

**PREA AUDIT REPORT  INTERIM  FINAL**  
**JUVENILE FACILITIES**

**Date of report:** September 13, 2016

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<b>Date of facility visit:</b> April 4-5, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Connecticut Juvenile Training School			
<b>Facility physical address:</b> 1225 Silver Street, Middletown, CT 06457			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> (860) 638-2401			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> William Rosenbeck			
<b>Number of staff assigned to the facility in the last 12 months:</b> 256			
<b>Designed facility capacity:</b> 162			
<b>Current population of facility:</b> 47			
<b>Facility security levels/inmate custody levels:</b> Secure			
<b>Age range of the population:</b> 13-19			
<b>Name of PREA Compliance Manager:</b> John Dipilla		<b>Title:</b> Assistant Superintendent	
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<b>Agency Information</b>			
<b>Name of agency:</b> Connecticut Department of Children & Families			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 505 Hudson Street Hartford, CT 06106			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> (860) 550-6300			
<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> William Rosenbeck		<b>Title:</b> Superintendent	
<b>Email address:</b> William.rosenbeck@ct.gov		<b>Telephone number:</b> (860) 638-2401	

## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) Onsite audit of the Connecticut Juvenile Training School in Middletown, Connecticut, was conducted on April 4-5, 2016 by Peter Plant from Tampa, FL, a U.S. Department of Justice Certified PREA Auditor for juvenile and adult facilities. The audit was initiated on March 23, 2016 with the sending of the Pre-Audit Questionnaire, PREA Audit announcement posters, and instructions as to how the data and materials should be organized. These materials were well organized on a flash drive and timely received.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a number of questions that needed to be answered, as well as obtaining clarifications of some of the policies and procedures that were submitted. A conference call between this auditor and staff at the facility was held on April 1, 2016 to begin the process of communication that lasted through the Onsite visit and up to the submission of the Interim Report.

At the request of the facility Superintendent, who also serves as the CDCF PREA Coordinator, an entrance meeting was held to explain the PREA audit process and answer any questions his management team might have. Present were the Superintendent, Assistant Superintendent (who also serves as the Compliance Manager for the facility), Clinical Director, Director of Residential Care, Director of Nursing, Program Director, Human Resources Specialist, School Principal, and Executive Secretary. After the meeting this auditor was provided a private office space in Building 3, which also contains the school and medical department. This auditor was then led on a tour of the facility (detailed in the following section) by the Director of Residential Care and the Program Director (who was designated by the Superintendent to assist in the Audit).

Subsequent to the tour resident rosters and resident supervision (security) staff schedules were provided so that random samples of both residents and staff could be selected for private interviews. Also scheduled for interviews were the Program Director (designated by the CDCF Superintendent and PREA Coordinator); Medical staff; Mental Health staff who provide Intake/Risk Screening and Clinical services; Human Resources staff; and Volunteers.

The facility reported that there were ten allegations of sexual abuse and sexual harassment during the previous twelve months.

There were 47 residents housed in five housing units on the days of the Onsite visit. One unit services as an Intake Unit, two serve as housing for younger residents and two serve as housing for older residents. Two residents from each housing unit were selected for private interviews. Several declined to be interviewed and replacements were selected by this auditor. None of the residents currently at the facility had reported sexual abuse, were disabled or limited English proficient, or who identified as gay, bisexual, transgendered, or intersex. No resident had disclosed sexual victimization during risk screening.

The facility operates on three shifts daily. Three to four staff are assigned to each housing unit on First and Second Shifts and two to three staff are assigned on Third Shift. An Operations Supervisor is assigned to each shift. Thirteen staff from the five housing units across all three shifts were randomly selected for private interviews.

It should be noted that the facility has been the subject of controversy for the past several years. Connecticut Governor Daniel Malloy announced in December 2015 that the Connecticut Juvenile Training School should close by July 1, 2018. Others are advocating for a more immediate closure. The facility has been gradually downsized from 154 residents in 2014 to 47 on the date of the Onsite visit. One week after the Onsite visit the Governor announced that 106 staff at the facility were being laid off, 65 of whom were Youth Service Officers. The resident population had further declined to 37.

### CORRECTIVE ACTION

An on-site visit to verify the completion of required corrective actions was conducted on September 12, 2016. An entrance meeting was held with Superintendent Bill Rosenbeck and Program Director Antonio Donis. A plan for the day's verification review was discussed and agreed to. Superintendent Rosenbeck reported that there were 47 youth and 120 staff in the facility. The Program Director reported that there were five PREA-related allegations made since the original site visit in April 2016. The incident report files of these allegations were provided for review by the auditor.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Connecticut Juvenile Training School (CJTS), operated through the Connecticut Department of Children and Family, is located on approximately 32 acres of land in Middletown, Connecticut, and provides services to males between the ages of 12 to 20 . Opened in 2001 the facility is modeled after a high-security juvenile corrections facility in Ohio and was designed by the same architectural firm. The facility is secure and has a campus style design with six buildings surrounding a central courtyard. Operational bed capacity for the facility is 135. It has been accredited by the American Correctional Association since 2009, and was just recently re-accredited.

As previously stated, the facility has been designated for closure by 2018 and the resident population is being gradually reduced. More recently the governor's criminal justice advisor stated that the Governor has decided to close the facility as soon as possible, and it was reported that CDCF officials are working to craft a plan by September for closing CJTS. They are looking at other state property that would be better suited to housing troubled juveniles that need a confined residential placement for treatment.

On the days of the Onsite visit 47 males were in residence. Only two buildings, 5 & 6, are currently being used as residential units. The residents live in separate buildings, grouped by age, except for the Intake Unit (5B) where new admissions may be housed for up to 30 days, pending assessments and treatment plans. The 15- through 17-year-olds live in Building Five (5C and 5D), and those 17 and older live in Building Six (6B and 6D). The average resident population on the days of the Onsite visit was nine. Eleven youth were housed on the Intake Unit. These triangular living units are podular in design, with 16 to 18 secure sleeping rooms each, surrounding a common day room and staff duty desk to facilitate a direct supervision approach . The overall intent of this direct supervision approach is to create a residential milieu that implements the behavior management system and encourages responsibility for behavior and movement within the level system.

Admission to the CJTS occurs in three ways. The first is through new commitments to CDCF via the courts. In these cases, the court commits the youth to CDCF for a period of time, in most cases 18 months. The court determines that in some cases, the youth's commitment should begin at CJTS. The youth is transported to CJTS from the court where he begins his CDCF commitment.

The second admission track is through Parole. When a youth is living in the community with a parent/guardian, he is on parole supervision and has conditions of parole he must comply with to remain in the community. When violations of his conditions occur, parole utilizes graduated sanctions to restrict the youth, but keep him in the community. If this fails, then parole can bring a youth into CJTS on either relocation status or revocation status. A youth on relocation status must be returned home within 30 days. A youth on revocation status requires an administrative hearing be held to determine, if the youth's parole needs to be revoked. If his parole is revoked, he remains at CJTS pending further treatment and the development of a new community reintegration plan. Parole revocation can also be for new arrests that occur within the community, and the youth requires placement at CJTS pending the outcome of the charges.

The third admission track is for youth entering from congregate care. In these cases youth were placed in congregate care as part of their DCF commitment. If the youth becomes aggressive, picks up new charges or is overall non compliant, he may then be placed at CJTS due to these behaviors.

CJTS offers a comprehensive clinical, educational and medical assessment of each youth upon admission to the facility. CJTS offers 24/7 medical/nursing services. A complete health screening and a physical examination is provided to every new admission. Each youth also receives a career interest inventory, a vocational interest and aptitude assessment, as well as a life skills assessment through the school. Clinical services include individual, family and group work based upon the treatment needs. Clinical services also include case management in preparing youth for their movement either to the community or a congregate care setting. Psychiatric services are also available including assessment and medication administration. A wide variety of recreational programming is offered, as well as therapeutic interventions, including art and music therapy.

Education at CJTS is under the Unified School District #2 (USD #2). The Walter G. Cady School is the school at CJTS. The Cady School offers a complete educational experience with academic and vocational offerings tailored to meet the needs of the youth. Access to medical, psychiatric and dental care is provided for treatment and incorporated in the individual treatment plans, as well as the discharge plans.

The Boys & Girls Club of Hartford implemented operations at the Connecticut Juvenile Training School, in a first-ever collaboration nearly a decade ago, which is currently being operated in Building 2, which is no longer used for resident

housing. CJTS offers residents a Targeted Re-entry program where Club staff members will work with the young person, through a transition phase, and continue the process once the young person re-enters the community where a Boys & Girls Club is located. Club members participate in programs such as Passport to Manhood, Career Launch, and Money Matters to help build skills necessary for being a productive citizen.

This auditor toured the facility led by the Director of Residential Care and the Program Director (who was designated by the Superintendent to assist in the Audit). Detailed site and building plans were provided, which greatly assisted in understanding the site configuration, adjacencies, housing unit layout (including the showers and toilet areas in each), and camera placements of this very large campus. Although a high security facility, the various buildings are bright, clean, and sound-dampened, and more resemble a small residential school (other than, of course, the secure sleeping rooms). Given the very small resident population that continues to decline, there is no sense of crowding or tension in any of these spaces.

Each of the housing units had a shower stall and toilet with a solid door, except for a supervision glass pane that was shaded halfway up, only allowing a staff to observe a resident from the upper body to his head. Not one resident interviewed complained that their privacy with respect showering or using the toilet or changing clothes in their room was ever violated. Education and other programming activities were observed, as well. These activities were supervised by staff, regardless of the size of the group in any individual activity.

Notices of the PREA Audit that were sent to initiate the audit were observed posted around the facility; however, there were few, if any, posters observed in any space that had resources and contact information, regarding PREA services and reporting to outside agencies. Some staff reported that residents had torn these posters off the walls, but this could not be confirmed. Also of concern were solid doors to offices where clinical, medical and other staff may take residents to meet or provide services. Also, some of these offices were enclosed with large glass windows, but staff had placed large sheets of paper over these windows to block observation. These observations were reported to the facility's Superintendent and management team. Prior to the submission of this report the Superintendent approved a revision to Section 19 of the PREA Practice Guide, which addresses unannounced rounds, with immediate effect, stating that "[R]ounds shall include random observation of rooms with a solid door and without windows that preclude staff to have an unobstructed view of the inside." Section 19 was also revised to state with immediate effect, that "rooms with curtains, posters, and other materials utilize to cover windows and glass on doors shall have enough unobstructed space to allow observation of the room from the outside.

NOTE: During the corrective action verification site visit the dorms were once again inspected. PREA-related information posters were visible throughout the dorms, in adjacent hallways, and other areas where youth and staff could view them.

## SUMMARY OF AUDIT FINDINGS

Although this audit resulted in findings that thirteen standards did not achieve compliance at this time, several strengths were identified and reported to the Superintendent and his management staff. The first, and in this auditor's mind the most important, is a commitment by all staff to protect residents from harm. This may be the result of some of the controversy surrounding this facility during the past year, as well as the significantly reduced population, but one cannot question its current sincerity. And, even more importantly, it is perceived by the residents who were interviewed. Even if they stated a complaint about one thing or another, not one expressed doubt or concern about their personal safety. Also, all staff interviewed understood that they are mandated child abuse reporters and all stated that they would not hesitate to report abuse at the facility, even privately, if they had to (although none expressed that they would need to do so because of threats or intimidation by management or other staff). Another strength was the facility's and staff's respect for allowing and facilitating resident's access to their attorneys. All but one resident interviewed had an attorney, and not one stated that were impeded in seeking to speak or meet with their attorney. Finally, the 21-page brochure each resident receives within ten days of admission is an excellent educational publication that contains important information and an expansive list of resources with contact information provided.

One of the issues that led to findings of noncompliance in some standards was a very apparent lack of coordination between the various departments and functions within and outside the facility. For example, the medical department had a very detailed response plan, but it did not include, nor was coordinated with, any other part of the facility. Some staff were not certain as to who was responsible for what, or several staff in various departments or functions insisted it was their responsibility to do the identical activity, such as contacting the CDCF Careline. Part of this is based on state law and the training each staff receives in this regard. In Connecticut the mandated reporter that witnesses (or is given information about) the alleged incident of abuse or neglect is legally responsible for making a report to the Careline or ensuring that someone else makes it. Also, facility management is clear with staff that they have the right to report any potential incident of abuse or neglect. Specifically, facility management wants to make abundantly clear that coworkers, supervisors, administration, etc, cannot tell them not to report. While for practical reasons, normally one incident is reported to the Careline only by one person, individuals will likely indicate that it is their responsibility to report based on the law.

**"Mandated Reporters** are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm (**CGS 17a-101a**)."

Another major concern was the conflicts between state law, agency policy, and facility policy, regarding the assurance that all allegations of sexual abuse would be referred to agencies with the authority to investigate and prosecute offenders. And to be sure, actual practice reflected this confusion and conflict (as reported in the respective standards, following). Two potential criminal allegations were not referred to any law enforcement agency.

Other significant areas of concern were in the area of human resources, especially hiring and promotion procedures, background procedures, rescreening procedures, and providing personnel information to other institutions; resident education; knowledge of outside, independent agencies to which reports could be made; and, knowledge of translator resources.

## CORRECTIVE ACTION

Verification of corrective actions are detailed in each respective standard, following. The following tabulation reflects the original findings (first number) and corrective action verified findings (second number):

Number of standards exceeded: 1 / 1

Number of standards met: 25/38

Number of standards not met: 13/0

Number of standards not applicable: 2/2

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

CDCF has a policy, 81-3-5, that unequivocally states that the agency has zero tolerance of all forms of sexual abuse and sexual harassment. All staff interviewed were very aware of this policy statement and its meaning. The agency's approach to preventing, detecting, and responding to such conduct is comprehensive and detailed in its *PREA Sexual Abuse and Sexual Harassment, Prevention, Detection and Response PREA Practice Guide* which is incorporated by reference in policy 81-3-5.

This is the only juvenile justice facility operated by the agency. The facility Superintendent, who reports to the agency Commissioner, reports he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA Coordinator's position is clearly reflected in the agency's organizational chart. Although not required by the standard, the Superintendent has appointed the Assistant Superintendent as the facility Compliance Manager to assist in this regard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency has contracts with two in-state private agencies to hold and treat committed youth who would otherwise be confined at the facility. Both contracts contain a detailed section consisting of eight PREA-related requirements, including the adoption of and compliance with the PREA standards, as well as the commitment to a zero tolerance. The facility reported that to date CDCF has monitored PREA compliance by having conversations with contractor management and staff and updating contractor contracts to reflect PREA requirements. Going forward this process will be formalized.

**CORRECTIVE ACTION REQUIRED:** The agency has developed a detailed PREA contract monitoring plan. It will need to conduct at least two monthly monitoring reviews at each of its contracted facilities during the corrective action period. Quarterly monitoring reviews are acceptable for this corrective action.

**CORRECTIVE ACTION VERIFICATION:** The agency now has only one contract to hold and treat youth who would otherwise be confined at the facility. This contracted facility is Natchaug Hospital-Journey House. Documentation was provided, reflecting that the agency conducted five contract monitorings, two in June, two in July, and another in August. The monitoring reports are specific and detail areas of compliance and plans for achieving compliance. It was also noted that the contracted facility will receive a PREA audit by G4S in September 2016.

### Standard 115.313 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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As an ACA accredited facility, it incorporates generally accepted juvenile secure correctional policies and practices, including the supervision of residents. The facility's staffing plan, however, is nevertheless a genuinely work in progress, primarily because the resident population continues to decline, with the ultimate goal of closing the facility altogether, and staff layoffs have occurred to reflect that reduction and in anticipation of the eventual closure. The 2015 Staffing Plan reflects this reality by noting that three residential units were closed without reducing overall staff. In effect staff to youth ratios were strengthened during that period, resulting in 1:4 during waking hours and 1:5 during sleep hours. The Plan also acknowledges that while the overall number of staff were adequate, absences due to a variety of reasons at times caused a potential inadequate coverage on a shift. This is addressed in the Plan, authorizing the Operations Post Supervisors to call in and hold over staff (forced) to ensure adequate coverage. Staff supervision is supported by an extensive video monitoring and recording system. There are overhead cameras located in all common areas throughout the facility, as well as outside on the grounds. None of the cameras were observed to show any spaces where residents shower, change clothes, or use the toilets. The facility has a rich education and programming service array administered by qualified teachers and licensed clinicians. This is addressed in the Plan, as well.

The 2016 Staffing Plan serves as a review of the 2015 Plan. It reflects that five residential units remain operational. On the dates of the Onsite visit 47 youth were held on these units with no more than 11 youth on a unit. The 2016 Plan notes that the staffing ratios are currently 1:6 during waking hours and 1:9 during sleeping hours. If a unit's population goes below 8, one of the three assigned Youth Services Officers is sent to a different post. These YSOs are supported by Unit Leaders and Assistant Unit Leaders in each living unit, as well as a Unit Manager. The "forced" staffing approach to ensure adequate supervision has been maintained. The education and programming services are less intense, as a result of the population reduction; however, the level of staff supervision remains constant, regardless of the sizes of the classes or groups, as was observed during the Onsite visit.

Neither Plan addresses the nature and composition of the resident population which has been reduced from 154 in 2014 to 47 on the days of the Onsite visit. This is a critical omission in that one could assume that the relatively easier, and potentially less aggressive, youth have been placed elsewhere during this period, and that a relatively more aggressive population, one that is more difficult to place outside of the facility, remains. This may not be the case, but in either event those data may be useful in informing the staffing level required to provide adequate supervision.

The 2016 Plan also did not address two unsubstantiated sexual abuse allegations made in the latter months of 2015. Again, these data may have no impact on staffing levels or practices, but their absence leaves that in doubt.

An additional concern, one over which neither the agency, nor facility, has control arose about one week after the Onsite visit when the Governor approved the permanent laying off of over 100 facility staff, 65 of which were YSOs. It was stated that this was done to align the staffing at the facility with the reduced resident population, but that said, the staff reduction is certain to have a profound effect on the 2016 Staffing Plan that was reviewed.

Section 19 of the PREA Practice Guide addresses unannounced rounds, also referred to as "quiet rounds" by staff. Shift supervisors and administrators are required to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are to occur on all shifts, and staff is prohibited from alerting other staff members that the supervisory rounds are occurring. Documentation of the rounds is to be maintained in the Superintendent's office. All staff interviewed confirmed that these rounds occur on a regular basis, and documentation was reviewed that confirmed this.

**CORRECTIVE ACTIONS REQUIRED:** The 2016 Staffing Plan needs to be revised and updated to (1) address the composition of the resident population that remains at the facility and the effect, if any, it may have on adequate levels of supervision; (2) include a review of the two unsubstantiated sexual abuse allegations and the effect, if any, they may have on adequate levels of supervision; and, (3) address the effect, if any, of having 65 YSOs and any related staff permanently laid off.

**CORRECTIVE ACTION VERIFICATION:** A revised 2016 Staffing Plan was provided to the auditor. This revision adequately addresses the three areas that were not addressed in the previous version. It meets the requirements of the standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 22 of the PREA Practice Guide states an absolute prohibition of cross-gender searches of any kind (even in exigent circumstances). All residents interviewed confirmed that they had never been searched by a female staff. All staff interviewed stated they had never witnessed a female staff conduct a resident search of any kind.

Policy 80-3-27 states that strip searches shall always be conducted by two staff members of the same gender as the person being searched. This policy also states that anal body cavity searches must be approved by the Superintendent and only performed by a licensed medical practitioner.

Section 23 of the PREA Practice Guide addresses “On-Floor” announcements. Female staff are required to announce their entry into a housing unit. This is done by pressing a doorbell at the entry door to the unit prior to entering. All but two residents stated this was regularly done. One resident stated he never heard a doorbell ring and another said the practice was not consistent. The latter resident stated that the doorbell was not rung, if a female staff who properly announced was already on the unit and a second female staff entered.

Section 23 also states that residents shall be able 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 room checks. All residents interviewed stated that their privacy with respect to showering, performing bodily functions and changing of clothing is respected by all staff. The showers in the living units have shaded glass in a small window, just allowing a staff to see the upper body and head of a resident in the shower. Not one resident reported ever complaining about his privacy or submitting a grievance with respect to his privacy being violated.

Policy 80-3-27 also states that staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining a resident’s genital status. The facility has trained its staff as to how to properly search a transgender or intersex resident, and all staff interviewed understood that the agency policy states that these youth are to be searched according to his/her preference. A review of staff training records confirmed this.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

As the primary state agency serving children and families, CDCF has an abundance of resources to ensure that residents with disabilities have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Additionally, the facility school employs teachers who are certified to work with low functioning or otherwise disabled residents who can assist facility staff in effectively communicating with disabled residents.

All but one staff were certain that the use of residents to interpret was not allowed. One staff stated he would need to get permission from his Supervisor. The facility provided an extensive list of DCF Authorized and Translator Providers that covered all languages imaginable; however, only one of the staff interviewed stated the understanding that these providers were available to them. Most of the other non-Spanish speaking staff interviewed stated they would call upon a fellow staff member who spoke Spanish (which in fairness is the predominant foreign language spoken by residents admitted to the facility), but were not certain what to do, if the resident spoke a language other than Spanish.

**CORRECTIVE ACTION REQUIRED:** The facility must train its staff, regarding the availability of foreign language interpreters which have been approved by DCF. It is recommended that contact information for these providers be maintained at the staff post desk in each living unit and in the office of the Operations Post Supervisor's office.

**CORRECTIVE ACTION VERIFICATION:** Documentation was provided to the auditor reflecting that all staff have been provided training on this and have received related documents by email. The DCF policy, regarding the use and availability of interpreters has been updated. A list of DCF approved interpreters is now maintained in OPS and on the units. Ten staff from across the living units were randomly selected for interviews. All ten clearly stated they are prohibited from using residents as interpreters, except in the most exigent circumstances, and all ten were aware of the interpreter resources available to them.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Section 28 of the PREA Practice Guide addresses hiring and promotion decisions. It states that the agency prohibits hiring or promoting anyone who may have contact with juveniles, including enlisting the services of any service provider, who has engaged, been convicted of or been civilly or administratively adjudicated to have engaged in sexual abuse or harassment, whether it occurred in a custodial or community environment; however, in interviews with human resources staff, it was determined that in practice there were no efforts to request applicants, employees being considered for promotion, and contractors who may have contact with residents to disclose or to otherwise ascertain whether an applicant, staff being considered for promotion, or contractor who may have contact with residents had been civilly or administratively adjudicated to have engaged in sexual activity in the community, as described in the standard at 115.317(a)(2).

It does not appear that the agency considers 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.

Section 28 also states that a criminal history records check will occur before hiring new employees or enlisting the services of any service providers; however, DCF policy 7-18 allows for conditional offers of employment before background check are

conducted. In interviews with human resources staff, it was discovered that the actual practice is to conditionally hire staff prior to the completion of a criminal background check, consistent with policy 7-18. The agency does check with its abuse registry and makes best efforts to contact previous institutional providers.

Section 28 states that criminal background checks will be conducted at least every five years on CJTS employees and on service providers who may have contact with residents; however, it is not clear how long this requirement has been in place and whether current employees and contractors who have been at the facility for longer than five consecutive years have been re-screened.

Agency policy 7-18 states that an applicant's submission of false or misrepresented facts in the application process are grounds for termination.

In interviews with human resources staff it was determined that the agency believes it needs the consent of a former employee in order to provide information on substantiated allegations of sexual abuse or sexual harassment to an institutional employer for whom the former employee has applied to work who has requested such information. In practice this means that the facility could not provide, for example, a contracted juvenile residential treatment provider or day care center, that a former facility employee was substantiated for sexual abuse or sexual harassment while employed at the facility. The agency could not provide any basis for this belief. Connecticut state law, regarding the disclosure of employee records, provides a specific exception in this regard in order for a state agency to comply with any federal law.

**CORRECTIVE ACTIONS REQUIRED:** The agency needs to develop a method to request or otherwise ascertain whether job applicants, employees being considered for promotion, and contractors who may have contact with residents had been civilly or administratively adjudicated to have engaged in sexual activity in the community, as described in the standard at 115.317(a)(2). Additionally, the agency needs to develop a policy and procedure through which the agency considers 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.

The agency needs to revise its hiring policy and procedures to ensure that staff are not hired, conditionally or otherwise, prior to a criminal background screening being completed. Additionally, in that the policy of conducting criminal background screenings every five years is relatively new, the agency needs to conduct such a screening for all current employees and contractors who may have contact with residents who have been in those capacities for more than five years, i.e., all current employees and contractors who may have contact with residents who have been with the agency for fewer than five years will be picked up under the new policy.

The agency needs to provide a legal basis for its belief that it needs the consent of a former employee in order to provide information on substantiated allegations of sexual abuse or sexual harassment to an institutional employer for whom the former employee has applied to work who has requested such information. If it is unable to do so, it must develop a policy, consistent with Connecticut law, that requires the provision of such information to an institutional employer who has requested the information.

**CORRECTIVE ACTION VERIFICATION:** A revised DCF-2306 form (effective 05/2016), relating to Reference/Criminal Record Check Authorization and Release of Information, was provided and reviewed. Section 2 now contains the applicant or promotion candidate self-disclosure required by the standard. The DCF Director of Human Services clarified that a conditional offer of employment does not establish an employer-employee relationship. Thus, the required background screening does occur prior to an offer of employment.

The PREA Practice Guide has been revised to include a requirement that criminal background checks will be conducted at least every five years on CJTS employees and on service providers who may have contact with residents. The agency conducted background checks on all staff and service providers who have been with the agency for more than five years, and all passed.

The PREA Practice Guide clearly states that the agency now considers 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.

The agency has clarified that, consistent with state law, it will 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 for employment.

### Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The Connecticut Juvenile Training School (CJTS) had a significant expansion in the past three years to accommodate the needs of the then forecasted juvenile population increase. Trends of juvenile justice population in Connecticut at that time pointed to the need of building a new school to accommodate the educational and vocational needs of a changing population, older and requiring beyond high school education.

The Department of Children and Families (DCF) enlisted the services of the architect Fletcher Thompson to lead this project. The security and details of the school design were provided by the security consultant firm D'Agostino and Associates. This group worked closely with CJTS administration to finalize the details of the plan. The CJTS staff involved directly in this process were Electronic Technician Dan Grenier, School Principal John Mattera, Assistant Superintendent John Dipila, and Superintendent William Rosenbeck. The design team ensured that the requirements of ACA accreditation and PREA compliance were addressed.

### Standard 115.321 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Connecticut statute Section 17a-101g authorizes the CDCF to receive reports of child abuse and neglect and to conduct investigations. If the Department determines that abuse or neglect has occurred, the Department shall also determine whether: (1) There is an identifiable person responsible for such abuse or neglect; and (2) such identifiable person poses a risk to the health, safety or well-being of children and should be recommended by the commissioner for placement on the child abuse and neglect registry established pursuant to section 17a-101k. Section 17a-101j requires that after the investigation has been completed and the Department has reasonable cause to believe that sexual abuse or serious physical abuse of a child has occurred, the Department shall notify the appropriate local law enforcement authority and the Chief State's Attorney or the Chief State's Attorney's designee or the state's attorney for the judicial district in which the child resides or in which the abuse or neglect occurred of such belief. The facility is subject to the same reporting and investigative activities, as any other child caring institution.

The department generally refers its substantiated findings with respect to allegations made against facility staff and contractors to the State Police, which utilizes a developmentally appropriate protocol for obtaining useable physical evidence, which this auditor has seen used in other juvenile residential facilities, as well as this one.

Section 9 of the PREA Practice Guide states that forensic examinations will be conducted at no cost to the juvenile. Every

attempt will be made to have the exam conducted by Middlesex Hospital. If this is not possible, the examination may be performed by another qualified medical practitioner. The facility will document in the juvenile's progress notes and in the incident report all efforts to provide services by SANE or SAFE professionals. Section 27 of the PREA Practice Guide further supports this standard and states that residents who have experienced sexual abuse will have access to forensic medical evaluations without cost, whether Onsite or outside the facility. The examinations should be performed, whenever possible, by medical professionals with particular qualifications for these assessments, i.e., SANEs and SAFEs. The facility is also able to access the Judicial Branch Office of Victim Services SAFE Program at Middlesex Hospital and other state hospitals, as well.

CDCF has entered into a Memorandum of Agreement with the Women and Families Center to provide a variety of services to residents of the facility including victim advocacy services, as required by the standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

As noted above, the agency is the state agency authorized by law to investigate allegations of child abuse and neglect. Five allegations of sexual abuse and sexual harassment were reviewed. One of these alleged sexual abuse, as defined by PREA, i.e., sexual touching of genital through clothing. CDCF/SIU conducted its investigation of the incident, as required by state law. The incident was classified as physical neglect and found to be unsubstantiated. The report stated that the incident did occur as alleged, but upon viewing a video of the incident, could not be determined if the touching was for sexual gratification.

The CDCF web site states that the Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within the Connecticut Juvenile Training School (CJTS.) All allegations of sexual abuse that occur within the CJTS, either between individuals in custody or by an employee, must be reported as soon as practical to the Connecticut State Police, the Superintendent and the PREA Coordinator in accordance with the reporting procedures. Sexual abuse investigations by the Connecticut State Police may occur concurrently with an administrative investigation by CJTS personnel. The CJTS will cooperate with the Connecticut State Police as needed. In that the DCF made a finding on what may well be an element of a crime in Connecticut, it could be construed that it conducted a criminal investigation, which it is clearly not authorized by law to do. Despite the stated policy on its website, no referral to law enforcement was made in this instance. Also, to confuse matters even more, Section 12 of the PREA Practice Guide states that all juvenile-on-juvenile allegations shall be investigated by facility administrative staff, and then only reported to the CDCF Careline if juvenile demographics (*e.g.*, age or cognitive differences) so require. This appears to be in conflict with state law and the agency's own policy as stated on its official web page.

Section 9 of the PREA Practice Guide states all reports of sexual abuse or sexual harassment will be forwarded to the DCF Careline for further investigation. This again appears to be in conflict with that part of Section 12 of the PREA Practice Guide which states that all juvenile-on-juvenile allegations shall be investigated by facility administrative staff. Section 12 of the PREA Practice Guide does state that all reports of sexual assault, misconduct or harassment which meet the statutory definition of abuse or neglect of a juvenile will be referred by the Careline to the Special Investigations Unit (SIU) for investigation. Section 10 of the PREA Practice Guide states that law enforcement will determine if criminal charges are warranted; however, Section 12 states that all juvenile-on-juvenile allegations shall be investigated by facility administrative staff, which was the case in this incident.

The agency has a dedicated web page for all matters PREA. It states that consistent with the Prison Rape Elimination Act (PREA), all allegations of sexual abuse and sexual harassment generated by juveniles residing in or confined to a facility operated or contracted by the Department of Children and Families (DCF) for the confinement of juveniles shall be referred

for investigation. It further states "If you have been or somebody you know has been the victim of sexual abuse or sexual harassment while in a facility operated or contracted by the DCF for the confinement of juveniles, or if you have been or somebody you know has been the subject of retaliation for reporting sexual abuse or sexual harassment, please contact the DCF Careline at 1-800-842-2288. You may also complete the PREA Incident Report ([DCF-8108](#)) or contact the DCF PREA Coordinator at [prea.dcf@ct.gov](mailto:prea.dcf@ct.gov) or call the DOC PREA Hotline at 1-770-743-7783."

**CORRECTIVE ACTIONS REQUIRED:** The agency and facility need to review its policies and procedures, related to this standard, and develop a new policy or revise the existing ones that will be in compliance with this standard.

**CORRECTIVE ACTION VERIFICATION:** The agency has made the requisite revisions to the PREA Practice Guide and has made the requisite revision to its website, regarding referrals of allegations for investigations.

### **Standard 115.331 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 20 of the PREA Practice Guide requires that all staff who have contact with residents receive training on PREA. The PREA training curriculum used by the agency and facility is comprehensive, detailed, gender specific, and contains all of the elements required by the standard. All staff interviewed stated they had received PREA training, some more than once. All reported that they receive periodic PREA-related memos (which they are required to initial) and other PREA-related information during shift briefings. The training records of the staff who were interviewed were reviewed and proper documentation of PREA training was found for all staff.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 20 of the PREA Practice Guide also states that volunteers and service providers must receive PREA training in the areas appropriate to the level of service to be provided. Interviews with several contracted service providers stated that they received PREA training, and documentation reviewed, eight volunteer files, confirmed this. Documentation of volunteer training was also found and is in compliance with the standard.

### Standard 115.333 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 5 of the PREA Practice Guide states that all information related to PREA prevention and compliance will be communicated to the juvenile orally and in writing in a language clearly understood by the juvenile, using an interpreter when necessary. If the juvenile has Limited English Proficiency (LEP) or presents with a disability (*e.g.*, deafness, blindness), accommodations will be made to ensure the juvenile is able to report sexual abuse or harassment (*e.g.*, to staff directly or through interpretive technology or outside interpreters). Agency policy 31-8-6 states that parents, guardians and children whose native language is not English and who do not speak English, or who speak marginal English, or who have a language-related disability such as deafness or blindness, shall be permitted to communicate together and with DCF staff using their preferred language or other method of communication during an investigation or when receiving services from DCF. The DCF staff person shall ask a client if the client desires the services of an interpreter. If an interpreter is requested, the staff shall arrange for such service, through DCF Authorized Interpreter and Translator Providers, at the expense of the Department. This policy also states that children shall never be used as interpreters.

Upon admission each new resident is provided with a detailed Youth Orientation Manual. During the admission process youth are advised of their rights under PREA. All youth interviewed confirmed this, as well as written documentation reviewed. Within ten days of admission residents watch a PREA video (male gender-specific, developed by Phoenix Associates) and receive a separate brochure, "Rape and Sexual Assault, Information and Resources." Participation is documented as a group note, samples of which were reviewed. All but one youth stated they received this brochure. The facility uses a tracker to ensure that the orientation timeframes are met.

During the interviews with resident they were asked if they were aware of any agencies or organizations not associated with the facility or CDCF to which they could report allegations of sexual abuse or sexual harassment. Not one resident could, despite the fact that pages 20 and 21 of the PREA brochure are dedicated to contact information for such agencies and organizations. Also, it was noted during the facility tour that there were few, if any, PREA-related posted materials, regarding how to report and contact information for outside agencies. Five of the ten residents interviewed responded to the question by stating they could tell a family member or their lawyer, who could make a report on their behalf. Several stated they could file a grievance or tell a trusted staff member, but were unsure of who outside the facility could be contacted.

**CORRECTIVE ACTIONS REQUIRED:** Resident education, relating to outside agencies or organizations not associated with the facility or CDCF, needs to be strengthened. PREA-related information needs to be posted in areas where residents are found.

**CORRECTIVE ACTION VERIFICATION:** During the corrective action verification site visit the dorms were once again inspected. PREA-related information posters were visible throughout the dorms, in adjacent hallways, and other areas where youth and staff could view them. Ten youth from the various living units were randomly selected for interviews. Seven of the youth stated that they received PREA education at admission, which includes both written information and a video, and that they are aware of the posters that provide contact information for agencies outside of the facility. Three youth could not recall their admission PREA education, but a review of their case file revealed that all three had signed written acknowledgement that they had received the PREA Handbook.

### Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

As noted above, the CDCF is statutorily authorized to investigate reports of child abuse and neglect. Allegations of sexual abuse and sexual harassment at the facility are investigated by the department's Special Investigations Unit. These investigators have received training in conducting investigations in residential and confinement settings; however, they are not authorized to conduct criminal investigations. Eleven NIC certificates were reviewed, reflecting that these staff had successfully completed the NIC online course, PREA: Investigating Sexual Abuse in a Confinement Setting. They are not authorized, however, to give Miranda and Garrity warnings, nor do they collect physical evidence.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 26 of the PREA Practice Guide exactly mirrors the standard under (a). In addition to the regular PREA training all staff receives all of the mental health staff successfully completed the NIC course entitled Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, and all medical staff, including the contracted physician, successfully completed the NIC course entitled Medical Health Care for Sexual Assault Victims in a Confinement Setting. Course completion certificates for all staff were located in their training files. The Director of Nursing confirmed in her interview that medical staff at the facility do not conduct forensic examinations.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 6 of the PREA Practice Guide addresses risk screenings and states that during admission to the facility, intake staff will complete a PREA screen, using an objective screening instrument within 72 hours of admission. It further states that staff will complete the electronic screening form (DCF-8107) and enter it into the juvenile's electronic file. This screening instrument is objective and includes all the elements of the standard. These risk screenings are conducted by clinical staff, ensuring that the data gathered through the screening and related screenings, such as the MAYSI-2, GAIN-SS and SIQ, as well as relevant court records, are accurately interpreted. A review of resident records indicated that these screenings do occur at admission and thus, within 72 hours of admission.

Section 6 also states that sensitive information may not be exploited to the juvenile's detriment by staff or other juveniles. All information is strictly confidential and can only be released to approved parties. The electronic files are protected through passwords and permissions.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 7 of the PREA Practice Guide addresses screening results and classification. It states that screening results shall be used to make housing, bed, program, education and work assignments with the goal of keeping the juvenile safe and free from sexual abuse. Agency policy 80-1-13 states that the facility shall only use single occupancy sleeping rooms. [Note: Each dorm has sixteen individual sleeping rooms.] At the time of the Onsite visit only five living dorms were in use. 5B serves as the Intake Unit where new admissions may stay for up to 30 days. Eleven youth were housed in this unit. 5C and 5D are used for residents aged 15 to 17, and housed 9 and 10 residents, respectively. Units 6B and 6D are used to house older youth ages 17-18, and housed 8 and 9 residents, respectively. Facility managers have discretion to go beyond the age classification to ensure safety, e.g., a low functioning 18 year old may be safer in 5C or 5D than in the old resident units. Isolation is not used in this facility. Again, the significant downsizing of the facility population over the past nine months, with the requisite closing of buildings and staff reductions poses on-going challenges to effective classification and placement; however, none of the residents interviewed expressed any concerns or complaints about their housing assignment.

Section 8 of the PREA Practice Guide states that lesbian, gay, bisexual, transgender, intersex and gender nonconforming juveniles shall not be placed in a particular housing situation, bed or other assignment based solely his or her identification or status, nor shall the facility consider lesbian, gay, bisexual, transgender, intersex or gender nonconforming identification or status as an indicator of the likelihood of being sexually abusive. Staff are required to be sensitive to juveniles' own views of their safety. There were no self-identifying gay, bisexual, transgender, intersex and gender nonconforming youth in the facility during the Onsite visit. When asked in general about considering such a resident's own views on safety and related issues, such as pat searches, most staff expressed a quite open and supportive agreement with that policy.

Section 8 of the PREA Practice Guide also states that transgender and intersex juveniles shall be given the opportunity to shower separately from other juveniles. In practice this applies to all residents in each dorm. There is a single room with only one shower in it in each dorm.

## Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy 80-5-16 states that residents have the right to report any issues of sexual abuse or sexual harassment to the appropriate authorities, both within and outside of the CDCF, including staff, family members and attorneys. Section 9 of the PREA Practice Guide states that juveniles may report abuse, harassment, retaliation or neglect to any staff, administrator, nurse, clinician, volunteer, teacher, probation or parole officer, social worker, attorney, advocate or outside agency. Posters shall be located throughout the facility informing juveniles, staff and outside agencies how to report sexual abuse and sexual harassment.

The CDCF has entered into a Memorandum of Understanding (December 2014) between it and the Connecticut Department of Correction to specifically utilize for PREA-related reporting purposes the CDOC PREA Hotline. It states that the CDOC will allow CDCF to promulgate the CDOC Hotline number to enable CDCF staff and residents to anonymously report allegations of sexual abuse and sexual harassment. Additionally, all residents at the facility receive a PREA-specific brochure that two pages of contact information for the CDCF and outside agencies that may be contacted to make a report or request services and the CDOC Hotline phone number is listed. The brochure also informs residents that they can contact police to make a report, but no phone number, other than 911, is provided.

During the interviews with residents they were asked if any of them had made an allegation of sexual abuse or sexual harassment or if they wanted to make such an allegation, but were denied. All the residents replied they had not. When asked if they were aware of any agencies or organizations not associated with the facility or CDCF to which they could report allegations of sexual abuse or sexual harassment, not one resident could, despite the fact that pages 20 and 21 of the PREA brochure are dedicated to contact information for such agencies and organizations, including the CDOC Hotline. Also, it was noted during the facility tour that there were few, if any, PREA-related posted materials, regarding how to report and contact information for outside agencies. Five of the ten residents interviewed responded to the question by stating they could tell a family member or their lawyer, who could make a report on their behalf. Several stated they could file a grievance or tell a trusted staff member, but were unsure of who outside the facility could be contacted. It should be noted in this connection that not one staff interviewed mentioned either law enforcement or the CDOC Hotline, as an unaffiliated outside agency that residents or staff could contact to make a report of sexual abuse or sexual harassment. Most of the staff believed they could make a private report, but none mentioned the CDOC Hotline as a resource to do so.

All the staff interviewed stated that they would accept all reports and allegations, regardless of the manner of communication, and immediately report it to the CDCF Hotline or their supervisor. All residents and staff interviewed confirmed that residents have access to tools necessary to make a written report, both in school and on the living units. Various locked boxes in which residents can drop reports, grievances, and sick call requests were observed on all living units during the facility tour.

**CORRECTIVE ACTIONS REQUIRED:** The facility should examine and revise how it informs residents and staff, regarding resident and staff reporting of sexual abuse and sexual harassment, both internally and externally, consistent with the requirements of this standard. The policies and resources appear to be in place; however, a great deal is lacking in the execution and result. The near total absence of PREA-related posted material, including the CDOC PREA Hotline and local law enforcement contact information, must be addressed. Periodic PREA information refresher groups for residents should be considered.

**CORRECTIVE ACTION VERIFICATION:** As mentioned earlier, new posters containing contact information for outside agencies that will accept PREA allegations can be found in all the living units and other areas where youth may be during the day. Seven of the ten youth interviewed made specific reference to these posters. Clinical staff interviewed indicated that they

have increased the amount of PREA-related information in groups, with an emphasis on advising youth how to make an allegation. One indicator of this increased awareness is that since the initial site visit, youth have made five allegations. These report files were reviewed. The agency investigations were thorough and detailed. Four were not accepted by the DCF Careline, and internal investigations determined that all four were unfounded. One was youth on youth allegation was unsubstantiated, and the agency made the required notification to the youth.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard is not applicable. Agency policy 80-5-16 states that the grievance process shall not be utilized to make complaints of sexual abuse or sexual harassment. Further, Section 9 of the PREA Practice Guide states that the grievance process shall not be utilized to make or resolve complaints of sexual abuse or harassment. As reported under Standard 115.333, there is some confusion among residents and staff, regarding this. According to the Superintendent, if a youth submits an allegation of sexual abuse or sexual harassment on a grievance form, it is treated as a report, not a grievance, and handled, accordingly. Any confusion in this regard should be clarified through the corrective actions under 115.351.

#### **Standard 115.353 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 9 of the PREA Practice Guide states that the facility shall provide juveniles with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting or otherwise making accessible, mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. Reasonable communication between the juveniles and these organizations are to occur in as confidential a manner, as possible. These calls will not count toward any limit on the daily calls that juveniles are allowed to make. Interviews with residents and staff confirmed that resident calls are not monitored.

CDCF has entered into a Memorandum of Agreement with the Women and Families Center to provide a variety of services to residents of the facility including victim advocacy services. Also, as mentioned above, residents are provided a PREA-specific brochure that lists two pages of resources, including contact information for numerous sexual assault victim advocacy and crisis services agencies, including Women and Families centers. And, as also mentioned above, none of the residents interviewed stated any knowledge of these resources. Residents did confirm that they are allowed a considerable number of phone calls, mainly to family members and, occasionally, to their attorneys. None stated any complaints, regarding access to the telephone.

Section 9 also states that the facility will inform juveniles the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. All staff at the facility are mandatory child abuse reporters in Connecticut. Compliance with this policy was confirmed by clinical and medical staff, and documentation of this notice was found in medical files.

All but one of the residents interviewed are currently represented by attorneys (in most cases Public Defenders). None of those residents who are represented by an attorney voiced any complaints about access to or receiving calls or visits from their attorneys or that their communications were monitored in any way. A room where residents and their attorneys can privately meet was seen during the facility tour.

The facility technically meets the requirements of this standard. It provides access and proper notices and has entered into an MOU, all in compliance with all elements of the standard. It is concerning that residents, especially, do not seem aware of the resources available to them, but this deficit is addressed in the corrective actions required under 115.351.

### **Standard 115.354 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency has a dedicated web page for all matters PREA. On it states “If you have been or somebody you know has been the victim of sexual abuse or sexual harassment while in a facility operated or contracted by the DCF for the confinement of juveniles, or if you have been or somebody you know has been the subject of retaliation for reporting sexual abuse or sexual harassment, please contact the DCF Careline at 1-800-842-2288. You may also complete the PREA Incident Report ([DCF-8108](#)) or contact the DCF PREA Coordinator at [prea.dcf@ct.gov](mailto:prea.dcf@ct.gov) or call the DOC PREA Hotline at 1-770-743-7783.”

### **Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 10 of the PREA Practice Guide states staff, including medical and mental health staff, must immediately report any knowledge, suspicion or information received, regarding an incident of sexual abuse or sexual harassment. Also, any staff witnessing or having knowledge of an act which may constitute abuse or harassment, including acts allegedly committed by a staff member, volunteer, other juvenile or other person, while a juvenile is in the facility, in official custody or post-release, is required to immediately report such abuse or neglect to the facility superintendent or designee and to the DCF Careline. All staff at the facility are mandatory child abuse reporters under state law. Failure to report is considered a serious violation, and disciplinary action could be taken up to and including termination of employment. Criminal and civil penalties may also apply.

Section 10 also states that staff must also immediately report any knowledge, suspicion or information received regarding retaliation against a juvenile or staff member, as a result of a report of abuse or harassment, as well as any neglect or violation of responsibilities by staff that may have contributed to an incident or retaliation. Further, the policy states that staff will not release any confidential information related to abuse of any type to anyone other than to the shift supervisor, facility administrators, other employees with a need to know or to state or local law enforcement, and only to the extent necessary, to make treatment, investigation and other security and management decisions. All staff interviewed clearly understood this policy.

Section 26 of the PREA Practice Guide states that mental health and medical care practitioners must inform juveniles, prior to rendering services, of the practitioner's duty to report any type of abuse, and the limitations of confidentiality. Interviews with these staff confirmed compliance with this requirement. A review of a sample of medical notes revealed that the provision of these notices is documented in resident records.

Section 10 states that the facility superintendent or designee will notify, as appropriate, the licensing director, the DCF Office of Legal Affairs, the juvenile's attorney, the parents or guardians of the juvenile, and the Juvenile Justice Social Worker (as well as the CPS Social Worker if the juvenile is committed as abused or neglected to DCF), as soon as possible, but no later than 24 hours after the reported allegation. In that CDCF (and its Specialized Investigation Unit) is the statutorily authorized agency that investigates reports of child abuse and neglect, several of these notifications are duplicated.

#### **Standard 115.362 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 7 of the PREA Practice Guide states that a juvenile identified as likely to engage in sexually abusive or assaultive behavior with peers, or as at risk of sexual victimization, will be placed on appropriate status to ensure his or her safety (*e.g.*, safety watch). Section 11 of the PREA Practice Guide states that determining the need for protection of the juvenile will be the first priority during any investigation. When in doubt, the course of action will be in favor of protection of the juvenile victim. All staff interviewed expressed a strong and committed understanding of their duty to protect all residents at risk of any harm. Most of the residents interviewed expressed confidence that staff would protect them, when necessary.

#### **Standard 115.363 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 10 of the PREA Practice Guide addresses this standard. It states that if any staff receives information that a juvenile was abused in any manner while confined at another facility, they will immediately report it to the facility Superintendent,

who in turn will then notify the head of the other facility or appropriate licensing agent within 72 hours. Documentation of the notification would be maintained in the Superintendent's office. Once notification is made, it is up to the facility head to ensure that the allegation is fully investigated, according to state law and PREA standards. There were no such reports in the previous twelve months.

#### **Standard 115.364 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 9 of the PREA Practice Guide details first responder duties:

- address the need for acute medical treatment;
- separate the victim from the offender;
- contact agency law enforcement, facility administration and a mental health professional;
- contact the DCF Careline;
- offer the victim a witness advocate;
- preserve and protect the crime scene, including notification to appropriate facility staff (*e.g.*, agency police) who will gather and preserve evidence;
- request that the victim and the offender not take any action that could destroy evidence (*e.g.*, washing, brushing teeth, urinating, defecating, changing clothes, eating, drinking);
- explain the need for a medical exam;
- prepare an incident report (DCF-8108, "PREA Incident Report:");
- take any other action required by the facility's sexual assault and abuse response plan.

All staff are considered first responders at this facility. Staff interviewed were able to articulate the most important duties which are separate the residents involved, preserve and protect the scene and ensure that the residents don't destroy evidence, and contact the DCF Careline, when relieved and able. Most of the staff interviewed viewed other first responder responsibilities, such as contacting law enforcement and offering the victim a witness advocate, as being someone else's duties.

**CORRECTIVE ACTION REQUIRED:** The facility should examine its first responder policy and training to determine which duties are most appropriate for which staff, make the necessary revisions, and re-train staff in this regard.

**CORRECTIVE ACTION VERIFICATION:** The agency completely revised its First Responder policy and trained staff on its use. Training records were reviewed and confirmed that all staff received the training. The policy was reviewed and found to be compliant with the standard. Ten staff interviewed all could state their role and responsibilities, as reflected in the policy.

#### **Standard 115.365 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

During the Onsite visit several problems with meeting the requirements of this standard were noted. First, the institutional plan provided during the Pre-Audit period was not sufficiently detailed to give various staff a clear understanding of what they are supposed to do. Second, the medical department provided a detailed PREA response plan, but it is independent of the rest of the facility. Third, as stated above, staff acting as first responders knew of some, but not all of their duties under current policy.

Subsequent to the Onsite visit and prior to the submission of this report the facility submitted a revised Institutional Response Plan that details which staff are ultimately responsible for which response or responses.

**CORRECTIVE ACTION:** The facility needs to provide documentation that all staff at the facility have been trained on the revised plan.

**CORRECTIVE ACTION VERIFICATION:** The agency completely revised its First Responder policy and trained staff on its use. Training records were reviewed and confirmed that all staff received the training. The policy was reviewed and found to be compliant with the standard. Ten staff interviewed all could state their role and responsibilities, as reflected in the policy.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The state has entered into two major collective bargaining agreements that cover the administration and staff of the facility. Both have sections addressing dismissal and suspension. Both contracts were reviewed and nothing in the agreements limits or interferes with the agency's ability to remove alleged staff sexual abusers from contact with residents. In fact, the AFSCME agreement has a provision that makes it easier for administrators to remove staff for serious misconduct, such as child abuse.

#### **Standard 115.367 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 15 of the PREA Practice Guide addresses retaliation. It states that the facility will ensure that both staff and juveniles who report sexual abuse or harassment, or those who cooperate with sexual assault or sexual harassment investigations, are

protected against retaliation. It lists the multiple protection measures will be utilized:

- changes in housing or programming for juveniles;
- removal of the alleged staff abuser pending investigation;
- transfer of juvenile abusers when feasible; and
- providing support services for juveniles or staff who fear retaliation.

The PREA Compliance Manager has been designated as the staff responsible for monitoring retaliation. For at least 90 days following a report of sexual abuse or harassment, the PREA Compliance Manager will monitor the conduct or treatment of the staff or juvenile who filed the report. This monitoring period may be extended if issues arise. Monitoring of juveniles will include a review of any disciplinary reports and periodic status checks (*e.g.*, housing or programming changes). Monitoring for staff will include a review of negative performance reviews or reassignments. Additionally, if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

None of the residents interviewed had either made an allegation of sexual abuse or sexual harassment, knew of any resident who had, and did not complain of any form of retaliation.

#### **Standard 115.368 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard is not applicable. The facility does not use isolation or segregated housing.

#### **Standard 115.371 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Connecticut statute Section 17a-101g authorizes the CDCF to receive reports of child abuse and neglect and to conduct investigations. Its investigators are trained to conduct investigations into allegations of sexual abuse and sexual harassment. In practice allegations made at this facility are investigated by the CDCF Special Investigations Unit. If the Department determines that abuse or neglect has occurred, the Department shall also determine whether: (1) There is an identifiable person responsible for such abuse or neglect; and (2) such identifiable person poses a risk to the health, safety or well-being of children and should be recommended by the commissioner for placement on the child abuse and neglect registry established pursuant to section 17a-101k. Section 17a-101j requires that after the investigation has been completed and the Department has reasonable cause to believe that sexual abuse or serious physical abuse of a child has occurred, the

Department shall notify the appropriate local law enforcement authority and the Chief State's Attorney or the Chief State's Attorney's designee or the state's attorney for the judicial district in which the child resides or in which the abuse or neglect occurred of such belief.

In practice the agency contacts the Connecticut State Police, if it makes a referral to law enforcement. This state agency is then responsible for the collection of any physical evidence and interviews with suspected perpetrators, victims, etc., and for all criminal investigation activities, including compelled interviews, when necessary.

The agency has a policy addressing Special Investigations Unit investigations. It states that the SIU shall not terminate an investigation solely based on a recantation by the source of the allegation. All investigations are carried through to completion, regardless of whether the alleged abuser or victim remains at the facility. This policy also states that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a juvenile or staff, and that no juvenile who alleges sexual abuse shall be required to submit to a polygraph examination or other truth-telling device, as a condition for proceeding with the investigation.

Five PREA-related investigations conducted by the CDCF/SIU were reviewed. Each report was detailed and contained how the investigator's finding was reached. They also included any concerns the investigators may have had with respect to staff behaviors, errors or omissions. As noted above, there were no criminal investigations by the State Police in the past twelve months, even though two of the investigations reviewed alleged possible criminal conduct.

**CORRECTIVE ACTIONS REQUIRED:** This standard must be included in the corrective actions required for standard 115.322.

**CORRECTIVE ACTION VERIFICATION:** See Verification for standard 115.322.

#### **Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 10 of the PREA Practice Guide states that the facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated; however, as noted in several other standards, the facility does not conduct these investigations. In the case of child abuse investigations conducted by the CDCF/SIU at the facility agency policy 22-12-7 requires that the standard of proof to substantiate an allegation is a fair preponderance of the evidence.

#### **Standard 115.373 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

Section 17 of the PREA Practice Guide states that following an investigation into a juvenile's allegation of abuse, sexual abuse or harassment in the facility, the Superintendent or designee will ensure that the juvenile is informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

If the allegation is against a staff member and found to be substantiated, administration will inform the juvenile whether the staff member is:

- is no longer allowed to work on the unit the juvenile is housed on;
- is still employed by the facility; and/or
- has been indicted, charged or convicted of an offense related to abuse within the facility.

If the juvenile leaves prior to the conclusion of the investigation, the facility is no longer obligated to inform him or her of the outcome of the investigation. All notifications will be documented in the juvenile's file and a copy will be maintained in the superintendent's office.

If the allegation was against another juvenile in the facility, and found to be substantiated, the administration will inform the juvenile whether the juvenile has been indicted, charged or convicted of an offense related to the abuse.

If the juvenile leaves prior to the conclusion of the investigation, the facility is no longer obligated to inform him or her of the outcome of the investigation. All notifications will be documented in the juvenile's file as well as a copy maintained in the Superintendent's office.

No notification documentation, regarding the five unsubstantiated allegations, could be found.

**CORRECTIVE ACTION REQUIRED:** The facility must develop a procedure to ensure that notifications required by this standard are timely made and documented.

**CORRECTIVE ACTION VERIFICATION:** The agency's revised Institutional Response Plan specifically includes at Step 21 that the PREA Manager is to make the required notification. There was one unsubstantiated PREA allegation subsequent to the promulgation of the revised Institutional Response Plan. The required notice was documented in that file.

### **Standard 115.376 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy 7-13 states that a disciplinary separation or termination of employment for disciplinary reasons is reserved for egregious acts of misconduct, which includes substantiated violations of agency sexual abuse or sexual harassment policies. In cases in which misconduct is of a level that progressive discipline is not an appropriate response, higher levels of disciplinary action is imposed. There were no disciplinary sanctions imposed during the previous twelve months.

Agency policy requires that all potentially criminal conduct be reported to the State Police for investigation, regardless of whether the staff is terminated or resigns. Interviews with facility administrators confirmed that any licensed staff found to have violated agency sexual abuse or sexual harassment policies would be reported to their respective licensing body.

Also, whenever a report has been made, alleging that abuse or neglect has occurred at an institution or facility that provides PREA Audit Report

care for children and is subject to licensure by the state for the caring of children, and the Commissioner of Children and Families, after investigation, has reasonable cause to believe abuse or neglect has occurred, the commissioner shall notify the state agency responsible for such licensure of such institution or facility and provide records, whether or not created by the department, concerning such investigation.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 13 of the PREA Practice Guide states that volunteers and contractors will be immediately removed from contact with juveniles for any alleged sexual abuse or sexual harassment; the allegation will be investigated by the SIU and/or the State Police, as appropriate. Depending on the outcome and the nature of the allegation, a determination will be made as to whether the contractor or volunteer will be prohibited from future contact with juveniles at the facility. There were no corrective actions taken against any volunteers or contractors during the previous twelve months.

**Standard 115.378 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency policy 80-3-2 addresses the facility’s behavior management system. It states that major infractions will result in a disciplinary hearing. It lists a number of requirements for the conduct of the hearing, as well as rights that the resident is afforded, that meet the due process threshold required by ACA standards. Section 14 of the PREA Practice Guide also addresses disciplinary sanctions for residents. Neither policy, however, specifies what the possible sanctions could be, except that Section 14 implies that isolation may be one of those. Also, the facility’s Pre-Audit Questionnaire states that required services are provided to residents in isolation; however, it reports that no residents were placed in isolation during the previous twelve months. The facility has stated that it no longer uses isolation for any purpose, and this was confirmed by residents who stated that they can be placed on room restriction. This practice was observed during the tour and is clearly not isolation. Rather, the door to the resident’s room is left open, and a staff is assigned to supervise the resident. Section 16 of the PREA Practice Guide states that no disciplinary action will be initiated for reports of sexual abuse that were made in good faith.

These policies otherwise mirror the requirements of the standard and are compliant; however, it is recommended that the facility review these policies and clarify whether isolation may be used as a disciplinary sanction for residents.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 7 of the PREA Practice Guide states that if the risk screening indicates that a juvenile has experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the facility will ensure that the juvenile is offered trauma-informed and appropriate follow-up by meeting with a medical and/or mental health professional within 14 days of the intake screening. The juvenile's own trauma history and symptoms will be identified so his or her trauma-related needs can be clinically addressed. Staff will facilitate transportation if needed, and provide confidential meeting areas in order to assist with health assessments and ongoing counseling. Appropriate referrals shall be made as necessary if a juvenile is exhibiting high risk indicators of victimization or predatory behaviors.

Medical and clinical staff who were interviewed confirmed that this is the practice. One medical file reviewed confirmed that a resident who met this threshold history was offered services, but declined. These staff also stated that they have strict controls over their respective treatment files, which are protected with passwords and permissions.

The Pre-Audit Questionnaire at 115.381(d) provides an affirmative response to this requirement; however, it could not be established during interviews or reviews of policies and documentation that medical and mental health practitioners obtain informed consent from residents ages 18 and older before reporting information about prior sexual victimization that did not occur in an institutional setting. The Authorization to Release Information form used by the facility only covers informed consent to allow other agencies to release records to the facility. A table of Minors and Informed Consent only addressed requirement to report abuse and neglect for youth under 18 years of age.

**CORRECTIVE ACTION REQUIRED:** The facility must address how it will comply with the requirement that medical and mental health practitioners obtain informed consent from residents ages 18 and older before reporting information about prior sexual victimization that did not occur in an institutional setting.

**CORRECTIVE ACTION VERIFICATION:** The agency has developed a specific Release of Information consent form that complies with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 26 of the PREA Practice Guide states that resident victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services, to the level determined necessary by medical and mental

health professionals. It further states that if mental health professionals are not on duty at the time of the report of alleged abuse, staff will take preliminary steps to protect the victim, and immediately contact facility administration and law enforcement. All parties will work collaboratively to determine necessary actions to take in regards to medical and mental health assistance for the victim.

Section 27 of the PREA Practice Guide states that all treatment services are provided to residents unconditionally and at no cost.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 27 of the PREA Practice Guide states that the facility will offer medical and mental health evaluations and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in any juvenile facility. It further states that the mental health professional will need to ensure that when the victim is released or transferred from the facility to another facility, follow-up services, treatment plans and referrals for continued care that are appropriate to the needs of a juvenile who has experienced sexual abuse or harassment are available when the juvenile leaves the placement.

Section 27 also states that juvenile victims of sexual abuse while confined shall be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate, and that all treatment services are provided to residents unconditionally and at no cost. Finally, it states that the facility will conduct a mental health evaluation of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history, and arrange for treatment when deemed appropriate by mental health practitioners.

Mental health and clinical staff interviewed confirmed their understanding of these policies and requirements. Medical staff interviewed confirmed that residents would be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis at the local hospital.

**Standard 115.386 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 29 of the PREA Practice Guide addresses sexual abuse incident reviews and mirrors the requirements of the standards. The facility reported five PREA-related incidents during 2015 that were unsubstantiated, two of which alleged sexual abuse. Reviews of these two incidents were provided.

### Standard 115.387 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 31 of the PREA Practice Guide address data collection. It mirrors the requirements of the standard in all regards. The most recent DOJ/SSV was reviewed and the data fields were found to be consistent with the facility policy. The data report for 2015 was also provided and it is consistent with the data element requirements. The agency collected PREA-related data from the two programs with which they contract. This report is readily available on the agency's web site.

### Standard 115.388 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The agency provided a data review report entitled, Rate of Sexual Abuse-2015. It was initiated in 2015 and will be the report to which the 2016 report will be compared.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Section 32 addresses retention of records. It states that facility will retain all records in regards to internal and criminal investigations related to abuse for as long as the alleged abuser is confined at or employed by the facility, plus five years and that these records will be securely maintained with access limited to the Administration. These aggregated data are readily available on the agency's web site and do not contain personal identifiers.

CORRECTIVE ACTION REQUIRED: Policy needs to be revised to state that the agency shall maintain sexual abuse data for at least 10 years after the date of the initial collection or provide documentation that state law requires otherwise.

CORRECTIVE ACTION VERIFICATION: The agency has revised its policy and now is required to maintain these data for at least ten years.

**AUDITOR CERTIFICATION**

I certify that:

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



September 13, 2016

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Auditor Signature

Date