115.388 (b)**

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

#### **115.388 (c)**

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

#### **115.388 (d)**

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

### **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #8.524 (Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response) effective 11/13/14 and Judicial Branch Policy Addressing PREA requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2016 CSSD Annual PREA Assessment and 2016 Hartford JDC's Annual PREA Assessment indicated compliance with the standard and included all of the required elements. The 2016 CSSD Annual PREA Assessment is posted on the CSSD Website and readily available for public review. The Center Superintendent monitors collected data to determine and assess the need for any corrective actions.

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
☒ Yes   ☐ No

#### 115.389 (b)

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

#### 115.389 (c)

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

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The initial review of the Connecticut Judicial Branch's Court Support Services Division (CSSD) Policy #1008 Preservation and Retention of Electronic Documents and Data revised 7/2008 and Judicial Branch Policy Addressing PREA requires that data is collected and securely retained for 10 years. The policies indicated CSSD will complete an annual report. The annual report will contain identification of problem areas, each detention center's corrective action, comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The aggregated sexual abuse data was reviewed and all personal identifiers are removed. The 2016 CSSD Annual PREA Assessment is posted on the CSSD Website and readily available for public review.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)



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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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This auditor reviewed the Connecticut Judicial Branch web page at <https://jud.ct.gov/PREA/reports.htm> containing the four (4) audit reports for PREA audits completed from November 17, 2014 through June 18, 2015. One third of each facility type operated by this Agency was completed during the first PREA review cycle in accordance with the standard. All four (4) facilities have been scheduled for the second PREA review cycle. This detention center is one of the facilities scheduled for the first year of the second PREA review cycle. This auditor had access to the entire detention center and was able to conduct interviews and provided with documentation in accordance to the standard.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

This auditor reviewed the Connecticut Judicial Branch web page at <https://jud.ct.gov/PREA/reports.htm> containing the four (4) PREA Final Reports that were audited for the previous three years and published within 90 days after the final report was issued by the auditor.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

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

Dorothy Xanos

12/29/17

**Auditor Signature**

**Date**

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

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