SD 0008

SECURITY DIVISION ROUTING FORM

Case # SD 18-017

Submitted By Captain Robert Hartnett

Date Investigation Opened March 1, 2018

Date Investigation Submitted June 6, 2018

I. DIRECTOR OF SECURITY

Signature

Date In

Date Out

Recommendations/Comments

II. DEPUTY COMMISSIONER OF ADMINISTRATION

Signature

Date In 1/16/19

Date Out 1/16/19

Recommendations/Comments Reviewed - concur with conclusion and resulting dismissal

III. PRINCIPAL HUMAN RESOURCES SPECIALIST

Signature

Date In 10/17/18

Date Out 12/27/18

Recommendations/Comments Concur w/ findings: Dismissal

IV. DIRECTOR OF LABOR RELATIONS (Review & Recommendation)

Signature

Date In 1/2/19

Date Out 1/10/19

Recommendations/Comments Concurs with dismissals

Case # SD 18-017

V. DIRECTOR OF HUMAN RESOURCES

Dori Kolakowski for
Signature

Date In 1/10/19

Date Out 1/10/19

Recommendations/Comments Concur with dismissal

(Check All That Apply)

VI. ☐ DIRECTOR OF MEDICAL & HEALTH SERVICES

Signature

Date In:

Date Out:

Recommendations/Comments

☐ DIRECTOR OF PAROLE & COMMUNITY SERVICES

Signature

Date In:

Date Out:

Recommendations/Comments

☐ DIRECTOR OF PROGRAMS & TREATMENT

Signature

Date In:

Date Out:

Recommendations/Comments

☑ DEPUTY COMMISSIONER OF OPERATIONS

Angel Quiros
Signature

Date In: 1/15/2019

Date Out: 1/15/2019

Recommendations/Comments Reviewed and concur with investigator's findings and dismissal. -pll

VII. COMMISSIONER, acting

Cheryl L Cepelak
Signature

Date In: 1/16/19

Date Out: 1/16/19

Disposition As above, concur.

Revised 02/03/14

Section A

1. Investigation Index
2. Routing Form and Final Disposition
3. Original Referral

Standard Investigation File Format

Connecticut Department of Correction

Attachment A
REV 7/25/17
AD 1.10

The following sections shall be completed as appropriate to the investigation being conducted.

Section A- Administrative Correspondence	
X	Routing Form and Final Disposition
X	Commissioner/Designee Investigation Authorization Letter
X	Security Division Acknowledgement Letter
X	Deputy Commissioner Referral Letter
X	Original Referral Letter (Unit/District Administrator)
Section B- Investigation Reports	
X	Security Division, Health Services
Section C- Interviews	
X	Security Division
Section D- Original Incident Report Package	
X	Other Associated Incident Report(s), Supplemental Reports
Section E- Additional DOC reports and Supporting Documents	
	Human Resources, Payroll, Inmate Accounts
	Time & Attendance
X	Facility Documents (Rosters, Log Books, Intelligence Reports, CaseNotes)
	Correspondence (Electronic/Written)
	Computer Forensics/ Intelligence Unit
Section F- Outside/Other Agency Reports/Documents	
	Local Police/State Police
	State of CT Agencies
X	Hospitals, Contractors, Municipal, Private
Section G-Photographs (Not in Incident Report Package)	
	Screen Shots, Video Capture, Social Media, Maps, Building Schematics, Unit Layouts
Section H-Inmate Data	
X	Inmate Overview Sheet/CAPI Photo
	RT Screens
	SECURUS (PAN List, Call Detail Records)

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

Internal Security Division

Dannel P. Malloy
Governor

Scott Semple
Interim Commissioner

Christine Whidden
Director

MEMORANDUM

TO: Edward Maldonado, District Administrator

FROM: Christine Whidden, Director of Internal Security

DATE: March 1, 2018

SUBJECT: **SD 2018-017:** Tianna Laboy #417372 gives birth to baby in Cell #2N on February 13, 2018
York CI 2018-02-037
February 13, 2018

This will acknowledge receipt of the above noted incident. After review of the referral, the report is in route accordingly.

- ☐ Returned for a facility-based investigation
- ☒ Processed by Internal Security (SD 2018-017)
- ☐ Returned for additional information
- ☐ Other

The incident above-referenced will be investigated by Captain Robert Hartnett, Internal Security Investigator.

If you have any questions, please contact our office.

CW:mc

C. Deputy Commissioner Monica Rinaldi
Deputy Commissioner Cheryl Cepelak
Warden Antonio Santiago
Captain Robert Hartnett

Phone: 860-692-7507 ◆ Fax 860-692-7499
24 Wolcott Hill Road ◆ Wethersfield, Connecticut 06109
Website: www.ct.gov/doc

An Affirmative Action/Equal Opportunity Employer

Dannel P. Malloy
Governor

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

OFFICE OF THE COMMISSIONER

Scott Semple
Commissioner

MEMORANDUM

TO: CHRISTINE WHIDDEN, DIRECTOR

FROM: SCOTT SEMPLE, COMMISSIONER

DATE: FEBRUARY 27, 2018

SUBJECT: TIANNA LABOY #417372 / YORK CI

Attached is documentation pertaining to Tianna Laboy #417372 giving birth to a baby in Cell #2N at York CI on February 13, 2018.

I am directing a joint Security Division and CMHC investigation in this matter.

SS/jab
Attachment

cc: **Cheryl L. Cepelak, Deputy Commissioner**
Monica Rinaldi, Deputy Commissioner

Captain Hartnett

SD-18-017
3-1-18
Due 5-24-18

Phone: 860.692.7482 ◆ Fax: 860.692.7483
24 Wolcott Hill Road ◆ Wethersfield, Connecticut 06109
Website: www.ct.gov/doc

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Scott Semple
Commissioner

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION

OFFICE OF THE DEPUTY COMMISSIONER

Monica Rinaldi
Deputy Commissioner

TO: Scott Semple, Commissioner

FROM: Monica Rinaldi, Deputy Commissioner

DATE: February 26, 2018

SUBJ: YCI 2018-02-037

The attached Incident Report documents Inmate Laboy, Tianna #417372 giving birth to a baby in Cell #2N.

I am recommending that the matter be referred as a joint Security Division investigation with CMHC.

MR/cc

C: DA Maldonado
file

Phone: 860.692.7482 ◆ Fax: 860.692.7483
24 Wolcott Hill Road ◆ Wethersfield, Connecticut 06109
Website: www.ct.gov/doc

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STATE OF CONNECTICUT
DEPARTMENT OF CORRECTION
District Administrators Office- District II
944 Highland Avenue
Cheshire, CT 06410

Connecticut
still revolutionary

Edward Maldonado
District II Administrator

TO: ***Monica Rinaldi, Deputy Commissioner***

FROM: ***Edward Maldonado, District II Administrator***

DATE: ***February 23, 2018***

SUBJECT: ***YCI-2018-02-037 – Laboy #417372 – Birth of baby in cell***

I am forwarding to you the aforementioned incident report regarding Inmate Laboy, Tianna #417372 giving birth to a baby in Cell #2N at York CI.

Due to the nature of the incident I am recommending a review by the Security Division for possible investigation.

C: ***Warden Santiago***

FAX

Warden's Office
York Correctional Institution
201 West Main Street
Niantic, CT 06357

To: District Administrator Edward Maldonado, Lori Conchado

From: Warden Antonio Santiago

Subject: Incident Report # YCI-2018-02-037

CC: D/W Anthony Corcella

Date: February 22, 2018 # of Pages Including Cover:

Message:

Attached please find a copy of Incident Report #YCI2018-02-037 regarding Inmate Laboy #417372 giving birth to a baby in her cell in 2N.

Please consider for a Security Division Investigation. Thank you.

Cummings, Darlene

From: Whidden, Christine
Sent: Tuesday, February 13, 2018 9:03 AM
To: Santiago, Antonio
Cc: Rinaldi, Monica; Maldonado, Edward; Cummings, Darlene; Martucci, Karen; Benjamin, Jennifer; Maurer, Kathleen
Subject: FW: Code White/ Birth

Warden,

Captain Hartnett will be on route for SD. Please be advised that I have directed him to take the medical file. If CMHC has an issue, remind them this is property of DOC not CMHC and at my direction.

Thanks Tony,
Christine

D – pending referral

TY

CONNECTICUT
DEPARTMENT OF CORRECTION
SECURITY DIVISION

Christine M. Whidden
Director of Security Division
Connecticut Department of Correction
24 Wolcott Hill RD
Wethersfield, CT. 06109
Office: (860) 692-7507
Fax: (860) 692-7499
Christine.Whidden@ ct.gov

From: Martucci, Karen
Sent: Tuesday, February 13, 2018 8:59 AM
To: Whidden, Christine <Christine.Whidden@ct.gov>
Subject: FW: Code White/ Birth

From: Santiago, Antonio
Sent: Tuesday, February 13, 2018 7:44:04 AM
To: Maldonado, Edward
Cc: Martucci, Karen
Subject: FW: Code White/ Birth

FYI.

Warden Santiago

From: Andrews, Douglas
Sent: Tuesday, February 13, 2018 7:03:10 AM
To: Corcella, Anthony; Santiago, Antonio; Scarmozzino, Cynthia; Zegarzewski, Jeffrey
Subject: Code White/ Birth

I am in the process of gathering details but..at 6:41am a "code white" was called in Building 2 North involving I/M Tianna LaBoy #417372. It was reported that she was seen by Medical at approx. 11:00pm last night in regards to her pregnancy. She was told by medical that she was fine and sent back to her unit. 3rd shift Staff, allegedly, called Medical several times thought out the night to inform them that see was experiencing contractions. Medical said that they would not see her and that she would be fine, just lay down. Well she had the baby in the unit (2 North F-Tier). She is going out to L&M via ambulance. As a result of her present condition she cannot be restrained. I am sending 2 Officers in the ambulance and 1 chase. I keep you posted as I know more.

Captain Douglas Andrews
1st Shift Commander
York Correctional Institution
860-451-3214

Section B

1. Investigation Report Cover Sheet
2. Security Division Investigative Report
3. Health Services Investigative Report
4. Administrative Directive 2.17, Employee Conduct
5. Administrative Directive 6.2, Facility Post Orders and Logs
6. YCI Unit Directive 6.1, Tours and Inspections
7. YCI Post Order 6.2.12, Lieutenant – Shift Supervisor
8. CMHC Policy and Procedure G7.01, Perinatal Care
9. CMHC Policy and Procedure A1.9, Infirmary Admission Criteria

INVESTIGATION REPORT COVER SHEET

FACILITY:	York Correctional Institution
CASE #:	SD 18-017
SUBJECT (Reason for investigation):	Investigation into the circumstances leading to Inmate Tianna Laboy #417372 giving birth in 2 North Cell #8 on February 13, 2018.
DATE REPORT SUBMITTED:	June 6, 2018
SOURCE AND DATE OF REFERRAL:	Commissioner Scott Semple March 1, 2018
INVESTIGATION COMPLETED BY:	Captain Robert Hartnett Dr. Jennifer Benjamin
INVESTIGATORS ASSIGNED:	Captain Robert Hartnett Dr. Jennifer Benjamin
OTHER AGENCIES INVOLVED:	Not Applicable

State of Connecticut
Department of Correction
Security Division
24 Wolcott Hill Road Wethersfield, CT 06109

To: **Scott S. Semple**
Commissioner

From: **Robert Hartnett**
Captain/Security Division

Date: **June 6, 2018**

Re: **SD 18-017/Investigation into the circumstances leading to Inmate Tianna Laboy #417372 giving birth in 2 North cell #8 on February 13, 2018, at the York Correctional Institution.**

Incident Referral

On February 28, 2018, Commissioner Scott S. Semple authorized a joint investigation between the Security Division and Health Services into the circumstances leading to Inmate (IM) Tianna Laboy #417372 giving birth in 2 North cell #8 on February 13, 2018, at the York Correctional Institution (YCI).

Historical Perspective

The following information was obtained from YCI Incident Report YCI-2018-02-037 (contained in Section D of the investigative file).

On February 13, 2018, Correction Officer (CO) Silvia Surriera and CO Alberto Ortiz were on duty in 2 North at YCI. CO Surriera reported that at approximately 6:41am, she was notified by IM Laboy through her cell intercom that she had delivered a baby. CO Surriera reported to IM Laboy's cell and observed IM Laboy alert and holding a crying infant.

CO Surriera called a Code White and staff responded to 2 North. Lieutenant (Lt.) James Randeau arrived and began supervising staff response as Emergency Medical Services (EMS) were contacted by Lt. Gina Schiavone. CO Armando Torreullas began video recording the incident as CO Mary Courtois and CO Shannon Grillo entered cell #8.

CO Grillo held the infant girl in a towel and IM Laboy was directed to sit on her bed. IM Sonya Bracy #377516 was directed to exit the cell to the unit dayroom. Several medical personnel arrived and began attending to IM Laboy and the infant girl.

According to reports from Registered Nurse (RN) Deanne Arndt and RN Michelle Fialla, IM Laboy was observed standing next to the cell toilet and the infant girl was lying on a blanket. The umbilical cord and placenta were attached. The infant girl was pink and crying and IM Laboy indicated she had dried and stimulated her. IM Laboy was assisted to her bed and the infant girl was placed skin to skin with her. The umbilical cord was clamped and cut and a successful spontaneous delivery of the placenta occurred. EMS arrived and IM Laboy and the infant girl were transported to Lawrence Memorial Hospital (LMH). Upon arrival at LMH, IM Laboy was admitted to the Labor and Delivery Unit. Upon assessment, both IM Laboy and the infant girl were reported to be in good health.

After IM Laboy had been safely transported from YCI to LMH, Lt. Randeau spoke to CO Surriera and CO Ortiz. They gave the following accounts of what transpired with IM Laboy throughout the shift:

CO Surriera

- IM Laboy was escorted by wheelchair to the medical unit by CO Ortiz at approximately 11:10pm February 12, 2018, due to complaints of stomach pain.
- "A couple of times" during her tours, IM Laboy stated she was experiencing discomfort but seemed content.
- At approximately 4:30am, IM Laboy stated she was experiencing clear discharge. Medical was contacted and RN Fialla advised of IM Laboy's condition. According to CO Surriera, RN Fialla informed her IM Laboy "should be fine and she needs to relax and that there's nothing else that could be done at that time for the inmate."
- At approximately 5:40am, IM Laboy went to the dining hall for breakfast. She did not report any concerns to CO Surriera or any other staff present in the dining hall.
- At approximately 6:30am, IM Laboy "buzzed the panel" complaining of a blood clot. CO Ortiz contacted Medical and spoke to RN Fialla. According to CO Surriera, CO Ortiz was informed by RN Fialla that IM Laboy would be seen by the APRN on First Shift for the blood clot.
- At approximately 6:41am, IM Laboy "buzzed the panel" saying she had just delivered a baby.

CO Ortiz

- At 11:10pm on February 12, 2018, he escorted IM Laboy to Medical because of stomach pains and discomfort. She was seen by RN Fialla, who took her vital signs. RN Fialla told IM Laboy her issues were common and to relax. IM Laboy was given a pitcher of ice water and a warm cloth to put on her stomach.
- IM Laboy complained throughout the night but seemed content.
- CO Surriera called the nurse at approximately 4:30am, because IM Laboy complained she had some fluid discharge. The nurse told CO Surriera nothing else could be done at that time and to tell IM Laboy to relax.
- At approximately 5:35am. IM Laboy went to the dining hall for breakfast. When she returned to the unit, CO Ortiz asked her how she was feeling. She stated she was still in pain and discomfort.

- At approximately 6:30am, IM Laboy called again complaining about blood clots coming out. Medical was called and the nurse told him she would let the APRN know and IM Laboy would be seen by her later in the morning.
- 10 minutes later a Code White was called by CO Surriera for IM Laboy.

Inmate Profile

IM Laboy is a 20 year old Hispanic female from New Britain, CT. IM Laboy's Connecticut Department of Correction (CTDOC) admission began on August 15, 2017. She is being held on a $260,000.00 Surety Bond, accused of Criminal Attempt (53a-049). IM Laboy is scheduled to appear at New Britain Superior Court on June 7, 2018. She has a Security Risk Group score of [redacted], Disciplinary score of [redacted], Medical needs score of [redacted], Alcohol/Drug Treatment score of [redacted] and a Mental Health needs score of [redacted]. Her overall risk score is noted as [redacted].

Investigation

This investigator and Doctor Jennifer Benjamin from Health Services were tasked to complete this investigation (Doctor Benjamin completed a separate report, located in Section B of the investigative file, focused on the medical treatment of IM Laboy). Upon receipt of the investigation referral, this investigator reviewed all Incident Reports along with the 2 North Verint Stationary cameras and hand held video recordings from February 13, 2018.

Stationary Verint camera recordings:

The following observations were noted reviews of the B2 North Control Station, B2 Unit F and B4 In Patient Wing No2 stationary cameras:

It should be noted, CO Ortiz and CO Surriera completed every required tour of the 2 North Unit during their shift.

- 11:05:28pm – CO Ortiz is observed making a phone call (confirmed to be to RN Simmons).
- 11:08:09 – IM Laboy is escorted out of 2 North.
- 11:22:14 – IM Laboy arrives in the medical unit, being pushed in a wheelchair by CO Ortiz.
- 11:22:35 – RN Fialla begins to assess IM Laboy.
- 11:27:08 – RN Fialla and IM Laboy walk toward the unit entrance out of the camera view.
- 11:30:36 – RN Fialla and IM Laboy return to the camera view. IM Laboy sits in a chair near the officers' station.
- 11:32:15 – RN Fialla gives IM Laboy a water pitcher and towel. IM Laboy exits the unit with CO Ortiz.
- 11:36:02 – IM Laboy returns to 2 North.
- 12:54:50 – During a tour of the unit, CO Ortiz pauses at IM Laboy's cell and remains there until 12:54:56.

- 2:29:47am – RN Simmons enters 2 North and makes a notation in the unit logbook. She is seen having a conversation with CO Surriera.
- 2:36:15 – During a tour of the unit, CO Ortiz pauses at IM Laboy's cell and remains there until 2:36:17.
- 2:37:22 – RN Simmons and CO Surriera exit 2 North.
- 3:19:34 – During a tour of the unit, CO Surriera pauses at IM Laboy's cell and remains there until 3:19:40.
- 4:03:28 – During a tour of the unit, CO Ortiz pauses at IM Laboy's cell and remains there until 4:03:32.
- 4:12:18 – Lt. Welbi Vega and Lt. Scott York enter the unit. Both CO Ortiz and CO Surriera are at the control station as Lt. Vega makes a notation in the unit logbook. They then exit the unit at 4:12:56, without making a tour of the unit.
- 4:17:14 – During a tour of the unit, CO Ortiz pauses at IM Laboy's cell and remains there until 4:17:33.
- **4:39:30 – During a tour of the unit, CO Ortiz pauses at IM Laboy's cell and remains there until 4:39:40. While walking to the other side of the unit to complete the tour, he is seen having a conversation with CO Surriera, who then walks down to IM Laboy's cell at 4:41:12 and remains there until 4:41:48. She then returns to the control station and picks up the unit phone at 4:42:24 and dials a number. RN Fialla is seen coming out of an office and moving over to where a phone is located on the desk. Sitting across from her is RN Simmons who also picks up the phone on this side of the desk. CO Surriera remains on the phone until 4:44:24. She has a brief conversation with CO Ortiz, then returns to IM Laboy's cell at 4:45:20 and remaining there until 4:45:53.**
- 5:35:30 – Inmates in 2 North are released from their cells for breakfast. IM Laboy exits her cell at 5:35:49. She leaves the unit with the other inmates. At 5:49:27, she returns to the unit and enters her cell at 5:50:11.
- 6:12:36 – CO Surriera walks directly to IM Laboy's cell and remains there until 6:13:28.
- **6:15:14 – CO Ortiz makes a phone call which is answered by the medical officer, CO Maddox.**
- **6:16:06 – RN Fialla takes the phone from CO Maddox and hangs up at 6:16:38.**
- 6:28:54 – During a tour of the unit, CO Surriera stopped at IM Laboy's cell at 6:31:29 until 6:31:55.
- 6:43:53 – CO Surriera appears to be responding to IM Laboy's cell as CO Ortiz picks up the phone. A Code White has clearly been called as staff are observed entering the unit. Medical staff are observed entering the unit at 6:47:13.

This investigator's review of the hand held video recording associated with this incident, revealed appropriate staff response to the Code White.

The following interviews were conducted pertaining to this investigation:

- *RN Michelle Fialla*
- *RN Brianna Simmons*
- *RN Crystal Thomas*
- *CHN Diane Carter*

- *HSA Ron Labonte*
- *Dr. Trisha Machinski*
- *CMHC Dir. of Nursing Connie Weiskopf*
- *CMHC Dir. of Training Mike Nicholson*
- *Inmate Tianna Laboy #417372*
- *CO Sylvia Surriera*
- *CO Alberto Ortiz*
- *CO Sondra Maddox*
- *Lt. Scott York*
- *Lt. Welbi Vega*
- *Inmate Sonya Bracy #377516*

All interviews were recorded and transcribed. The transcriptions are located in Section C of the investigative file. The below interview summaries pertain to this investigator's findings:

CO Ortiz interview:

CO Ortiz indicated when he began his shift, IM Laboy stated she wasn't feeling well. He called the medical unit, and was told to bring her over. He retrieved a wheel chair from the 2 South Unit and escorted IM Laboy to the medical unit at approximately 11:10pm. While in medical, CO Ortiz indicated RN Fialla took IM Laboy's vital signs "and the couple of generic things that they do." According to CO Ortiz, RN Fialla told IM Laboy she wasn't going to give birth anytime soon and to relax and drink water. When asked why IM Laboy walked back to the unit when he had brought her over in a wheel chair, CO Ortiz indicated it was at the direction of RN Fialla because it was better for her pregnancy.

CO Ortiz indicated that at 4:30am, IM Laboy was indicating she was experiencing clear fluid discharge. He indicated CO Surriera contacted the medical unit and informed RN Fialla. According to CO Ortiz, RN Fialla told CO Surriera to inform IM Laboy to relax and that nothing was different. This investigator asked CO Ortiz why the call to the medical unit was not noted in the unit logbook. He stated, "Some of the things we experienced that night were first time things. We were advised on how to handle certain situations after. As far as we were concerned, we had spoken to medical and medical gave us reassurance that everything was good."

CO Ortiz indicated IM Laboy exited the unit for breakfast. This investigator asked if IM Laboy said anything to him before or after she went to breakfast. He replied, "When she came back, I stopped her at the top of the stairs before she went down to the F tier, and I asked her if she was ok. I noticed that she walked to chow and asked if things were better. She just pretty much told me, from what I remember, that she was still in discomfort, she was doing what the nurse asked her to do, which was walk. She was hungry, so she went to chow."

CO Ortiz indicated he called the medical unit again around 6:30am. He stated he was nervous and called 4 South by mistake and CO Maddox answered the phone. He indicated telling CO Maddox that IM Laboy was bleeding and there were blood clots and CO Maddox told him to send her to medical. However, RN Fialla took the phone from CO Maddox and told him to

relax, that she was passing the information over to the APRN that was coming in and that they would examine her.

CO Ortiz indicated he wasn't sure if that information was relayed to IM Laboy because shortly after "it was all the chaos going on through the speaker. So I had sent Surriera down and I told her that if it seems like a code, just call it." CO Ortiz indicated he did not speak to any medical staff after the code was called.

CO Surriera interview:

CO Surriera stated that she was touring the unit at approximately 11:10pm, when she noticed IM Laboy coming out of her cell. CO Ortiz informed her she was experiencing stomach pains and had called medical and was told to bring her over. When IM Laboy returned to the unit, CO Surriera asked her if she was all right and she replied that she was.

CO Surriera indicated that during a tour at approximately 4:30am, IM Laboy "was sitting on the toilet and said she had some clear discharge." CO Surriera asked IM Laboy if it was a lot, and was told it wasn't. CO Surriera indicated she called medical anyway and spoke to RN Fialla. When asked what the conversation with RN Fialla consisted of, CO Surriera replied, "I said she (IM Laboy) was on the toilet, she has clear discharge coming out. I don't know what this means, she said it's not a lot, but, she's (RN Fialla) like no she's fine, just tell her to rest, she'll be fine. That was it. And I told IM Laboy and then IM Laboy went back to bed."

CO Surriera indicated IM Laboy seemed normal when she entered the dining hall, stating, "She went past other CO's, sat down, ate and went back." When CO Surriera returned to the unit, she indicated IM Laboy "buzzed" the control station and said she had a blood clot. CO Ortiz called medical and while he was on the phone, CO Surriera stated, "I went down there (IM Laboy's cell). I remember I went down to her cell and I said, 'Hey what's the deal' and she's like, 'oh I, I have, you know a blood clot.' She's sitting on the toilet, so I'm like 'alright.' Let me go back up and talk with him (CO Ortiz). He said that Michelle (RN Fialla) said that she'll be seen by the nurse in the morning for this. And so, I went down to the cell to tell IM Laboy and I said 'the nurse said that you will be seen during day shift.' She kind of looked in discomfort, like really. I'm like 'that's what they said.' She's like 'alright' and she was on the toilet.

CO Surriera stated, "And then I remember getting a buzz on the panel and it was yelling. So, I was like 'what's going on' and I heard 'I'm having a baby.' So, I ran down there, looked into the cell and IM Laboy is holding a baby and her roommate is standing right next to her about to just grab the baby. And I call a code white, open the cell, go in there, she starts leaning against the counter, her roommate takes the baby. I'm looking at the baby, its crying then staff starts coming in." CO Surriera indicated she did not speak to any medical staff after the code was called.

CO Maddox interview:

CO Maddox indicated remembering CO Ortiz escorting IM Laboy to the medical unit where she was posted at the beginning of the shift. She stated IM Laboy was complaining of "labor pains"

and was assessed to the right of the officers' station by RN Fialla. When asked what she heard during RN Fialla's assessment, CO Maddox stated, "The only thing I heard her say was that she, Ortiz was concerned she was going to have the baby and she confirmed that there was no way she could be in labor. She was eight months pregnant and that the baby was not going to be born in the unit. I did ask if she was able to do an exam, a cervical exam, because I myself have had four children and she said they weren't allowed to do that. So that's the only question I asked her and then the inmate was sent back to the unit."

When asked if she remember a phone call from CO Surriera to the medical unit at approximately 4:15am, CO Maddox stated, "Yes, she spoke with Michelle. I wasn't aware that it was CO Surriera on the phone, but I knew it was someone from that unit because Michelle stated, 'I told you when Officer Ortiz came down here burning the wheels off the wheel chair that there was not gonna be a baby born in your unit tonight. She's not in labor. And she reassured her that she had been a labor and delivery nurse for 14 years and she knew that the inmate was not going to have a baby."

This investigator asked CO Maddox if she answered a phone call from CO Ortiz at approximately 6:15am. She answered, "I answered the phone. I think that he was probably a little nervous at that point and called my line instead of the nurses' line by accident. I don't know, but when I answered, he's like, 'Oh my God, Maddox.' Like he, I think he was looking for the nursing staff and he's like, 'This Inmate is having blood clots.' And I was like, 'Oh my God, you probably should send her.' You know, with my births, I experienced the same thing. So I was like, 'You should send her, you should send her.' And Michelle actually grabbed the phone from me and took over the conversation and told him that if there was blood clots the baby would be coming soon so there's no way there's blood clots. And within minutes, Officer Surriera was calling a Code White over the radio."

RN Fialla interview:

RN Fialla acknowledged seeing IM Laboy at approximately 11:30pm on February 12, 2018, and assessing her for complaints of lower stomach pain. She indicated IM Laboy was in the medical unit for approximately 30 minutes. *(According to the Verint recording, IM Laboy was in the unit for ten minutes and one second.)*

RN Fialla was told that an officer called the medical unit at 4:42am. RN Fialla was asked who answered the phone call. She stated, "I did not speak to them at this time." RN Fialla stated she called the unit sometime after RN Simmons toured the unit at 2:25am, to ask about IM Laboy and was told she was sleeping. RN Fialla denied talking to any officer after her phone call to the unit.

When asked if she spoke to an officer at approximately 6:15am, RN Fialla stated, "No, I didn't. The only call that I had with them was to call that she was sleeping." However, after being shown the Verint video in which she clearly took the phone from CO Maddox who had been talking to CO Ortiz, RN Fialla indicated she did not remember what the conversation was about. She indicated CHN Carter had just arrived at the facility for her shift and remembered telling her about IM Laboy and thought that could have been when she was talking to her.

CHN Carter interview:

CHN Carter was asked to recount her conversation with RN Fialla on February 13, 2018. She replied, "To the best of my recollection, she told me that she had seen Ms. Laboy and that she was not in labor and, I'm trying to think if there was anything else that we discussed about it. I looked, I think I looked briefly at her note and the end of the conversation, as I was leaving the unit was, 'Why don't we have Janet Fisher take a look at her' and she said, 'yup, let's do that.' So, I left Four south. I've already been in Four north and went into the nurse's station. Michelle came out and she had Ms. Laboy's chart. And she goes, 'Do you want me to put this in Janet Fisher's room' and I said, 'Why don't you put it in her room and why don't we get her in a wheel chair, get her over so we have her here ready to see Janet Fisher as soon as she gets on duty.' And she said 'ok, well do that.' So, she went back to the unit and within, I don't know how long, couldn't have been very long, there was a code called."

IM Laboy interview:

During IM Laboy's interview, she was describing an interaction with the officers in 2 North. She stated, "...I went back to the unit and eventually was still in pain for like a couple of hours and then like an hour later I started leaking, like a lot. It was a lot of water coming out of me. I told my 'Bunkie' to buzz 'em cause I couldn't get up from the toilet. It was a lot of water. And I told her buzz them cause I think my water broke and she said, 'ok I got you.' So, she buzzed them and said 'I think my Bunkie water broke.' And she said her water, the CO's came down and was like 'so what exactly is going on now?' And I said 'my water, I think my water broke but I'm not sure it's my water.' I said it just like that cause I wasn't sure. And then the CO said I'm gonna call the nurse. So, she went up did her tour real quick, went up called the nurse and she came back down and said 'the nurse said your fine. That's your mucus plug.' She had it set in her mind that it was the mucus plug. But, I'm telling you my water broke. You should have some type of consideration that my water broke."

IM Laboy indicated after she returned to her unit from chow, "I went back to the tier and I'm gonna say like around 6 o'clock, I took the shirt out and it was like blood clots. There was a lot of blood and there was a blood clot on the floor and I didn't know my Bunkie went to step over it and was like 'what is this?' So, she turned the light on and she's like, 'oh my god Bunkie.' And then, it made her nervous so she buzzed them and she said, 'Listen, my, my bunkie is having a bloody show. So y'all need to call the nurse.' So, they came down and the nurse was like, they kept, they had it set in their mind that I was fine, that I was fine and I kept telling them I'm not fine. Right. There's blood coming out of me."

During the course of this investigation, it was noted that there was only one supervisory tour of the 2 North Unit on February 13, 2018. The one tour consisted of Lt. York and Lt. Vega entering the unit and signing the unit logbook, then exiting the unit. Both Lt. York and Lt. Vega were interviewed and asked why the required tours of the unit were not completed. Lt. York stated, "I caught a package, it was YCI-2018-02-036 and 11:52 was the time of the incident. I was working on the package and wasn't able to complete both tours." Lt. Vega stated, "I was working on numerous packages that night. I had assisted Lt. York with an escort to Mental Health earlier in the shift. We tried to get through the units and get back to my packages, which

were 14 outstanding." Both Lt. York and Lt. Vega stated that they were not informed of the issue with IM Laboy.

Summary

- On February 13, 2018, IM Laboy gave birth to a baby girl in her cell, 2 North #8, which is located in a general population housing unit.
- On February 28, 2018, Commissioner Semple authorized a Security Division investigation into the circumstances leading to IM Laboy giving birth her general population housing cell YCI.
- IM Laboy had complained of discomfort the evening prior, was assessed by RN Fialla and sent back to her cell with ice water and a hot towel. RN Fialla informed IM Laboy she was not in labor.
- IM Laboy complained of continuing discomfort throughout the night, leading to two additional phone calls, one at approximately 4:42am and the other at approximately 6:15am, from the officers stationed in 2 North to RN Fialla. This investigation established RN Fialla was not truthful about receiving these phone calls.
- RN Fialla took no additional action other than to add IM Laboy to a list of inmates needed to be seen by the oncoming APRN.
- After delivering the baby girl in her cell, a Code White was called by CO Surriera. The staff response to the unit and the subsequent medical care of IM Laboy and her baby were in consort with all applicable CMHC and CTDOC policy.

Conclusion

Based on the evidence received, which consists of Incident Report YCI-2018-02-037, VERINT video recordings of the 2 North Unit from the date of the incident and interviews of the staff involved, this investigator concludes the officers assigned to 2 North, CO Ortiz and CO Surriera, acted appropriately and in a timely manner, while dealing with IM Laboy.

Upon assuming post, they immediately sought medical attention for IM Laboy when she complained of stomach pain. IM Laboy was escorted to the Medical Unit where she was assessed and cleared to return to her unit by RN Fialla. According to their reports, interview statements and video evidence, IM Laboy's discomfort continued, leading to two additional calls to RN Fialla. The first call was made by CO Surriera at approximately 4:42am. The information relayed to RN Fialla was that IM Laboy was experiencing clear fluid discharge. The second call was made by CO Ortiz at approximately 6:15am. The call was initially answered by CO Maddox and the information relayed was that IM Laboy was experiencing blood clots. CO Maddox suggested CO Ortiz send IM Laboy to the Medical Unit; however, RN Fialla took the phone from CO Maddox and instructed CO Ortiz not to send her and that she would be seen by

the oncoming APRN. At approximately 6:41am, a Code White was called by CO Surriera due to IM Laboy giving birth in her cell.

Neither CO Ortiz nor CO Surriera noted the phone calls to RN Fialla in the 2 North Unit Logbook, or notified a supervisor of the situation with IM Laboy. In accordance with Administrative Directive 6.2, Facility Post Orders and Logs, Attachment B Station Log Entries, "Any remarkable event within station responsibilities" should be logged. However, it is evident through the interviews of CO Ortiz, CO Surriera, CO Maddox, IM Laboy and IM Bracy, as well as the VERINT video recording, that the situation with IM Laboy was addressed and not ignored. *The medical treatment and assessment by RN Fialla is addressed in a separate report authored by Dr. Benjamin and located in Section B of the investigative file.*

This investigator concludes RN Fialla was not truthful during her interview with respect to receiving two phone calls regarding IM Laboy after initially assessing her at approximately 11:10pm, on February 12, 2018. RN Fialla maintained that she did not receive these phone calls. However, the preponderance of evidence shows that the phone calls were made and were answered by her.

Separately, this investigator finds that Lt. Vega and Lt. York failed to conduct the required facility tours and did not follow proper procedure to document these tours were not conducted. Further, they initialed that the tours were completed when in fact they were not.

RN Fialla has been found culpable of the following violations:

A.D. 2.17, Employee Conduct
Effective September 26, 2014

5. Standards of Conduct.

A. Each Employee Shall:

2. Comply with all federal and state statutes and regulations, administrative directives, department and unit policies and procedures, post orders and lawful orders/instructions.

RN Fialla violated this directive as noted below:

21. Cooperate fully and truthfully in any inquiry or investigation conducted by the Department of Correction and/or any law enforcement, regulatory or state agency.

RN Fialla did not cooperate truthfully with respect to acknowledging receiving two phone calls concerning IM Laboy on February 13, 2018. The first phone call was placed by CO Surriera at approximately 4:42am. The second phone call was placed by CO Ortiz at approximately 6:15am.

Lt. Vega has been found culpable of the following violations:

A.D. 2.17, Employee Conduct
Effective September 26, 2014

5. Standards of Conduct.

A. Each Employee Shall:

2. Comply with all federal and state statutes and regulations, administrative directives, department and unit policies and procedures, post orders and lawful orders/instructions.

Lt. Vega violated this directive, Unit Directive 6.1 Tours and Inspections and General Post Order 6.2.12 Lieutenant – Shift Supervisor as noted below:

B. The following behavior shall be strictly prohibited:

20. Falsification, unauthorized alteration, or destruction of documents, log books and other records, including job applications.

On February 13, 2018, Lt. Vega and Lt. York completed only one of the two required tours for their shift. When completing the Supervisor's Tour Sheet, they did not notate why the other tour was not completed and in fact, initialed that it was completed.

U.D. 6.1 Tours and Inspections
Effective June 1, 2015

5. Tours, Inspections and Visits.

A. General Tours, Inspections and Visits:

5. Each area of a facility/unit shall be toured by a custody supervisor at least twice per shift. Supervisory tours shall be unannounced. Employees shall not alert other employees that supervisory tours are occurring unless such an announcement is related to legitimate operational functions of the facility. The Unit Administrator may designate specific areas of responsibility to individual supervisors. At York CI this shall be defined as follows:

All Shifts:

West 1 & 2 Lieutenants – to complete 1 full tour each per shift of the following areas of the West Compound to include: Main Control, Lobby (Bldg 8), Visits (Bldg 8), Building 9: Laundry, Education, Food Prep, Warehouse, York Textiles (Datacon), Walkgate, main Dining (Bldg 7), West Gym, 0 South, 0 North, 1 South, 1 North, 2 South, 2 North, 3 South, A&D (Bldg 3), 3 North, 4 South, Outpatient, 4 North, Programs held in Bldg 6 & 9, and Montitor Feeding in West Dining.

Note: If West 1 or 2 cannot complete a tour due to a high volume of incidents, a Unit Manager, Shift Commander or other Lieutenant may complete the tour and note it in the

log book. If a tour is not completed a notation as to why shall be put on the Supervisors tour sheet.

On February 13, 2018, Lt. Vega and Lt. York completed only one of the two required tours for their shift. They did not notate why the other tour was not completed and in fact, initialed the Supervisor's Tour Sheet that it was completed.

Lt. York has been found culpable of the following violations:

A.D. 2.17, Employee Conduct
Effective September 26, 2014

5. Standards of Conduct.

A. Each Employee Shall:

2. Comply with all federal and state statutes and regulations, administrative directives, department and unit policies and procedures, post orders and lawful orders/instructions.

Lt. York violated this directive, Unit Directive 6.1 Tours and Inspections and General Post Order 6.2.12 Lieutenant – Shift Supervisor as noted below:

B. The following behavior shall be strictly prohibited:

20. Falsification, unauthorized alteration, or destruction of documents, log books and other records, including job applications.

On February 13, 2018, Lt. York and Lt. Vega completed only one of the two required tours for their shift. When completing the Supervisor's Tour Sheet, they did not notate why the other tour was not completed and in fact, initialed that it was completed.

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Note: If West 1 or 2 cannot complete a tour due to a high volume of incidents, a Unit Manager, Shift Commander or other Lieutenant may complete the tour and note it in the log book. If a tour is not completed a notation as to why shall be put on the Supervisors tour sheet.

On February 13, 2018, Lt. York and Lt. Vega completed only one of the two required tours for the shift. They did not notate why the other tour was not completed and in fact, indicated on the Supervisor's Tour Sheet that it was completed by their initials.

Recommendation

With respect to the omitting the phone calls to medical in the unit logbook by CO Ortiz and CO Surriera, this investigator recommends the facility consider generating a roll call memo to remind staff of the importance of accurately detailing what transpires in the units in the logbook. Had there not been substantial evidence to show that the phone calls were made as indicated, this investigation would have been left only with he/she said – he/she said statements.

Medical Report
Tianna Laboy #417372
Date of Report 7/14/18
Received 2/13/18
Sent for review 7/6/18

Completed by: Jennifer Benjamin DNP, APRN, PMHNP-BC

Historical Perspective

Ms. Laboy is a 21 year old female who was admitted to the Connecticut Department of Correction (CT DOC) at York Correctional Institution (YCI) on August 14, 2017, with mental health diagnoses including [redacted] She was also pregnant upon admission with an estimated due date of 3/17/18. During her incarceration, she was treated for her mental health conditions and her pregnancy was routinely managed by the nursing and prescriber obstetrics-gynecology staff at the facility. On 8/23/17, she was considered to have a high-risk pregnancy due to evidence of a "vanishing twin sac." Vanishing twin syndrome refers to the spontaneous loss of one developing baby early in multiple pregnancies (Anderson-Beery and Issacs, 2016).

Ms. Laboy's health during incarceration was uneventful until 2/7/18 when she sought care for abdominal pain. Similar complaints occurred on 2/10/18 (round ligament pain), and 2/12/18. The patient was sent to the medical unit on each occasion, but an assessment to rule out the pain source as preterm labor was not conducted at any of the visits. Additionally, Ms. Laboy's change in medical condition (abdominal pain) was not shared with an expert OB-GYN MD or on-call physician. In addition, nursing staff failed to obtain, or seek management advice for a pregnant female with abdominal pain at any time during this period. Also, nurses did not make decision to send the patient to the emergency room (acute care facility). On 2/13/18, Ms. Laboy birthed her baby in her cell while sitting on the toilet.

Correctional Managed Health Care Policy and Procedure does not endorse the birth of babies at York. In addition, review of this case revealed several concerns involving breaches of the community standard of care, and policy and procedure governing the provision of inmate-patient healthcare by Correctional Managed Health Care. In specific, gaps in training, working outside of the nursing scope of practice and pregnancy management were identified.

Investigation

DOC Health Services Unit Medical Investigation Report of the incident on 2/13/18 of Connecticut Department of Correction, York CI inmate Tianna Laboy #417372, SD 2018-017. The information used to complete this investigation includes clinical record review, CMHC policies, acute care facility report, code response video and staff interviews.

A review of Intake nursing note dated 8/14/17 identified diagnoses that included [redacted] The patient has a history of suicide attempts with hospitalization at Yale on 8/2016. Additionally, there were reports of self-harm 7/9/17,

8/10/17 where she cut herself. The intake information further indicated the patient was pregnant with an estimated due date of 3/17/18.

A CMHC utilization review committee (URC) request dated 8/23/17 for an ultrasound recorded Ms. Laboy's initial diagnosis as that of a high-risk pregnancy. In addition, the current diagnosis prior to the incident was noted as a high-risk pregnancy. The URC consultation summary dated 9/7/17, which reflects the result of a subsequent ultrasound noted the pregnancy was high risk and a vanishing twin sac was seen. The outcome of another ultrasound completed on 10/23/17 noted 'vanishing twin no longer seen, measurements consistent with date, 19 weeks, 2 days and EDC (estimated date of confinement) was 3/17/18.

Review of the routine prenatal physician note dated 2/6/18 revealed the following: 34 weeks and three days gestation, fundal height 34, presentation vertex cervix examination not done, BP 108/60, weight 185 lbs., urine normal, albumin/glucose, and edema and pain absent. Next visit was to be in the next two weeks. A date was not identified.

Patient encounter/Nurse sick Call dated 2/7/18 at 5 PM identified the patient was 34 weeks pregnant fetal heart rate (FHR) was 145-160, no bleeding, no discharge, complaint of abdominal pain that started on 2/7/18. The note further revealed the pain was noted as 6/10(pain scale 1-10), described as cramping that lasted for a half hour. The patient was educated on the importance of drinking water. The patient was provided with a pitcher of water. The note further revealed that the inmate was hydrated and stated "I feel better."

Patient encounter/Nurse sick Call dated 2/10/18 at 8 PM revealed that the patient reported on and off pain to the lower abdominal area, pain intensity of 9/10 (pain scale 1-10). The patient had vaginal discharge. The note further indicated that the patient had the same complaints as on 2/7/18. The assessment noted that this was a pain with a pregnancy diagnosis and there was no specific nursing protocol specific to address this complaint. The advice to the patient was to return to sick call whenever necessary and to increase her fluid intake. The note lacked an assessment to ascertain preterm labor and the physician was not notified.

Patient encounter/Nurse sick Call dated 2/12/18 at 5 PM revealed that the patient reported round ligament pain, pain 5/10 (pain scale 1-10) vital signs temp 97.2 Fahrenheit, pulse 82, respiration 18, blood pressure 113/78 with 100% oxygenation on room air, lower abdominal pressure on and off, denied vaginal bleeding. The note concluded that the patient was not in labor. Treatment included ice and hot pack. Although this was the third encounter with the patient, within two days the nurse did not do an assessment to assess the risk of preterm labor or notify the physician of the patient's change in condition.

Review of the Incident Report dated 2/13/18 at 8:10 AM, provided by Officer Silvia Surreira, revealed that on 2/12/18, at 11:10 PM, Ms. Laboy had complained of stomach pain. The custodial intervention included escorting the patient to the medical unit. The report further noted that the patient was sent back to 2 North. On 2/13/18 at approximately 6:41 AM, inmate Tianna Laboy utilized the officer's intercom on the 2 North officer's panel, to report the birth of her daughter. Officer Surreira responded to Ms. Laboy's room. The Officer noted that Ms. Laboy was alert and oriented, was standing over a pool of blood and held a crying infant. As a result of

that observation, a Code White (indicates a medical emergency) was called. In addition, Officer Surreira indicated that Ms. Laboy reported she had delivered the baby in the toilet.

Lieutenant James Randeau's Incident Report dated 2/13/18 at 1:10 PM, indicated that Officer Surreira had called a Code White via radio. When she was questioned for a reason for the Code White, she indicated that a baby was birthed in the cell. Lieutenant Randeau also noted that Officer Alberto Ortiz reported that he advised the medical unit of inmate Laboy's complaint of stomach pains during third shift. The report further noted that Ms. Laboy was sent to the medical unit for treatment at 11:10 PM. She returned to the unit with a pitcher of ice water and a hot cloth at approximately 11:30 PM. According to the report Ms. Laboy continued to complain of stomach pains and the medical unit was contacted twice. At 5:35 AM Ms. Laboy went to the dining hall for breakfast and returned to the unit. At 5:35 AM the patient also reported stomach discomfort. At 6:30 AM an officer was contacted by Ms. Laboy, and she stated that she was clotting. At that time he reported that he called the medical unit a third time and advised Nurse Fialla of the medical complaint. Correctional Nurse Fialla told him that the patient would be seen by the APRN when she arrived that morning.

Officers Ortiz and Surreira both reported that they spoke to Correctional Nurse Fialla in the medical unit via telephone calls. They were unable to identify specific times of the calls and failed to make notations in the log book. In addition, the officers did not report the concerns to a supervisor. Ms. Laboy and her infant were transported to Lawrence & Memorial Hospital via ambulance where they were admitted for evaluation. Review of Officer Ortiz's Incident Report revealed that on 2/13/18 during the third shift on 2 North, Ms. Laboy complained of stomach pain. She was sent to the medical unit at 11:10 PM and returned to the unit with a pitcher of ice water and a hot cloth to treat the stomach ache. The report noted that medical was notified twice after the visit at 11:10 PM

Interviews

During an interview with inmate Sonya Bracy on 2/13/18 at 10:43 AM, she stated the following:

- Ms. Bracy had been sharing a cell with Ms. Laboy for two months.
- On the night of 2/12/18, Ms. Laboy used the intercom a "few times to go down to medical."
- Ms. Laboy walked to the chow hall for breakfast. At breakfast, she ate only yogurt and stated that she was going back to her cell because she did not feel right.
- Ms. Laboy called "the officers a lot."
- Ms. Bracy observed bright blood on the floor and directed Ms. Laboy to push the button which would summon the officers.
- Ms. Laboy was told that she had to wait for OB/GYN staff to come in because the "lady (medical staff) was not trained, and at that time of the morning, Accu checks and all kind of stuff were being done."
- Ms. Bracy assisted Ms. Laboy by holding onto the baby because Ms. Laboy was sitting on the toilet.

During an interview with Ms. Laboy on 3/1/18 at 8:33 AM she stated the following:

- The baby was doing well, had gained weight, remained in the hospital and was released to home to Ms. Laboy's mother.
- On the date in question, Ms. Laboy reported that she was having back pain.
- Ms. Laboy was brought to the medical unit, saw a nurse and was sent back to the housing unit with a pitcher of ice water.
- The medical staff asked about the frequency of the contraction, but Ms. Laboy was unable to provide the frequency interval because she did not have a watch in her cell.
- Correctional Nurse Jessica Cepeda wanted to send Ms. Laboy to the hospital, but at that time Ms. Laboy reported that she was good and did not think the baby would be coming. According to clinical documentation, Correctional Nurse Jessica Cepeda saw Ms. Laboy on 2/7/18. Although an interview with Correctional Nurse Jessica Cepeda was requested, CMHC did not present her to be interviewed.
- Monday night or early Tuesday morning (2/12/18), Ms. Laboy reported leaking fluid and abdominal pain to the correctional officer.
- The officer told Ms. Laboy that the nurse told her (officer) that the discharge was normal and it meant the mucus plug was coming out.
- Ms. Laboy walked to the chow hall and used a T-shirt as a pad because the discharge was going through the pad being used.
- Ms. Laboy stated that she was in a lot of pain, could not walk, her legs kept giving out.
- At 6 AM, she took out the shirt, and it coated with blood clots.
- There were blood clots all over the floor and her cell mate Sonya Bracy directed me to push the button which would summon the officer.

Interview with Correctional Officer Silvia Surriera on 3/23/18 at 6:04 AM indicated:

- During a tour on 2/12/18, at about 11:10 PM Ms. Laboy complained of stomach pain.
- A call was placed to the medical unit and medical staff directed that the patient be brought down to the unit.
- Officer Ortiz escorted the patient to the medical unit.
- At approximately 2:30 AM when the inmate was sleeping, medical staff Simmons toured the unit and signed the log book.
- At 4:30 AM during a tour of the unit, Ms. Laboy was observed sitting on the toilet. At that time she complained about a clear discharge.
- A call was placed to Correctional Nurse Fialla in the medical unit about the patient's complaint of a discharge.
- Correctional Nurse Fialla indicated that the discharge was not a lot. Therefore, the patient was fine, and she directed Officer Surriera to tell Ms. Laboy to rest. Ms. Laboy was given the information and went back to bed.
- Although the two correctional lieutenants toured the unit, the information regarding the patient's condition was not shared with them.
- Ms. Laboy participated in the morning chow without complaints. At about 6:30 AM Officer Ortiz called the medical unit, and Officer Surriera thought that he talked to Correctional Nurse Fialla and reported that Ms. Laboy was passing blood clots.
- Correctional Nurse Fialla said Ms. Laboy would be seen by the nurse in the morning.
- Officer Surriera observed Ms. Laboy to be in discomfort while she was sitting on the toilet.

- After a buzz was received from Ms. Laboy's cell, Officer Surriera ran down to the cell and saw that Ms. Laboy was holding a baby.

During an interview with Correctional Officer Ortiz on 3/23/18 at 6:30 AM, she stated that on 2/12/18:

- Correctional Officer Ortiz took Ms. Laboy to the medical unit at around 11:10 PM in a wheelchair.
- Correctional Nurse Fialla told the inmate that she (Ms. Laboy) was not going to give birth, so she should take it easy and relax.
- At 4:30 AM (2/13/18) Officer Surriera called Correctional Nurse Fialla, because Ms. Laboy complained about a vaginal fluid discharge.
- Ms. Laboy was not seen in the medical unit at this time, and the officer was told that there were no concerns and Ms. Laboy was not going to have the baby that night.
- The officers did not believe the matter was urgent because they called medical and were reassured that everything was okay.
- When Ms. Laboy was released for chow, she verbalized discomfort and stated that she was doing what the nurse told her to do and that is a walk. Because she was hungry, she was going to chow.
- After Ms. Laboy returned from chow, another call was placed to the medical unit.
- Because Officer Ortiz was nervous, he sent the call to Officer Maddox's desk in the medical unit instead of the nurse's desk.
- As a result, Officer Maddox in the medical unit answered the initial call regarding Ms. Laboy's condition.
- Officer Ortiz stated that Ms. Laboy was bleeding and had clots.
- Officer Maddox directed Officer Ortiz to send the inmate to the medical unit, but Correctional Nurse Fialla, took the phone from officer Maddox and told the (Officer Ortiz) to tell Ms. Laboy to relax and she would pass the information over to the incoming APRN.

During an interview with Dr. Machinski on 3/23/18, she stated the following:

- She was the OB/GYN physician responsible for the care of the patient.
- The patient risk level was "low," no need to watch closely.
- Although the patient had a blighted sac, it did not change her pregnancy risk level.
- Treatment plan included a routine prenatal visit in the next two weeks.
- If she was called about the patient on 2/7/18, she would have directed staff to provide the patient with water and further observation of the patient.
- Water consumption provides hydration to the uterus which would decrease the potential for contractions.
- Assessment for dehydration includes concentrated urine, thirst, mucus membrane observation and uterine irritability which was not contained in the Patient Encounter note.
- If the physician was on site, she would have placed Ms. Laboy on a monitor to ascertain preterm labor.
- Even after three presentations of the same signs and symptoms, Dr. Manchinski would have directed staff to provide plenty of fluids, water and observe the patient.

- Vanishing twin syndrome does not place the patient at higher risk for issues during the pregnancy and delivery would not be early.
- Although she was the only OB/GYN physician who worked at the facility, she was not responsible for taking off shift emergency calls.
- Off-shift calls were the responsibility of the on-call physician.
- If a call was made to her regarding a patient with a clear discharge, the advice would be to evaluate for the ruptured membrane.
- If a call was made regarding a pregnant patient at the same gestation as the patient in question, the direction would have been to assess for labor.
- A physician would have to conduct the assessment, or the patient would be sent to the hospital.
- To assess for labor while being housed at York, the nursing staff would have to use Nitrazaine paper, that if turns blue is indicative of amniotic fluid.
- The test paper could be used on a soaked pad to ascertain preterm labor.
- The nurse would have placed the documentation in the clinical record.
- The difference between Braxton hicks and preterm labor is a change in the cervix.
- Birthing can be spontaneous.
- If nursing had called her regarding a report from the officer concerning the passing of vaginal fluids, either mucus or amniotic fluid or bloody show an evaluation would be required including testing with the Nitrazine paper.
- Mucus discharge could occur for weeks.
- The patient would be sent to the hospital if she was gushing fluid.
- Due to the limited cognition of the patient, the reporting of gushing clear fluid, putting everything together the patient should have been assessed.

On 3/23/18 at 2 PM during an interview Correctional Nurse Fialla stated the following:

- Correctional Nurse Fialla has 14 years working as an OB/GYN post-partum and nursery nurse at Hartford Hospital.
- She also worked at Middlesex Hospital in the labor and delivery.
- Correctional Nurse Fialla currently working as a staff nurse in the York facility.
- Certification in labor and delivery expired five years ago. Did not receive in-service or training from CMHC regarding labor and delivery or preterm labor.
- On 2/12/18 Correctional Nurse Fialla saw the patient after a complaint of lower pain.
- The abdomen was palpated, and the patient did not really complain.
- Patient had no loss of vaginal fluids and there was no bleeding.
- Patient's vital signs were completely normal.
- The baby was positioned appropriately and was felt kicking.
- Patient's assessment lasted for about 30 minutes.
- On 2/12/18 the patient reported round ligament pain (5/10, pain scale).
- Round ligament pain during pregnancy is the pressure of the baby and the ligament stretching in preparation delivery.
- Nursing scope of practice at York includes palpation of the abdomen to ascertain preterm labor.

- *Although Correctional Nurse Fialla indicated assessment was completed regarding preterm labor, the clinical record did not reflect the information.*
- Correctional Nurse Fialla claimed that she did not speak to custody officer(s) on 2/13/18 at 4:42 AM
- *Although Correctional Nurse Fialla stated custody did not call the medical unit on 2/13/18 at 4:42, observations of unit camera reflected Correctional Nurse Fialla took the call.*
- Correctional Nurse Fialla claimed that she did not take a call from the custody staff on 2/13/18 at 6:15AM. Custody staff reported the patient was passing blood clots.
- *Camera observation during the interview at that time and date (2/13/18 at: 42 and 6:15 AM revealed Correctional Nurse Fialla took the calls.*
- No reason for concern.
- If custody was concerned they would have called a Code White earlier.
- If the officer had called the medical unit with the information that the patient was leaking fluid the directions from Correctional Nurse Fialla would have been to call a Code White or have the patient brought to the medical unit for assessment.
- Litmus paper could be used to ascertain preterm labor if the patient was leaking vaginal fluid.
- Correctional Nurse Fialla was the nurse with the most OB/GYN experience at the time of the incident.
- If the information regarding vaginal discharge was reported to Correctional Nurse Fialla the decision would have been to send the patient out.
- If the officer had called to report that the patient was passing blood clots Ms. Laboy would have been seen.
- Although Correctional Nurse Fialla read the CMHC policy that would direct her action for a patient who fit Ms. Laboy's profile when asked during the interview she could not recall what to do.
- If a patient had the same signs and symptoms as Ms. Laboy, that is, water broke or there was "fluid ruptured" the patient would have been sent out.
- Ms. Laboy could have been placed in the medical unit overnight for observation, but this would have to include notification of the on call MD. MD was not notified of the patient's condition.
- Correctional Nurse Fialla reported an assessment for preterm labor was done at the time. *The time (10 minutes per camera observation during the interview) the patient spent on the medical unit was insufficient for such assessment. Cunnunghan, Leveno, et al., (2014), labor assessment guidelines directs monitoring of contractions to ascertain labor should be a one hour timeframe by counting the minutes from the beginning of one contraction to the beginning of the next. Nurse Fialla palpation of Ms. Laboy's abdomen would not have taken much time.*

Brianna Simmons was interviewed on 3/23/18 at 3:15 PM and she stated the following:

- Training in labor and delivery was received in nursing school.
- CMHC did not provide training or in-service regarding labor and delivery.
- She received call from unit officer at the beginning of the shift.

- She directed the officer to send patient over.
- The patient was assessed by Correctional Nurse Fialla.
- Correctional Nurse Simmons was not involved in the assessment.
- Correctional Nurse Simmons did not receive any other phone call(s) about the patient.

On 3/28/18 at 6:30 AM Correctional Officer, Sondra Maddox Medical Unit assigned Correctional officer reported that:

- At the beginning of the shift Ms. Laboy was brought to the unit via a wheelchair and Correctional Nurse Fialla provided service to her.
- Correctional Nurse Fialla was heard stating that Officer Ortiz was concerned Ms. Laboy was going to have the baby. Correctional Nurse Fialla confirmed that there was no way Ms. Laboy was in labor because Ms. Laboy was eight months pregnant and the baby would not be born in the unit.
- Correctional Nurse Fialla did not perform a cervical exam, she stated to officer Maddox that it was not within her scope of practice. The patient was sent back to her housing unit.
- At about 5 AM in the morning a call came into the unit and Correctional Nurse Fialla spoke with the caller.
- Correctional Nurse Fialla was overheard saying "I told Officer Ortiz when he came down here burning the wheels off the wheel chair that a baby would not be birthed the housing unit tonight, she is not in labor."
- Correctional Nurse Fialla reassured the officer that Ms. Laboy was not in labor by stating she had been a labor and delivery nurse for 14 years and she knew the inmate was not going to have a baby.
- At around 6:15 AM Officer Ortiz called the medical unit in a panic. He may have called Officer Maddox's line because he was probably nervous.
- He stated "Oh my god, Maddox, the inmate is having blood clots."
- The officer stated, "Oh my god you probably should send her over." Correctional Nurse Fialla grabbed the phone from me and took over the conversation.
- Correctional Nurse Fialla told Officer Ortiz if there were blood clots the baby would be coming soon, so there is no way there is blood clots.
- Within minutes after this conversation Officer Surriera called a code white over the radio.

Diane Carter Nursing Supervisor was interviewed on 5/7/18 at 9:38 AM, she stated the following:

- The minimum medical staffing allocation is not the minimum number that should be used to run the facility.
- Reasonable allocation on the night shift should be four nurses.
- The evening staff was responsible for allocating a fourth person if one was needed.
- The supervisor depended on nurses who worked in labor and delivery prior to joining CMHC.
- The experienced labor and delivery nurses coach other nurses who might need help.
- Dr. Manchinski put a power point together (*did not provide the tile or content*).

- On 2/13/18, Correctional Nurse Fialla told the nursing supervisor that she had seen Ms. Laboy and she was not in labor.
- The Nursing Supervisor responded to a code that involved Ms. Laboy.

Interview with Ron Labonte Health Services Administrator on 5/7/18 indicated the following:

- Minimum safe staffing at York is three nurses.
- Communication is not provided to the Warden regarding staffing pattern.
- Staff complained about insufficient staffing on the 3rd shift.
- If an officer called the medical unit regarding an inmate change in condition the expectation was to ask the officer to bring the patient down to the medical unit.
- If the officer spoke to Correctional nurse Fialla regarding the patient having a discharge the expectation is that the officer should bring the patient to the medical unit or call a code.
- At 6:15 AM when the officer called the medical unit, regarding the patient having a "bloody show" the expectation was for the nurse to see the patient and conduct an assessment.
- Resources tend to be decreased at shift change so staff may say call a code.
- If the officer did not get the response he needed from medical he should call a code.
- The officer should have called a supervisor regarding the inmate's condition.
- Nurses employed at York do not have to have labor and delivery experience.
- Nurses employed at the York facility receive all required in-service training and do not receive training specific to labor and delivery. The training is received as part of their nursing training in nursing school.
- He did not recall specific training regarding labor and delivery.
- Basic training on how to ascertain labor was obtained in nursing school.

Interview with Connie Weiskopf the Director of Nursing Services on 5/5/17 at 10:48 AM, she stated the following:

- RN assessment in the clinical record did not include assessment to ascertain whether the patient was in labor.
- The expectation of licensed staff was to "get a clear picture" of request, then to respond based on the request.
- If the correctional officers called at 4:42 AM and 6:15 AM regarding pain for the same patient, the nurses should have called the patient down.
- There is no policy in place to direct how the nurses react to calls from custody, just clinical judgment.
- The protocol for a pregnant person complaining of symptoms and pain such as abdominal pressure, discharge and bloody show would include a complete assessment.
- Staff were not trained to assess for labor and the Director was unaware of what training for labor would include.
- Uncertainty regarding the training afforded nurses concerning preterm labor assessment.
- There is an emergency kit that can be used for emergencies related to pregnancy.

Interview with Mike Nicholson on 5/7/18 at 11:44 AM, stated the following:

- Mike Nicholson was responsible for the training and education of nurses including nurses who worked at the York facility.
- Nurses were not trained or received in-services regarding labor and delivery to include preterm labor.
- Training regarding labor and delivery could have been provided at the facility level.

Policy Review

CMHC Perinatal Care Policy #G7.01 dated 11/2017, directed in part that when an inmate patient identifies signs of labor she shall notify the correctional officer on her unit. **She shall be taken to the outpatient medical unit for evaluation.** York correctional institution does not provide delivery services to inmate patients at the facility. If labor is verified or the staff is uncertain of her status, arrangements to take her to Lawrence and Memorial Hospital shall be made. She may be transported by car if delivery is not deemed imminent or a high-risk situation is not involved. The policy failed to provide guidance regarding assessment for preterm labor.

Policy A1.9 Infirmary Admission criteria date 12/2017, directed in part, that the infirmary provides skilled services for inmate patients formally admitted to that area for a period of 24 hours or longer, for inmate patients not in need of hospitalization in the community. *Admission to the infirmary has to be under the direction of practitioners' higher level than a registered nurse. Ms. Laboy was not afforded the benefit of an infirmary admission because a Medical Provider above the level of a Registered Nurse (RN) was not notified regarding her change in condition.*

Staffing Plan for Functional Unit 5

Infirmary Nights Nursing Assignment (3rd shift) 4 nurses

Training

Documentation and interviews did not provide evidence that CHMC staff received training or in-service regarding identification of preterm labor.

Community Standards

A birth that occurs between 20 weeks of pregnancy and 37 weeks is called preterm birth. In addition, preterm labor is defined as regular contractions of the uterus resulting in changes of the cervix that starts before 37 weeks of pregnancy (The American College of Obstetricians and Gynecologist n.d.). Warning signs of preterm labor include: five or more uterine contractions in one hour, watery fluid leaking from the vagina, low dull backache that is felt below the waistline that may come or go or is constant, pelvic pressure, abdominal cramps.

According to the Mayo Clinic, tests and procedures to diagnose preterm labor include:

Pelvic exam: The health care provider might evaluate the firmness and tenderness of the uterus and the baby's size and position. **Examination of pelvic exam determines whether the cervix has begun to open. This is not within the scope of a Registered Nurse at the York facility.**

Ultrasound: A trans-vaginal ultrasound might be used to measure the length of the cervix. An ultrasound might also be done to check for problems with the baby or placenta, confirm the baby's position, assess the volume of amniotic fluid, and estimate the baby's weight. **This is not within the Scope of Practice for a Registered Nurse at the York facility.**

Uterine monitoring: A uterine monitor equipment may be used to measure the duration and spacing of contractions. Interpretation of such result is not within the scope of Registered Nurses.

Lab tests: A swab of vaginal secretions to check for the presence fetal fibronectin may be used to determine preterm labor. Fetal fibronectin is a substance that acts like a glue between the fetal sac and the lining of the uterus and is discharged during labor. (The American College of Obstetricians and Gynecologist n.d.).

Conclusion:
The patient is 21 years old with a history of ADHD, depression, anxiety disorder, and bipolar disorder. The estimated due date was 3/17/18. During incarceration, her pregnancy was routinely managed by the nursing and prescriber obstetrics-gynecology staff at the York Institution.

The clinical record revealed that the pregnancy was considered to be high risk due to evidence of a "vanishing twin sac." Vanishing twin syndrome refers to the spontaneous loss of one developing baby early in a multiple pregnancies (Anderson-Beery and Issacs, 2016). Ms. Laboy's pregnancy started as a vanishing twin syndrome. Although Dr. Manchinski indicated during the interview that the pregnancy was low risk, clinical record reviewed noted "high-risk pregnancy." According to Anderson-Beery and Issacs (2016), further noted that singleton pregnancies reduced to singleton because of vanishing twin syndrome are more likely to be delivered preterm (35.1 vs. 38.2 weeks). Based on this premise, Ms. Laboy was at risk for preterm delivery.

Three Correctional officers reported that the medical unit was called at different times on 2/12/18 and 2/13/18, regarding the patient's change in condition. The condition change included broad ligament pain, pain assessment intensity noted were 5,6 and 9 on pain scale 1-10, discharge of clear vaginal fluid and passing of blood clots. Medical staff (Correctional Nurse Fialla) failed to appropriately follow CMHC policy to assess the patient and /or notify a physician.

The Correctional Officers called the medical staff twice without substantive response, once at4:42 AM and also at 6:15 AM. Since there was no medical response to the 4:42 AM telephone call regarding Ms. Laboy expressed increased pain and discharge, the officer needed to call medical again at 6:15 AM. Unfortunately, medical staff failed to respond. Ms. Laboy birthed the baby at around 6:45 AM.

Although Correctional Nurse Fialla denies receiving the calls, cameras in the officers' and medical units showed the officers making the calls and she receiving the calls. Officer Maddox reported that Ms. Fialla spoke to Officer Oritz regarding Ms. Laboy's condition. Ms. Fialla also claimed to have done assessment but camera observation showed the patient was only on the unit for about 10 minutes. According to Cunnunghan, Leveno, et al., (2014) the assessment guidelines for labor, in order to monitor contractions to ascertain labor, contractions should be monitored for one hour by counting the minutes from the beginning of one contraction to the beginning to the next . Palpation of the abdomen would not have taken much time.

Assessment of preterm labor was as easy as using a test strip (Nitrazaine paper) to soiled pad or garment. A blue strip is indicative of amniotic fluid release. In addition, Correctional Nurse Fialla should have included the assessment information in the clinical record.

Identified Issues:

- Nurse Fialla staff failed to adhere to Perinatal Care Policy #G7.01
- CMHC Perinatal Care Policy # G7. 01 failed to include direction to determine preterm labor.
- Registered Nurses failed to refer the patient to a provider after three complaints of impaired uterine integrity (bleeding or discharge).
- CMHC staff were not trained or in-serviced to identify preterm labor.
- Nurse Fialla failed to respond to unit officers regarding a patient's change in condition.
- Although administration indicated that staffing was adequate, interviews revealed that staffing allocation during the night shift was not in accordance with CMHC staffing allocation on the third shift. The staffing plan for Functional Unit 5(York) is four nurses (MOU 2012).

UCHC/CMHC violated the following:

Consent Decree West vs Manson

Medical Care

F. Pregnant inmates
Healthcare needs must be coordinated between the medical department and the consultant obstetrician to ensure that special fetal maternal risk are identified and jointly managed to optimize the pregnancy outcome.

Consultant obstetrician was not available for on call management of pregnant patients, although pregnant patients were included in the inmate population at the York facility.

MOU between CTDOC and UCHC for the Provision of Health Services to Inmates Patients 2012

VIII Scope of Agreement

B. Staffing

2. UCHC will be responsible for maintaining a sufficient number of direct healthcare and support to staff to provide adequate and timely evaluation, supervision and treatment consistent with the obligation of this agreement.

UCHC 's failure to provide four nurses on the third shift as required by the staffing plan.

4. Orientation, Training and Education

c. Training- Both UCHC and CTDOC shall provide training. Training may be in subjects related to specific job duties.

UCHC failed to provide training that would assist nursing staff to identify preterm labor in pregnant inmates.

IX Scope of Health Services

A. Health Services Plan

l. *Access to Care* UCHC and CTDOC shall provide all inmate patients access to healthcare services that meet Community Standards.

Nurse Fialla failed to provide care and service to a pregnant patient who had a change in condition (bloody show and vaginal discharge).

A. Health Services and Supplies Provided by Physicians and other Healthcare Professionals.

3. Healthcare Services

e. Emergency Service UCHC shall ensure that all staff working in CTDOC facilities are familiar with, and comply with, procedures for responding to and effectively managing medical emergencies in CTDOC facilities, as well as procedures for obtaining medical care for both staff and inmate patients.

Nurse Fialla lack of response to custodial notifications regarding a pregnant patient's change in condition resulted in a Code White. A baby was birthed in a toilet as a result of the lack of timely response.

k. *OB/GYN Services*- UCHC shall provide prenatal and postpartum services for inmate patients in CTDOC facilities. UCHC shall arrange for childbirth /delivery at an outside hospital

Nurse Fialla's conduct resulted in a baby being birthed in the toilet.

E. Compliance with DOC Administrative Directives

1. *Employee Conduct*- All personnel providing healthcare to inmate patients, whether employed directly by UCHC or not, will comply with all applicable CTDOC Administrative Directives including but not limited to those standards of employee conduct as contained in the CTDOC Administrative Directives

Nurse Fialla failed to comply with Administrative Directive 2.17 as described below.

Administrative Directive 8.10 Quality Assurance and Improvement

Components of the Quality Assurance and Quality Improvement Program

Health Care. To monitor all aspects of healthcare including admission, screening and evaluations of sick call services, chronic disease services, infirmary care, nursing services, pharmacy services, diagnostic services, psychiatric services, dental services, and adverse patient occurrences

UCHC/CMHC failed to provide training regarding preterm labor.

Violation of CMHC Policies

Nurse Fialla failed to adhere to Perinatal Care Policy #G7. 01 *which directed the transportation of a pregnant patient in preterm labor to an outside hospital.*

Nurse Fialla failed to notify the on-call provider regarding the patient's change in condition. Policy A1 .9 Infirmary Admission directs *admission to the infirmary for further observation and evaluation. Ms. Laboy was not afforded the benefit of an infirmary admission because Nurse Fialla failed to notify a Medical Provider above the level of a Registered Nurse (RN) regarding the patient's change in condition.*

Administrative Directive 2.17, Employee Conduct

5. Standards of Conduct.

A. Each employee shall:

1. Comply with all federal and state statutes and regulations, administrative and unit directives, department and unit policies and procedures, post orders and lawful orders/instructions.

Nurse Fialla failed to assess a patient who exhibited a change in condition.

B Each employee shall:

2. Enforce all rules, regulations, and policies of the Department as appropriate.

Nurse Fialla failed to cooperate truthfully during this investigation when she reported that correctional officers did not call her regarding the patient's change in condition.

The following behavior shall be strictly prohibited:

3. Neglect of duty or failure to supervise.

Nurse Fialla failed to assess a pregnant patient when custodial staff reported a change in condition.

B. The following behavior shall be strictly prohibited:

1. Any act that jeopardizes the security of the unit, health, safety, or welfare of the public, employees or inmates.

Nurse Fialla failed to assess a pregnant patient when custodial staff reported a change in condition resulting in the baby being birthed in the toilet.

Recommendations:

- All staff at the York Institution provided with training regarding labor and delivery.
- Review of Perinatal Care Policy G7.01 to include guidance to address assessment for preterm labor.
- Review of current staffing allocation to address facility needs.
- Review of whether CTDOC should seek on call ob/gyn services.

References

Anderson-Beery and Issacs. (2016). Vanishing Twin Syndrome. Medscape. Retrieved from https://emedicine.medscape.com/article/271818-overview#a6

CMHC policies A 1.9; & G 7.01

CTDOC Administrative Directives

CTDOC / CMHC MOU 2012

Connecticut Board of Examiners for Nursing Competency/Scope of Practice. (2002). Decision making model. Retrieved from https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/phho/Nursing_Board/Guidelines/decisionmodpdf.pdf?la=en

Cunnunghan, F. Leveno, K., et al. (2014). *Williams Obstetrics*: 24th Edition. McGraw Hill.

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State of Connecticut Department of Correction ADMINISTRATIVE DIRECTIVE	Directive Number 2.17	Effective Date 09/26/14	Page 1 of 7
	Supersedes Employee Conduct dated 6/3/2013		
Approved By Interim Commissioner Scott Semple	Title Employee Conduct		

1. Policy. Each employee of the Department of Correction shall engage in appropriate and ethical conduct while carrying out official duties and while engaged in off duty activities which directly reflect on the Department.

2. Authority and Reference.

A. Public law 108-79. Prison Rape Elimination Act of 2003.
B. 28 C.F.R. 115, Prison Rape Elimination Act National Standards.
C. United States Code, 5 USC 1501 through 1508 (Hatch Act).
D. Connecticut General Statutes, Sections 1-79 through 1-80, 1-81 through 1-86, 1-86e through 1-89, 5-266a through 5-268, 18-81,21a-267(d) 53a-65, 53a-71, 53a-73a, 53a-174 and 53a-174b.
E. Public Act 11-71, An Act Concerning the Penalty for Certain Non-Violent Drug Offenses.
F. Administrative Directives 1.10, Investigations; 1.12, Employee Legal Counsel/Representation; 1.13, Code of Ethics; 2.1, Equal Employment Opportunity and Affirmative Action; 2.2, Sexual Harassment; 2.6, Employee Discipline; 2.11, Employee Dependability; 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; 9.6, Inmate Administrative Remedies; and 10.7, Inmate Communications.
G. American Correctional Association, Standards for Administration of Correctional Agencies, Second Edition, April 1993, Standards 2-CO-1A-29, 2-CO-1C-01, 2-CO-1C-04, 2-CO-1C-11 and 2-CO-1C-20.
H. American Correctional Association, Standards for Adult Correctional Institution, Fourth Edition, January 2003, Standards 4-4024, 4-4048, 4-4056, 4-4063 and 4-4069.
I. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-7E-21, 4-ALDF-7C-01 and 4-ALDF-7C-02.
J. American Correctional Association, Standards for Adult for Probation and Parole Field Services, Third Edition, August 1998, Standards 3-3032, 3-3047, 3-3053, 3-3060 and 3-3068.
K. American Correctional Association, Standards for Correctional Training Academies, First Edition, May 1993, Standards 1-CTA-1C-01, 1-CTA-1C-07, 1-CTA-1C-12 and 1-CTA-1C-14.

3. Definitions and Acronyms. For the purposes stated herein, the following definitions and acronyms apply:

A. CD. Compact Disc.
B. DOC. Department of Correction.
C. DVD. Digital Video Disc.
D. Electronic Devices. Any personal electronic wireless communication device to include but not limited to a cell phone, pager, blackberry, or personal digital assistant (PDA).
E. Immediate Family Member. A spouse, parent or step parent, child or stepchild, grandparent or step grandparent, sibling or stepsibling, grandchild or step grandchild, or cohabitant.
F. Inmate. An individual under the supervision of the Department of Correction, or having any continuing sentence under the Department's supervision including but not limited to parole or community supervision.

G. MP3. An audio format for consumer audio storage and playback of music on digital audio players.
H. PDA. Personal Digital Assistant.
I. PREA. Prison Rape Elimination Act.
J. Sexual Abuse. For the purposes of this directive, Sexual Abuse shall be defined in accordance with Section 3 of A.D. 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.

4. Employee Responsibility. Each employee of the Department shall act in a professional, ethical and responsible manner. Each employee shall become familiar with the tables of organization depicting the Department and Unit chains of command. Each employee shall show respect to any ranking member of the Department and shall obey any lawful order of a supervisor. An employee given an instruction or order which conflicts with a previous instruction or order shall inform the present supervisor of the conflict and follow the order as directed. Questions regarding any of the provisions contained in this Directive shall be directed to the employee's Unit Administrator or designee.

5. Standards of Conduct.

A. Each employee shall:

1. Maintain compliance with all PREA Standards.
2. Comply with all federal and state statutes and regulations, administrative and unit directives, department and unit policies and procedures, post orders and lawful orders/instructions.
3. Enforce all rules, regulations and policies of the Department as appropriate.
4. Ensure that a safe, secure and sanitary work environment is maintained.
5. Remain alert, aware of, and responsive to the surroundings at all times.
6. Remain on assigned post until properly relieved and/or remain at worksite as required. No employee shall be authorized to leave facility grounds without authorization from a supervisor.
7. Comply with official notices and roll call and other instructions.
8. Meet all employee responsibilities for dependability.
9. Report any arrest or receipt of any criminal summons, any charge of infraction of C.G.S. 21a-267(d) (Prohibited Acts re: Drug Paraphernalia) and/or any protective or restraining order received from a law enforcement agency or court, to an appropriate supervisor prior to returning to work or within 48 hours (whichever occurs first). Such violations are subject to investigation in accordance with A.D. 1.10. This requirement shall not apply to summons received for minor traffic violations. An employee shall submit supporting documentation of arrest, or receipt of summons. Employees who have been arrested must inform their supervisor of the disposition of their charges within 48 hours of a disposition being reached (to include, but not limited to, convictions, dismissal of charges, nolles, accelerated rehabilitation, probation, suspended sentences, continued without finding, payment of fines, and special terms and conditions of the court). The employee must also submit supporting documentation of the disposition within 48 hours after disposition. Any employee on extended leave shall report any arrest or receipt of summons,

and subsequent disposition, to the Unit Administrator within 48 hours.

10. Report the receipt of any civil summons that impacts employment (e.g., named as a defendant in an employee or inmate lawsuit, restraining order, capias, contempt of court, etc.) associated with the employee's duties to an appropriate supervisor on or by the next scheduled work day, but no later than 48 hours after receipt of the summons.
11. Provide the Office of the Attorney General with relevant documents, subpoenas or other materials related to legal action with which they are involved in accordance with Administrative Directive 1.12, Employee Legal Counsel/Representation. Staff shall cooperate in all inquiries, depositions, interrogatories, or other legal processes that will assist the Legal Affairs Office and/or the Office of the Attorney General.
12. Inform the appropriate supervisor and the Human Resources Unit, in writing, of any change of address and/or telephone number within 48 hours.
13. Report to an appropriate supervisor any condition or use of medication the employee is taking, that may affect job performance or judgment.
14. Report any medication brought into the worksite and maintain any personal property and medication in a secure manner.
15. Act in a professional manner showing respect to other employees and the public.
16. Respect and protect the rights of inmates.
17. Maintain good stewardship of all state property and equipment.
18. Maintain appropriate demeanor at all times.
19. Be courteous and accommodating in all dealings with the public, to include telephone etiquette.
20. Report, in writing, to a supervisor when a friend or relative is or becomes incarcerated in any Connecticut DOC facility within 48 hours of discovery.
21. Cooperate fully and truthfully in any inquiry or investigation conducted by the Department of Correction and/or any law enforcement, regulatory or state agency.
22. Appropriately file information as required by the State Ethics Commission in accordance with Administrative Directive 1.13, Code of Ethics.
23. Promptly report to a supervisor any threat, harassment, physical or verbal abuse, assault, or act of intimidation. Incidents of discrimination or sexual harassment shall be reported in accordance with Administrative Directives 2.1, Equal Employment Opportunity and Affirmative Action and 2.2, Sexual Harassment.
24. An employee must receive written authorization from his/her Unit Administrator and the Unit Administrator housing the incarcerated family member in order to visit, phone or correspond with such family member.

B. The following behavior shall be strictly prohibited:

1. Any act that jeopardizes the security of the unit, health, safety, or welfare of the public, employees or inmates.
2. Excessive or unnecessary use of force.
3. Unauthorized possession of non-department issued firearms or other weapon while on duty or state property.
4. Conveyance or possession of unauthorized items within, into or out of a facility, or other correctional unit.
5. Neglect of duty or failure to supervise.

6. Sleeping or inattentiveness while on duty.
7. Possessing unauthorized items while on duty (e.g., reading materials, personal electronic devices, etc.).
8. Abuse of sick time, accrued leave or workers' compensation.
9. Reporting to work in an impaired condition as a result of the use of alcohol, an illegal drug, or any medication. Employees shall not consume alcohol while on duty or in uniform.
10. Entering a correctional unit when off duty unless previously authorized.
11. Engaging in abusive, obscene, threatening, intimidating language or behavior.
12. Engaging in unprofessional or illegal behavior, both on and off duty that could reflect negatively on the Department of Correction or conflict with the Department's mission, to include association or membership with security risk groups, criminal enterprises, hate groups, or groups of high interest to law enforcement. It shall be the employee's responsibility to seek written clarification from the Unit Administrator regarding such association or membership.
13. Engaging in any activity, which would conflict with the proper discharge of or impair the independence of judgment in the performance of duty.
14. Engaging in bartering, gambling or games of chance with inmates.
15. Engaging in retaliation or reprisal (to include coercion or threatening behavior) against an inmate for participating in activities that are protected by law or directive. Such protected activities include, but are not limited to:

    a. filing an appeal, grievance or property claim in accordance with Administrative Directive 9.6, Inmate Administrative Remedies;
    b. accessing courts; and,
    c. engaging in privileged correspondence in accordance with Administrative Directive 10.7, Inmate Communications.

16. Engaging in undue familiarity with inmates which includes, but shall not be limited to, the following:

    a. any sexual contact between an employee and an inmate and/or person under the Department's supervision, or continuing sentence under the Department's supervision including but not limited to parole or community supervision;
    b. sexualizing a situation without physical touching such as partaking in activities involving suggestive or pornographic photographs, suggestive or explicit letters or behavior which provides sexual gratification;
    c. personal involvement in an inmate's private or family matters outside assigned professional duties;
    d. performing personal favors for inmates outside assigned professional duties;
    e. discussing with an inmate any matter pertaining to the inmate's crime(s) or the crime(s) of other inmates (except as required pursuant to official business);
    f. discussing with an inmate personal and/or business matters of employees;
    g. discussing security operations of a facility with an inmate;

h. inconsistently enforcing facility rules to favor an inmate or group of inmates over other inmates or groups of inmates;
i. having personal work done by an inmate;
j. visiting, corresponding with or accepting telephone calls, personal notes or letters from an inmate who is under the custody of the Department (except for an immediate family member AND only when authorized in writing by the employee's Unit Administrator and the Unit Administrator of the facility where the immediate family member is incarcerated);
k. housing an inmate who is under the custody of the Department (to include an inmate on community supervision), at the employee's home (except for an immediate family member AND when authorized in writing by the employee's Unit Administrator and the Director of Parole and Community Services);
l. entering into a personal or business agreement with an inmate, including, but not limited, to acting as a bail bondsman for an inmate or providing the resources for the inmate to bond out without prior notification to the Unit Administrator; and,
m. Transporting an inmate to an unauthorized location.

17. Engaging in behavior which is sexually, emotionally, or physically abusive or harassing toward the public, employees or inmates.
18. Unauthorized appropriation or use of any property belonging to the public, state or an inmate for personal, political or union purposes (i.e., computers, electronic mail, Department letterhead, etc.).
19. Release of any confidential information or unauthorized or inaccurate release of information, records, or documents.
20. Falsification, unauthorized alteration, or destruction of documents, log books, and other records, including job applications.
21. Use of official position, uniform, identification or badge to gain any personal advantage or an advantage for another in any improper or unauthorized manner.
22. Engaging in conduct that constitutes, or gives rise to, the appearance of a conflict of interest.
23. Unauthorized acceptance of any item or service for oneself or family members, including but not limited to, a gift, loan, political contribution, reward or promise of future employment as outlined in Administrative Directive 1.13, Code of Ethics.
24. Engage in any political activities that conflict with state and federal laws to include the Hatch Act.
25. Failure to follow a lawful order.
26. Engaging in insubordination.
27. Failure to cooperate with a Department investigation.
28. Lying or giving false testimony during the course of a Department investigation.
29. Intentionally withholding information necessary for the completion of an investigation.
30. Failure to properly conduct tours and/or inmate counts.
31. Engaging in behavior to include lying or spreading false rumors that purposely defame the character of an employee, the public or the Department.

32. Engaging in any behavior or activity prohibited by Administrative Directives 2.1, Equal Employment Opportunity and Affirmative Action and 2.2, Sexual Harassment.
33. Engaging in retaliation, coercion, intimidation, harassment, threats or discrimination against any employee.
34. Conveying or possessing the following in a correctional facility unless authorized in writing by the Unit Administrator or higher authority:

    a. any personal electronic wireless communication device (to include, but not limited to, a cellphone, pager, blackberry device, personal digital assistant (PDA));
    b. any audio recording or playback device (to include, but not limited to, a radio, tape/CD player, ipod or MP3 player); or,
    c. any photographic/video recording or playback device (to include, but not limited to, a television, DVD player, ipod, MP3 player, or electronic/video game).

6. Staff Discipline In accordance with Administrative Directive 2.6 staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse or harassment policies. Termination is the presumptive disciplinary sanction for staff that have been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

7. Supervision of Family Members. An employee shall not be employed in any position that places the employee above or under the chain of command or possible supervision of any immediate family member as defined in Section 3(A), nor shall the employee be placed above or under the chain of command or possible supervision of any immediate family member of the employee's spouse or cohabitant. Such relationships must be reported by the family member of higher rank, in writing, to the Unit Administrator.

   A relationship between family members who are not immediate family as defined in Section 3(A) of this Directive may preclude placement of an employee in a chain of command. Such relationships shall be evaluated by the appropriate Division Head on a case by case basis.

8. Staff Relationships.

   A. Supervisor/Employee Relationships. Any supervisor or manager who becomes romantically or intimately involved with a Department employee in the chain of command must report such relationship so that the Department can take appropriate actions to ensure assignments do not result in a conflict of interest or possible supervision. The supervisor or manager involved in the relationship must report such relationship, in writing, to the Unit Administrator. Failure to do so shall result in discipline.
   B. Employee/Employee Relationships. Employees who become romantically or intimately involved with one another shall be required to maintain a professional demeanor while on duty or on state property. It shall be the employees' responsibility to ensure said relationship does not affect their ability to carry out the duties and responsibilities of their respective positions.
   C. Outside Business Relationships. An employee who owns or runs an outside business shall be prohibited from employing any supervisor or

subordinate in his/her chain-of-command. Conversely, an employee shall be prohibited from working for any supervisor or subordinate in his/her chain-of-command who owns or runs an outside business.

9. Reporting Policy and/or Conduct Violations. Each employee shall report to a supervisor or appropriate personnel any policy violation or breach of professional conduct involving the public, employees or inmates under the jurisdiction of the Department of Correction.

10. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.

State of Connecticut Department of Correction ADMINISTRATIVE DIRECTIVE	Directive Number 6.2	Effective Date 3/19/2015	Page 1 of 2
	Supersedes Facility Post Orders and Logs, dated 8/01/2005		
Approved By: Commissioner Scott Semple	Title Facility Post Orders and Logs		

1. Policy. Each correctional facility and unit shall establish and maintain a post order for each authorized custodial post. Written logs shall be maintained to document routine and emergency activity.

2. Authority and Reference.

   A. Connecticut General Statutes, Section 18-81.
   B. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-3A-01.
   C. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4178, 4-4179 and 4-4183.
   D. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-2A-04, 4-ALDF-2A-11 and 4-ALDF-2A-12.
   E. Administrative Directive 6.1, Tours and Inspections, 6.12, Sexual Assault Prevention and Intervention.

3. Definitions. For the purposes stated herein, the following definitions apply:

   A. Facility Log. A master daily record of events detailing significant security and operations activities by shift at a correctional facility.
   B. Log. A permanent hardbound volume with pre-numbered pages used to document events in chronological order by day, shift and time respectively.
   C. Post. A specific custodial work assignment within a correctional facility.
   D. Post Orders. Written procedures, job requirements, guidelines and tasks for conducting operations at a specific post or station in a correctional facility.
   E. Station. A defined base of operations which is the focal point of activity for one (1) or more posts (e.g., program and service areas).

4. Facility Post Orders. Each post shall have a corresponding post order which shall include the following information:

   A. The purpose of the post and the duties and procedures to be followed on a daily basis, to include emergency response requirements.
   B. A list of Administrative or Unit Directives which shall be maintained at the post or station.

5. Initial Post or Station Assignments. Prior to initial assignment to a post or station, and when a new log is started, an employee shall indicate in the dedicated section at the end of the station log by signature, date and time that the employee has read and understands the post order.

6. Log Entries. Each entry shall be legible, relevant and professionally drafted and shall include the name and title of the individual after each log entry. Each entry made in a log shall be in non-erasable ink. The Unit Administrator and Deputy Warden shall use green ink to record log entries, managers and supervisors shall use red ink, and line staff shall use black or blue ink.

   No page shall be removed and nothing shall be erased in a log. Any error shall be corrected by drawing a single line through the incorrect entry. The date and time of the correction, along with the initials of the staff member making the correction, shall be entered next to the section being corrected. The use of correction fluid or tape shall be prohibited.

7. Facility Log. Each facility shall maintain a facility log to include, at minimum, entries in accordance with Attachment A, Facility Log Entries.

8. Station Log. A log shall be maintained at each post and station to include, at a minimum, entries in accordance with Attachment B, Station Log Entries.

9. Log Review. The review of logbooks shall be as follows:

   A. Station Log. Each station log in housing units and high activity areas shall be reviewed and signed by a custody supervisor twice a shift in accordance with Administrative Directive 6.1, Tours and Inspections. All other station logs shall be reviewed and signed daily by the respective area supervisor (i.e., Maintenance Supervisor, Food Service Supervisor, etc.). Station logs shall be reviewed and signed weekly by the respective Unit Department Head or Deputy Warden.

   B. Facility Log. Each custody supervisor shall read and sign the facility log at the beginning and end of each shift. Entries shall be read since the custody supervisor's last tour of duty. Each Deputy Warden shall review the Facility Log daily. The Unit Administrator shall review all new entries to the facility log at least once a week.

10. Inmate Access. Inmate access to any post order or log shall be prohibited.

11. Log Automation. Any log required under this Directive may be maintained on a computerized system as authorized by the appropriate Division Head. Any such system shall provide for routine backup and for a secure mechanism to prevent erasure of entries.

12. Exceptions. Any exception to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.

Station Log Entries

Connecticut Department of Correction

Attachment B
REV 3/19/15
AD 6.2

The Station Log shall be filled out to include, but not be limited to, the following:

1. Date, time, shift and names of all staff assuming the post or station, to include any changes in personnel during the shift.
2. Admissions and releases (where applicable).
3. Population counts, clearance or changes.
4. Cell or bed changes by inmate name, number and reason.
5. Any mass movement activity.
6. Any reportable incident in accordance with Administrative Directive 6.6, Reporting of Incidents, to include names of staff involved.
7. Any special management issue, including activities that comply with an administrative or unit directive (e.g., suicide watch, placement in restraints, etc.).
8. Physical security inspections of post or station area to include cells, walls, windows, bars, locking mechanisms, furnishings, vents, fire extinguishers, and other security and safety equipment.
9. Any search in accordance with Administrative Directive 6.7, Searches.
10. Weekly inventory of Inmate Housing Locator Cards in accordance with Administrative Directive 9.10, Inmate Identification and Movement.
11. Any restriction of privileges to a unit or individual inmates within the unit.
12. Any remarkable event within station responsibilities.
13. Any visit to the post or station by any personnel or official guests.
14. Required tour of post or station completed by staff.
15. Required tour of post or station by any manager or supervisor.
16. Any relief (e.g., meal break, restroom break, etc.) shall be logged into the Station Log to include the time of the relief, the name of the employee conducting the relief, and the time the employee returns from break.
17. Cross gender supervision announcement as required by A.D. 6.12.

State of Connecticut Department of Correction YORK C.I. UNIT DIRECTIVE	Directive Number 6.1	Effective Date 1/12/2016	Page 1 of 7
	Supersedes Tours and Inspections, dated 6/1/2015		
Approved By: Warden Stephen Faucher	Title Tours and Inspections		

1. Policy. Tours and inspections shall be conducted by staff throughout York Correctional Institution (YCI) in order to enhance safety and security, encourage and facilitate communication among administrators, managers, supervisors, employees, inmates and the public.

2. Authority and Reference.
   A. Public Law 108-79, Prison Rape Elimination Act of 2003.
   B. 28 C.F.R. 115, Prison Rape Elimination Act National Standards.
   C. Connecticut General Statutes, Section 18-81.
   D. American Correctional Association, Standards for the Administration of Correctional Agencies, Second Edition, April 1993, Standard 2-CO-3A-01.
   E. American Correctional Association, Standards for Adult Correctional Institutions, Fourth Edition, January 2003, Standards 4-4016, 4-4180, 4-4184 through 4-4186, 4-4257 and 4-4258.
   F. American Correctional Association, Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, June 2004, Standards 4-ALDF-1A-01, 4-ALDF-2A-05, 4-ALDF-2A-06, 4-ALDF-2A-12 and 4-ALDF-2A-13.
   G. American Correctional Association, Standards for Correctional Training Academies, First Edition, May 1993, Standards 1-CTA-3B-01 and 1-CTA-3E-01.
   H. Unit and/or Administrative Directives 5.3, Life and Fire Safety; 5.4, Toxic Materials and Hazardous Communication Protocol; 6.1 Tours and Inspections; 6.2, Facility Post Orders and Logs; 6.12, Inmate Sexual Abuse/ Sexual Harassment Prevention and Intervention and 10.18, Food Services.

3. Definitions. For the purposes stated herein, the following definitions apply:
   A. Inspection. A thorough examination of a specific area of a correctional facility/unit to ensure appropriate levels of safety, security, order and sanitation.
   B. Mainline Observation. The practice of monitoring inmates during mass movement or assemblage (e.g., feeding, recreation, etc.). A minimum of one (1) custody supervisor shall be present during meals. Unit managers shall escort their unit to and from dining when on duty.
   C. PREA. Prison Rape Elimination Act.
   D. Sexual Abuse. For the purposes of this directive, Sexual Abuse shall be defined in accordance with Section 3 of A.D. 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.
   E. Sexual Harassment. For the purposes of this directive, Sexual Harassment shall be defined in accordance with Section 3 of A.D. 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.
   F. Specialized Housing Unit. A housing unit or section of a housing unit used for the purposes of: restrictive housing, medical/mental health, and orientation/intake or for any other

specialized purpose designated by the Unit Administrator or higher authority. Specialized Housing Units at York CI include Restrictive Housing (3 North); Chronic (3 North); Juvenile and Youthful Offender (2 North); Inpatient and Assessment Medical (4South) and Mental Health (4North); and Orientation/ Assessment units (4South, 3South).

G. Tour. A random, systematic series of inspections in a correctional facility/unit designed to enhance the overall levels of safety, security, order and sanitation; along with the opportunity to communicate with staff and inmates and to reinforce rules and regulations.

H. Facility/Unit Department Heads. Staff assigned to manage and/or oversee a specific area of the facility/unit. For the purposes of this Directive, a Facility/Unit Department Head shall be identified as a(n): Deputy Warden, Parole Supervisor, Institutional Religious Facilitator, Health Services Administrator, School Principal or Educational Administrator, Maintenance Supervisor, Food Services Supervisor, Commissary Manager, Warehouse Supervisor and any other designated personnel.

I. Visit. A walk through of a specific area in a correctional facility/unit to provide staff presence and to observe the overall operation.

4. General Principles. YCI shall develop and implement unit directives which shall require tours, inspections, visits and contacts to: (1) monitor the general conditions and overall climate of the facility/unit; (2) evaluate adherence to policy; (3) inspect for safety, security and sanitation concerns; (4) enhance communication; (5) reinforce the rules, regulations and procedures of the facility/unit; (6) allow inmates to express their concerns to staff; and (7)deter and detect acts of sexual abuse/sexual harassment to include known blind spots in their area of responsibility.

A. Unit Administrators and Deputy Wardens shall be visible and accessible to staff within the facility/unit on a routine basis in order to communicate with line staff and mid-level managers.

B. Unit Administrators, Deputy Wardens, and Department Heads shall be visible within the facility/unit and readily available to the inmate population on a regular, informal basis.

C. Unit Administrators, Deputy Wardens, and Shift Commanders shall attend roll call on a regular basis.

D. Unit Administrators, Deputy Wardens, and Shift Commanders shall conduct mainline observation at least once per week. Other Department Heads shall conduct mainline observation as designated by the Unit Administrator.

5. Tours, Inspections and Visits. At a minimum, every hazardous duty employee shall conduct scheduled and unscheduled tours, inspections and/or visits. All tours, inspections and visits shall be performed in a random order to informally observe living and working conditions and to facilitate communication with staff and inmates. Each Unit Administrator shall designate those staff members required to conduct tours, inspections and visits. Employees shall verbally announce their presence upon entering a housing area designated for inmates of the opposite sex. Such announcement shall be documented in the unit

logbook. At York CI each staff member shall sign station / log books upon tour, inspection or visit. The staff conducting the tour shall log such tour in the unit log. No staff member shall log another staff members tour.

A. General Tours, Inspections and Visits. YCI tours, inspections and visits shall be conducted as follows:

1. District Administrators shall visit the facilities in their respective districts monthly and shall tour a different area of the facility/unit on each visit.
2. Unit Administrators and Deputy Wardens shall formally tour the entire facility/unit weekly except as enumerated in section 5(A) (3) of this Directive. The times and shifts which tours are conducted shall vary. At a minimum, the Unit Administrator shall tour the facility/unit once per month during second or third shift.
3. The Unit Administrators and Deputy Wardens at Cheshire CI, Corrigan-Radgowski CC, MacDougall-Walker CI, Osborn CI, Willard-Cybulski CI and York CI shall formally tour all housing units and main control centers at least once per week. All other areas of the facility/unit shall be toured at least once every two weeks.
4. Unit Managers shall tour their respective units once daily in accordance with their established work schedule.
5. Each area of a facility/unit shall be toured by a custody supervisor at least twice per shift. Supervisory tours shall be unannounced. Employees shall not alert other employees that supervisory tours are occurring unless such an announcement is related to legitimate operational functions of the facility. The Unit Administrator may designate specific areas of responsibility to individual supervisors. At York CI this shall be defined as follows:

All Shifts:

West 1 & 2 Lieutenants – to complete 1 full tour each per shift of the following areas: West Compound to include: Main Control, Lobby (Bldg 8), Visits (Bldg 8), Building 9: Laundry, Education, Food Prep, Warehouse, Food Prep., York Textiles (Datacon), Walkgate, Main Dining (Bldg 7), West Gym, 0 South, 0 North, 1 South, 1 North, 2 South, 2 North, 3 South, A&D (Bldg 3), 3 North, 4 South, Outpatient, 4 North, Programs held in bldg 6 & 9, and Monitor Feeding in West Dining.

East Lieutenant – to complete 2 full tours each per shift of the following areas: East Control (Station 8), East Gym, East Dining, Perimeter, Gatehouse, Maintenance (Bldg 10), Truck gate, Yard #8, Yard #9, Yard #10, CPC First Floor, CPC Second Floor, Davis 1st Floor, Davis 2nd Floor, Thompson Hall #1, Thompson Hall #2, Shaw First Floor, Shaw Second Floor, Recreation/Programs in Chapel, Units and Building 13, and Monitor Back-feeding in assigned units and feeding

In East Dining. The East Lieutenant shall complete one tour of the vacant South Dorm, North Dorm, Fenwick North, Fenwick North Basement, Fenwick South, Fenwick A/P, Industries Building (School/Medical and Gym).

Lieutenants Tour Sheet, Attachment A is to be utilized for all tours conducted by Lieutenants on each shift.

Note: If West 1 or 2 cannot complete a tour due to a high volume of incidents, a Unit Manager, Shift Commander or other Lieutenant may complete the tour and note it in the log book. If a tour is not completed a notation as to why shall be put on the Supervisors tour sheet.

All Unit Managers are required to tour their units once daily. Shift Commanders are required to tour all posts weekly.

6. Correction Officers shall tour general population housing units, to which they are assigned, at a minimum of every 30 minutes. Correction Officers in specialized housing units shall tour at a minimum of every 15 minutes.
7. Counseling/program staff shall tour their assigned housing, work and program areas daily.
8. Food Service Supervisors shall, at least once per week, tour housing units in which food is served to observe food service and sanitation.
9. School Principals or Educational Administrators shall visit individual classrooms and school areas on a weekly basis. School Principals or Educational Administrators shall visit housing units quarterly with the Unit Administrator.
10. Staff Chaplains shall visit all housing units at least once per week and upon request.
11. Maintenance Supervisors shall tour all areas of the facility/unit a least once per week.
12. Plant Facility Engineers shall tour two (2) facilities per month.
13. Warehouse supervisors shall tour their respective warehouses daily.
14. Commissary Managers shall tour their respective commissaries daily.
15. At York CI all tours by above-mentioned staff shall be logged in the station log book by the staff members conducting the tour. No staff member shall log another staff members tour.

B. Specialized Housing Tours, Inspections and Visits. Tours, inspections and visits of all specialized housing units shall be conducted as follows:

1. District Administrators shall tour, at a minimum, every two months.
2. Unit Administrators and Deputy Wardens shall, at a minimum, tour twice a week, to include all restrictive housing units, medical/mental health housing units, orientation/intake units and any other specialized housing

unit designated by the Unit Administrator or higher authority. At York CI, specialized housing units are defined in Section 3, F.

3. Special management inmates and inmates assigned to the facility's orientation/intake unit shall be personally observed by correctional staff at least every 15 minutes on an irregular schedule and on a more frequent basis for problematic inmates.
4. The respective Unit Manager and/or shift supervisor, shall tour specialized housing units daily.
5. Health Services personnel shall tour each specialized housing unit at least once per shift. For facilities without a 24-hour Health Services Unit, tours shall be conducted when Health Services personnel are on duty. The Correctional Hospital Nursing Supervisor or designee shall tour specialized housing units at least once per week. The Health Services Administrator or designee shall tour monthly, at a minimum, all Restrictive Housing Units, Medical/Mental Health Units and any other specialized housing units designated by the Unit Administrator or higher authority. All tours by Health Services personnel shall be documented in the appropriate station log in accordance with Section 6 of this Directive.
6. Program staff, at a minimum, shall tour specialized housing units daily and upon request.
7. A Protestant, Catholic and Islamic Chaplain shall visit each specialized housing unit, at a minimum, once per week and upon request. The Native American Chaplain and Jewish Chaplain shall visit each specialized housing unit each week as time permits or upon request.
8. Food Service Supervisors shall, at least once per week, tour specialized housing units in which food is served to observe food service and sanitation.

C. Direct Admission Facilities. The following facilities shall be designated as Direct Admission Facilities and shall maintain an orientation unit(s): Bridgeport CC; Corrigan-Radgowski CC; Hartford CC; Manson YI; New Haven CC; and York CI.

1. Orientation Unit Procedures. The following procedures shall be followed at York Correctional Institution:

   a. The Orientation Units shall be identified as specialized housing and shall require tours as noted in Section 5(B) of this Directive. Orientation Unit inmates shall be observed by correctional staff at least every 15 minutes on an irregular basis. At York C.I. the orientation units shall be 4 South.
   b. Health Services personnel shall tour the Orientation Unit once each shift.
   c. Unit tours shall emphasize staff/inmate interaction and observation of inmates assigned to the unit.

D. Security Tours and Inspections. The Unit Administrator shall be responsible for the overall management of the facility/unit's

security tours and physical/visual inspections. The facility/unit's Deputy Warden of Operations shall coordinate and ensure appropriate documentation of the tours and inspections. During these tours and inspections, staff shall be alert for changes in equipment or other features of the facility/unit, contraband, and any conditions that would constitute a safety or security hazard. Such tours and inspections shall normally be conducted each shift, unless otherwise stated by Department or facility/unit policy, and shall cover every area of the facility/unit, to include the perimeter and, at a minimum, the following:

1. Locks and related hardware (i.e., hinges, security screws, etc.);
2. Doors and windows;
3. Bars and grillwork;
4. Gratings, manhole covers and hatch plates;
5. Fences, fence hardware and fence wire;
6. Ventilators and tunnel accesses;
7. Perimeter walls; and,
8. Alarms, video surveillance equipment and other security equipment and features.

All security check shall be made by the housing unit Officer shall be noted in the station log. All security checks completed by rovers and walkway Officers shall notify the respective Control Center who shall note such check in their station log.

E. Safety Inspections. Safety inspections shall be continuous and shall be conducted in accordance with Administrative Directive 5.3, Life and Fire Safety.

F. Sanitation Tours and Inspections. Each facility/unit shall have a sanitation plan to ensure all areas of the facility/unit are maintained at the highest level of cleanliness. Sanitation tours and inspections shall be conducted in accordance with Administrative Directives 5.3, Life and Fire Safety; 5.4, Toxic Materials and Hazardous Communication Protocol; and 10.18, Food Services. At York CI Sanitation Tours and Inspections are assigned by the Deputy Warden

6. Documentation and Logbooks. Each tour, inspection and visit shall be documented in the appropriate station or facility log in accordance with Administrative and Unit Directive 6.2, Facility Post Orders and Logs. Each staff member conducting the tour, inspection or visit shall document the activity in the appropriate log. When documenting tours, inspections or visits, the Unit Administrator, and Deputy Warden shall record the log entry in green ink, managers and supervisors shall use red ink and line staff shall use blue or black ink.

Upon completion of the daily tour, each shift supervisor shall submit a daily written report to the Shift Commander, who shall review the reports for unusual or problem areas and ensure that such issues are addressed and forwarded through the chain of command, if appropriate.

The shift supervisor shall also document in the facility log any notice of unusual or problem areas.

7. Staff Communication with Inmates. The Unit Administrator shall ensure that information concerning a new policy, procedure or any other point of interest is communicated to the inmate population as appropriate. Any such information is posted in each housing unit via an inmate notice form. The Unit Administrator shall ensure that relevant support staff are available to inmates in program and recreation areas, and where possible, facility counselors are available in housing units. Staff shall maintain direct communications with inmates and make themselves available to answer questions and resolve problems.

8. Exceptions. Any exception to the procedures in this Unit Directive shall require prior written approval from the Unit Administrator.

	State of Connecticut Department of Correction Post Orders York C. I.	Post Order Number 6.2.12	Effective Date: September 1, 2015	Page 1 of 23
		Supersedes: August 15, 2011		
Approved by Warden Stephen Faucher /		Title Lieutenant - Shift Supervisor		

1. **Purpose:** The Shift Supervisor is responsible for the administration and operation of the shift. Primary responsibility is the monitoring of all activities within the Institution to ensure the safety and security of staff, public, and inmates.

2. **Reference Directives:** 2.11, Employee Dependability; 2.6, Employee Discipline; 2.17, Employee Conduct; 6.1 Facility Tours and Inspections; 6.2, Facility Post Orders and Logs; 6.3, Population Counts; 6.5 Use of Force; 6.6, Reporting of Incidents; 6.7, Searches; 6.8 Urinalysis; 6.9, Control of Contraband and Criminal Physical Evidence; 7.2 Armories; 7.3, Emergency Procedures; 8.14 Suicide Prevention; 9.3, Admissions, Transfers and Discharges; 9.5, Code of Penal Discipline; 9.4, Restrictive Status.

3. **Definitions:**
Facility Log- The facility master daily log where supervisor record facility events detailing significant security and operations activities by date, shift, and time.
Daily Shift Roster Summary Reports- Payroll and roster report completed daily by the desk lieutenant. It documents the daily overtime and it's justification, the officers and supervisors reporting on and off, and the shift postings.
Incident Report Package- A written account of an incident, to include the original Incident Report and any supplementary documents, that explain what transpired before, during and after the incident.
Ancillary and Auxiliary Duties- Responsibilities specific to one area/aspect of the facility that does not otherwise have a targeted staff assigned to handle.
FLQW- A computer accessed program that gives a list of in-state outstanding warrants on an inmate.

4. **General Duties:**
   A. Regularly meet with the Shift Commander / Captain or designee to review shift operations and address present and/or potential problem areas that affect shift operations / Facility.
   B. Schedule and assign correctional officers to ensure adequate staff coverage, assume direct responsibility for the review and granting of all time off, swaps, including vacation schedule for correctional officers assigned to the respective shift.
   C. Ensure all necessary reports, i.e., Incident Reports, Use of Force Reports, Disciplinary Reports, are completed before releasing involved staff from duty. Review all reports for completeness and forward to the appropriate personnel.
   D. Conduct preliminary investigations concerning incidents of staff misconduct or failure to follow established institutional or departmental policies and procedures.
   E. Update the shift holdover list as necessary.
   F. Participate in all phases of staff training, e.g., planning, instruction and orientation of new employees, as well as ongoing training.
   G. Ensure the completion of all annual correctional officers evaluation as well as the monthly evaluations of probationary staff.

H. Complete a yearly review of all shift post orders and procedures making recommendations to the Captain when necessary.

I. Complete Auxiliary duties as assigned.

J Complete daily tours and inspections per Administrative Directive 6.1 Facility Tours and Inspections, fill out tour sheet. The Supervisor conducting the tour shall log such tour in the Facility logbook.

K. When reviewing inmates for any trip, the supervisor shall review overall RT50, RT77 and RT78 to determine the appropriate transportation standards according to classification score.

L. Consult with medical staff to ensure all pregnant inmates are transported in accordance with the West vs. Manson consent decree.

M. Ensure all inmates that have to be transported by York CI staff within 48 hours of admission shall be transported as Level 4 inmates. They shall be restrained with handcuffs, secured with black box application and leg irons.

N. Ensure all level 5 trips are conducted in the following manner:

1. Both Officers are issued ballistic vests.
2. One officer is issued a departmental weapon, with correct allotments of ammunition / equipment.
3. Officer that is armed is also issued chemical agent.
4. All issuance is documented on form CN7203, Attachment A.

O. **Issuance Procedure:**
All secondary armory items shall be issued utilizing the CN 7203 Armory Issuance Report. A single line entry shall be made for each individual armory item issued to include the complete serial number for all handcuffs and leg irons. All other armory equipment will be recorded utilizing serial numbers or engraved markings. The staff responsible for issuing the armory item(s) shall correctly and legibly fill out the date and time, armory item description and serial number or engraved marking, number issued, assignment location (name of the staff to which the armory item was issued, not a town or court house) and the employee's signature (of the staff that issued the armory item (s)). Attachment B shall be followed when the issuing / turning in of weapons, as well as the supervision of weapons exchange occurs.

P. Each Lieutenant shall log into the Facility logbook when they assume and depart from duty. An entry shall also be made stating that the log book was reviewed. All log entries shall end with the Supervisors title and printed last name.

5. Individual Duties / Desk Lieutenant (1309 West, 1310 East/Annex)

A. The Desk Lieutenant shall be responsible for receiving and accounting for all keys, equipment, armory items, and documents necessary to this post. Missing, damaged or inoperable keys or equipment and any unusual condition will be reported immediately to the next ranking supervisor on duty or to the duty officer.

B. Make log entries for all pertinent information regarding shift activities in the Facility Log in accordance with Directive 6.2, Facility Post Orders and Logs.

1. Official visits;
2. Log memos read at Roll Call.

3. Inmate placement in medical or mental health isolation, in-cell restraint, or dry cell status in accordance with Directive 9.4 Restrictive Housing, Attachment A, 8.14 Suicide Prevention;
4. Fire or emergency alarms or drills;
5. Counts in accordance with Directive 6.3, Population Counts;
6. Any unusual event;
7. Any information and/or observations by staff recorded for action and/ or information for future shift;
8. Any reportable incident in accordance with Directive 6.6, Reporting of Incidents.
9. Major scheduled activities;
10. Any exception to regularly scheduled routine; and
11. Facility log review as required by this Post Order.
12. Additional entries may include: non-routine incidents involving staff and/or inmates, accidents involving staff, sick calls, tardiness of staff, holdovers, any information pertaining to the safety and security of the staff, inmates, and institution.
13. Review all log entries and initial that you have done so since the last time assigned to duty.

C. Monitor and control the use of overtime while providing for the necessary coverage of activities. Fill all overtime requirements for the Institution. Overtime shall be assigned using the proper established procedures and in accordance with the NP4 Bargaining Unit Contract Article 15.

D. Ensure the proper use of equipment, security devices and other property of the institution.

E. Conduct shift Roll Call procedures on time, briefing staff on any changes in procedures, rules or regulations as well as specific problem areas that concern the shift. Initial and date each roll call memo in the appropriate area.

F. Document all incidents of staff tardiness. Complete a late slip, original copy to the tardy employee and the copy is given to the Shift Commander.

G. Take sick calls completing a sick call slip, noting the sick day on the 56 day master roster schedule and roster.

H. Schedule and assign correctional officers to ensure adequate staff coverage, assume direct responsibility for the review and granting of all time off, including vacation schedule for correctional officers assigned to the respective shift.

I. Review the Master Roster for accuracy and to ensure that there is adequate coverage for the following shift/day. Off ground medical as well as court trips shall be reviewed daily for coverage.

J. Ensure that all disciplinary reports are reviewed as appropriate.

K. Ensure that all contraband is handled in accordance with Directive 6.9, Control of Contraband and Criminal Physical Evidence, and logged on contraband Log located in the Lieutenant's Office

L. Perform all other related duties as directed.

M. Contact the Institutional Duty Officer when necessary as required by Directive 6.6, Reporting of Incidents. The duty officer must be notified prior to contacting any outside agency including the State Police, except in cases as outlined in Directive 6.6, Reporting of Incidents, in which case notification shall be made as soon as possible.

N. Check the Lieutenant's Fax machine on a regular basis and disperse info/paperwork as appropriate.

O. Complete the Daily Shift Roster Summary Report and submit it to the Shift Commander for review.

P. Appropriately process all bond outs and discharges to include issuing inmate EOS (end of sentence) Discharge and Gate Money checks in accordance with Attachment C.

Q The West #2 Lieutenant shall be responsible for reviewing and accounting for all money entering the facility prior to the end of the shift. All money shall be secured in the drop safe in the Lieutenant's Office, in the absence of the Operations Lieutenant.

R Ensure the Counterfeit Detection Device is utilized to detect any counterfeit bills that may have been handed over for the purpose of posting bond or paying a fine/purge in accordance with the Counterfeit Detection Device Policy Attachment D.

S The Desk Lieutenant shall assume the responsibility of Shift Commander on the week-ends/holidays or in the absence of a Shift Commander. The Acting Shift Commander shall be familiar with the Shift Commander's Post Orders. Review and sign all Incident Reports generated, and ensure completeness and accuracy of all reports submitted.

T The East Lieutenant shall ensure weapons exchange is conducted in the presence of a Supervisor for the Truck gate and Gatehouse during shift change, as well as any issuance of weapons is done by either a Supervisor, or the facility armorer. Ensure that anytime an armory item is issued out of the secondary armory in the Lieutenant's Office, form CN7203, attachment A is completed, along with any weapons exchange / issuance.

U The third shift desk Lieutenant shall update the overtime Equalization Log, recording refusals, no contact and overtime worked that day, on a nightly basis.

V Review the court list for the inmates departing on the morning court run.

W The third shift desk Lieutenant shall prepare the Facility Population Census report by using the 4:30 a.m. count and send Facility Census to Population Management through the C.A.I.T. System.

6. EAST (802)/ANNEX (1511), WEST #1 (1311) and #2 (1312) LIEUTENANTS

A. Below is a breakdown of the touring responsibilities of each Lieutenant: ***NOTE: 3rd shift West Lieutenant shall be responsible for the entire West Compound.***

West#1 (1311)

Main Control, Lobby (Bldg 8), Visits (Bldg 8), Main Dining (Bldg 7), West Gym, 0 South, 0 North, 1 South, 1 North, 2 South, 2 North, Programs held in bldg 6, and Monitor Feeding in West Dining.

West#2

3 South, A&D (Bldg 3), 3 North, 4 South, Outpatient, 4 North, Walk gate, Maintenance (Bldg 9), Laundry, Education, Food Prep. Warehouse, Food Prep. Kitchen, Datacon, Programs held in Bldg 9, and Monitor Feeding in West Dining, positioned on the walkway.

East

East Control (Station 8), East Gym, East Dining, Perimeter, Gatehouse, Maintenance (Bldg 10), *Truck gate, CPC First Floor, CPC Second Floor, Davis 1st Floor, * Davis 2nd Floor, Thompson Hall #1, Thompson Hall #2, Recreation/Programs in units & Bldg. 13, Monitor Feeding in East Dining

Annex

South Dorm, North Dorm, Fenwick North, Fenwick North Basement, Fenwick South, Fenwick A/P, Industries Building (School/Medical and Gym), Shaw Bldg. Trumbull North, Trumbull South, Niantic Annex Kitchen, Recreation/Programs in Chapel & Units and Monitor Back-Feeding in assigned units.

In the event of an emergency/code, the non-affected area Supervisor shall back-up/assist the affected area Supervisor as needed. If multiple incidents transpire in a specific zone/area, the Shift Commander and/or ASC shall direct another Lieutenant to ensure that each area is toured a minimum of 2 times per shift and assist with reports as needed.

B. When conducting the facility tour ensure the following is checked; officer's signature in post orders, Haz-Mat compliance, completion of cell shakedowns, completion of security/equipment checks, proper use of security equipment i.e. body alarms and radios, proper log book entries per 6.2.1, General Post Orders.

C. Review all incident, accident, injury and use of force reports for completeness before submitting them to the Shift Commander. All improperly completed reports will be returned to the originator for corrective action before they are released from duty.

D. Conduct and document fire, escape and other emergency drills as directed to do so by the Shift Commander, or on a monthly or quarterly basis as appropriate.

E. When assigning staff transport inmates off grounds, ensure that proper security procedures are followed and provide transporting staff with any and all information necessary to successfully complete the trip. Check all inmates departing the facility in restraints; ensure full compliance with Directive 6.4, Transportation and Community Supervision of Inmates.

F. Absence of Records staff.

1. In the absence of records staff, all bond papers must be reviewed for completeness and compliance with department and institutional policy, completing a Transfer and Discharge Checklist accompanied with an FLQW check. All bond papers shall be approved by signature of either the Records staff or a Supervisor prior to the actual release of the inmate.
2. Discharge procedures. Whenever a records staff is not on duty a Supervisor shall complete form CN 9303 (Directive 9.3) "Transfer and Discharge Checklist" when an inmate discharges from the facility.

G. In the absence of the Operations Lieutenant, a West Lieutenant shall assume all duties and responsibilities of the Operations Lieutenant. This will be assigned by the Shift Commander.

H. Ensure that when a crime is suspected, that the area be treated as a crime scene in accordance with Directive 6.8, Searches and Urinalysis, 6.9, Control of Contraband and Criminal Physical Evidence. DO NOT ALLOW ANYONE TO TAMPER WITH POSSIBLE PHYSICAL EVIDENCE, AND SECURE THE AREA WITH RESTRICTED TAPE.

I. **Supervise inmate meals; On the West Compound inmates will be fed in the dining hall. On the East Compound all female inmate will be fed in the East Dining Hall. Annex inmates will be fed back in their assigned housing units. The East Compound Supervisor will supervise feeding in the dorms and the Annex Supervisor will rotate routinely throughout the Annex Housing Units.**

J. Perform all other related duties as directed.

K. The East and Annex Lieutenant will complete one (1) tour of the perimeter per shift and the facility and perimeter log book will be signed by the supervisor completing the tour.

L. Observe/review random strip search procedures daily.

M. The off going shift East Lieutenant (802) shall supervise any weapons exchange taking place at the Truckgate, and Gatehouse, or the issuance of any weapon from the armory, in accordance

with Attachment A. **The Annex Lieutenant (1511) will supervise the key and vehicle exchange at station 8.**

N. Review the security check sheets submitted by areas under your supervision for completeness and accuracy. Address any areas of concern; sign off on each security check sheet.

O. Supervise all out of unit activities i.e. programs, meals, recreation, work details and ensure that they are being conducted in a safe and secure manner.

P. Coordinate and monitor cell shakedowns with the Unit Managers, and Housing Unit Officers. Ensure that all necessary follow-up is conducted with regard to Contraband.

8. Shift Supervisor Assignments.

A. The Shift Commander shall rotate the Lieutenant's post assignments every 56 days at a minimum. Only the Deputy Warden of Operations may make an exception to this policy.

9. Schedule. Daily activities that occur during shift hours.

A. 1st Shift Schedule 6:45 a.m. to 3:00 p.m.

6:45 a.m.	Conduct roll call, read memos.
7:00 a.m.	Supervise formal count.
7:45 a.m.	Answer phones, direct personnel, conduct tours.
10:30 a.m.	Supervise inmate dining hall **or assigned area** for lunch.
11:45 a.m.	West Lt. - Lunch Break
12:00 p.m.	Formal Count called. Desk Lt. - Lunch Break
12:45 p.m.	East Lt. - Lunch Break
12:50 p.m.	Answer phones, direct personnel, conduct tours.
2:20 p.m.	West Lieutenant #2 shall report to the Lobby for bag and cell phone checks.
2:30 p.m.	Briefing with second shift lieutenants.
3:00 p.m.	Officers relieved of duty.

B. Second Shift Schedule 2:45 p.m. to 11:00 p.m.

2:45 p.m.	Conduct roll call, read memos.
3:00 p.m.	Answer phones, direct personnel, conduct tours.
3:00 p.m.	Supervise formal count.
4:00 p.m.	Supervise inmate dining hall **or assigned area** for dinner.
5:30 p.m.	Supervise formal count.
6:00 p.m.	Dinner Break.
7:00 p.m.	Answer phones, direct personnel, conduct tours.
10:00 p.m.	Supervise Formal Count.

10:20 p.m.	West Lieutenant #2 shall report to the Lobby for bag and cell phone checks.
10:30 p.m.	Briefing with third shift lieutenants.
11:00 p.m.	Officers relieved of duty.

C. **Third Shift Schedule 10:45 p.m. to 7:00 a.m.**

10:45 p.m.	Conduct roll call, read memo's.
11:00 p.m.	Answer phones, direct personnel, conduct tours.
12:00 a.m.	Supervise Formal Count.
1:30 a.m.	Supervise Formal Name Count.
2:00 a.m.	Desk and West Lt - Lunch Break.
2:30 a.m.	East Lt. - Lunch Break.
3:00 a.m.	Answer phones, direct personnel, conduct tours.
3:30 a.m.	Supervise Formal Count.
4:15 a.m.	Supervise A/P Court Run Operations.
5:00 a.m.	Supervise Formal Count.
5:30 a.m.	Supervise inmate dining hall **or area assigned** for breakfast.
6:20 a.m.	East Lieutenant shall report to the Lobby for bag and cell phone checks.
6:30 a.m.	Briefing with first shift lieutenants
7:00 a.m.	Officers relieved of duty.

10. Emergency Procedures. The Shift Supervisor is responsible for knowing all aspects of York CI West and East compound emergency plans by reviewing the Emergency Plan Manual located in Main Control.

A. Ensure that all areas of the Facility's Emergency Plans are followed with regard to the Emergency Plans Check List for Shift Supervisors, Attachment E.

B. Be familiar with all facets of the Department's Emergency Plans.

C. Report or discuss changes needed in the Facility Emergency Plans, as appropriate, with the Shift Commander.

11. Attachments:

A. Armory Issuance Report
B. Weapons Exchange Procedure
C. Discharge and Gate Money Check Procedure
D. Counterfeit Detection Device Policy

EMERGENCY PLAN CHECKLIST

SHIFT SUPERVISOR

ATTACHMENT E
6.2.12

7. **Sexual Assault Prevention**. The following has been implemented as part of the Department of Correction's proactive approach to the "Prison Rape Elimination Act".

A. **Victim Profile:** Once an inmate is raped, he or she is marked as a victim and will possibly be subjected to repeated sexual assaults throughout the remainder of his/her imprisonment. If he or she becomes a recidivist, the cycle will continue in most cases until he or she is no longer desired. The typical victim will demonstrate one or more of these character traits:

1. Vulnerable
2. Non-violent offender
3. Young in his or her late teens or early 20s
4. Small physical stature
5. First time offender who is not familiar with his or her environment
6. Effeminate
7. Beardless, smooth skinned, more feminine in appearance
8. Middle class, not street smart
9. Inmates with mental illness

Note: There is reasonable evidence to support that inmates convicted of sex crimes are also potential victims.

B. **Predator Profile:**

The predator in a male on male or female on female sexual assault does not perceive himself/herself as being a homosexual. Often, the perpetrator is hypermasculine and utilizes

aggression to gain a sense of importance. The sexual predator will watch and wait until the right type of inmate is accessible and create the opportunity to begin his or her "grooming" of the targeted inmate.

c. **Perpetrator Profile:**

1. Violent history - Street smart and an experienced fighter
2. Large physical stature
3. Possesses power and authority - feared by most inmates and staff
4. Recidivist - experienced in prison culture
5. Has an antisocial personality
6. Engages in other criminal activity as well
7. Manipulative

D. **Staff Awareness:** Correctional staff awareness is an important ingredient for curtailing sexual assault. First and foremost, we must accept that it occurs in our system and needs to be dealt within a professional manner. Ultimately, you should be focused on identifying potential signs of victimization and intervening before the incident occurs. Staff should treat any observation of sexual activity as a potential sexual assault.

The following are some ways to gain awareness:

1. Discovery of a sexual assault in progress or witness an incident, which include sexual threats intimidation and/or coercion.
2. A victim may report the incident has occurred.
3. Information by another inmate.
4. Medical evidence of sexual assault may be discovered during an examination. (Especially the Health Services Unit)
5. You may overhear inmates talking about the incident
6. An inmate displays the characteristics of **"Rape Trauma Syndrome".**

   a. Sleep difficulties
   b. Disturbed eating habits
   c. Symptoms specific to the attack (e.g., injury)
   d. Startled reactions

   e. Withdrawn

   f. Extremely alert
   g. Emotional expressions such as crying, shaking
   h. Extremely over alert

7. An inmate fits some of the characteristics associated with the victim profile.

E. **Staff Intervention**: Sexual assaults in confinement are preventable provided a pro-active approach is

introduced for both staff and inmates. Inmates should be apprised of the potential for sexual victimization upon their admission into a correctional facility. They should also be given direction on how to seek assistance in the event they are subjected to sexual exploitation. The following are some practices that have worked in other "systems" to minimize rape and its damage to the prisoner-victim:

1. Report and document any sign of sexual victimization and send through the chain of command.
2. Be empathetic to the rape victim by explaining that there is help available to cope with the situation.
3. Follow-up as appropriate and ensure that the victim is receiving appropriate treatment (i.e., Health Service and Mental Health Unit examinations).
4. Offer or make arrangements for the victim to speak with the facility's religious service representative.
5. Avoid labeling the victim by using slang or inappropriate words.
6. Treat a rape incident as a confidential matter.
7. Recognize that sexual assault survivors may engage in sexual acts, which present an appearance of being consensual out of desire for protection from violent assaults and to minimize risk of HIV infection.
8. Treat known or suspected homosexuals and bisexuals, as well as heterosexual survivors, and targets fairly and without discrimination.
9. Become familiar with your area of responsibility and identify vulnerable sites for potential sexual activity.

8. Suicide Prevention.

A. **Warning Signs.**

1. Talks about committing suicide.
2. Has trouble eating or sleeping.
3. Experiences drastic changes in behavior.
4. Withdraws from friend and/or social events.
5. Loses interest in hobbies.
6. Prepares for death by making out a will and final arrangements.
7. Gives away prized possessions.
8. Has attempted suicide before.
9. Takes unnecessary risks.
10. Has had a recent severe loss.
11. Is occupied with death and dying.
12. Loses interest in their personal appearance.
13. Verbal threats such as "you would be better off without me" or "maybe I won't be around anymore".
14. Expressions of hopelessness and/or helplessness.
15. Depression, extreme sadness and crying.
16. Lack of interest in the future.
17. First incarceration.
18. New sentencing.

19. May act calm after deciding to commit suicide.
20. Has increasing difficulties relating to others.
21. Speaks unrealistically about getting out of jail.

B. **Motives.**

1. Extreme despair.
2. Hopelessness, with no sense of the future.
3. Serious illness or diagnosis of terminal illness.
4. Humiliation.
5. Loss of employment or friendship.
6. Loss of loved one through death or divorce.
7. Guilt or shame over incarceration.
8. Delusions.
9. Initial or anniversary of incarceration.
10. Loss of privileges.
11. Placement, cell restrictions or any movement to and from in a restrictive housing unit.
12. Upcoming sentencing.
13. Release from confinement.
14. Depression.
15. Substance abuse.
16. Post rape, threats or perceived threats from peers.
17. Holidays.
18. Schizophrenia.
19. Decreased supervision, recent transfer from another facility.
20. Somatic complaints or a vague nature which do not respond to treatment.
21. Difficulties in coping with legal problems.

C. **Initial Response.**

The following are helpful guidelines to someone who is threatening suicide:

- Be direct, talk openly and matter-of-fact about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Do not debate whether suicide is right or wrong or feelings are good or bad. Do not lecture the value of life.
- Get involved. Become available. Show interest and support.
- Do not act shocked, this will put distance between you and the individual.
- Do not be sworn to secrecy.
- Do not offer glib reassurance.
- Take action; remove means, broken glass, sheets and clothing.
- Trust your instincts and believe that the person may attempt suicide.
- Ask the person direct questions, the more detailed their plan, the greater the immediate risk.
- The most important thing is to listen and do not leave the individual unattended.

D. **Assessment.**

1. A staff member shall immediately advise a shift supervisor of an inmate who exhibits abnormal or self-destructive behavior and complete an incident report in accordance with Administrative Directive 6.6, Reporting Of Incidents, denoting the inmate behavior. When an inmate being housed in a correctional facility begins to display psychiatric symptoms and/or suicidal tendencies, the inmate will be referred to mental health staff. If mental health staff is not available, the shift commander shall ensure that the inmate is removed from housing area, strip searched in accordance with Administrative Directive 6.7, Searches and placed on a one-on-one continuous unobstructed view of the inmate at all times. The Shift Supervisor shall contact the on-duty psychiatrist. The Shift Supervisor, at a minimum, shall place the inmate on one-on-one continuous observation and shall notify the on-call psychiatrist and facility duty officer. Continuation of such observation shall require a physician's order within one (1) hour.

2. If, in the opinion of the Shift Supervisor, in consultation with Medical staff, the inmate's behavior may result in serious danger to himself, staff, or other inmates, the inmate may be placed in four point stationary restraints. The shift commander shall notify the duty officer to facilitate transfers of the inmate to a designated mental health facility for assessment.

E. **Response To Suicide Attempts.**

1. Staff shall use discretion with a common sense response approach based on the level of the facility, appearance of the victim, single cell and victims past behavior history. **CALL CODE, OBSERVE AREA AND INMATES AND DETERMINE if it is safe and necessary to attempt to render first aid before additional staff respond.**

2. Utilize employee universal precautions during any attempt to conduct first aid procedures.

A. **Hanging Attempts.**
Hanging may affect any or all neck structures including the airway, spinal cord, arteries and blood vessels. Steps that must be taken are as follows:

- Call code.
- Secure Unit and immediate area as a suspected crime scene.
- Based on the circumstances, determine if it is safe to proceed to enter the cell and cut down the victim utilizing safety scissors. Staff shall use discretion with a common sense response approach based on a single or double cell and status of the unit. Attempt to render first aid before additional staff responds.
- Notify Control Center to contact ambulance services.
- Provide basic first aid to include checking for signs of breathing. If the victim is breathing, check for pulse. If there is no pulse, start CPR. If there is a pulse,

start rescue breathing. Once CPR or rescue breathing is initiated, continue the first aid until medical staff arrives.

- Only a physician or other qualified professional designated by the state law can pronounce an individual dead.
- Upon removal of inmate, continue to secure unit and immediate area as a crime scene.

B. **Lacerations.**

Lacerations may be serious and can cause a large amount of blood loss. When an individual has caused a self-inflicted wound in an attempt to commit suicide, the following steps must be taken:

- Call code.
- Secure unit and immediate area as a suspected crime scene.
- Wait for assistance.
- Use protective equipment such as gloves.
- Visually inspect the area surrounding the victim for any sharp materials that may have caused the injury (to provide staff safety). Secure as evidence.
- Visually inspect the lacerated area for any sharp instruments that may be protruding from the area. Do not remove any object protruding from the victim's body.
- Apply pressure directly to the injured area. Be cognizant of the victim's reaction (i.e. kicking, etc.)
- Monitor signs of breathing, maintaining direct pressure on the wound.
- Never leave the victim unattended.
- Upon removal of inmate, continue to secure unit and immediate area as a crime scene.

F. **Securing of the Area.**

The area of any attempted or actual suicide shall be treated as a possible crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Once the inmate is removed form the area, care shall be taken not to disturb the suspected crime scene. Any items shall not be cleansed or removed. Photos shall be taken of the suspected crime scene and any suspected physical evidence. Sketches and notes should be made of the cell and location of items removed. Only authorized personnel shall be allowed to enter the area. If it becomes necessary for a staff member to handle physical evidence, it shall be handled only as required and by as few persons as possible. The following safeguards shall be adhered to:

1. Latex gloves shall be used.
2. Each specific item of evidence shall be placed in a separate bag, envelope or container so as to avoid disturbing or compromising the integrity of the evidence.
3. The storage container shall be tagged utilizing the Contraband/Criminal Physical

Evidence Tag and Chain of Custody from CN 6901.

4. Criminal physical evidence items when removed from the scene, shall be placed directly in the criminal physical evidence storage area or turned over to the appropriate law enforcement agency.
5. Once the Connecticut State Police have cleared the scene, the Unit Administrator or designee may issue the orders for the cell to be cleaned and inventoried.

9. Mental Health Crisis/Observation.

All staff are expected to monitor the inmate population for any changes in behavior and psychiatric symptoms. In the event a staff member determines an inmate may require treatment from a mental health provider or an inmate requests to see a mental health provider, the Mental Health Unit (4N) shall be contacted immediately. An entry shall be made in the station logbook regarding the notification and reason. If on duty, the unit manager or counselor shall also be made aware of the notification. If determined to be a crisis, the inmate shall remain under staff supervision until mental health staff arrive. At no time should the inmate be left alone.

A. **Mental Health Crisis Referrals**

Mental Health Crisis Referrals:

The York Correctional Institution shall ensure that the below listed protocols shall be followed when any inmate expresses any suicidal ideation by threatening to harm herself, stating she might harm herself or attempting to harm herself. Any inmate meeting the criteria shall not be restrained unless she becomes non-compliant with staff direction and the use of force becomes necessary, or her status requires her to be in out of cell restraints. The Unit Manager/Shift Supervisor shall interview inmate prior to calling crisis.

a. The inmate shall be instructed to exit her cell, escorted out of her cell or removed from her cell.
b. The inmate shall be placed in the main dayroom/common area or other designated area and remain under constant supervision of staff until seen by a Mental Health staff member.
c. This staff member shall notify the Unit Manager/Shift Supervisor.
d. The staff member to whom the inmate stated her intentions or thoughts shall call the Mental Health Crisis worker if instructed by the Unit Manager/Shift Supervisor.
e. This staff member shall write a mental health referral.
f. This staff member shall initiate an Incident Report upon any change in status of the inmate, ie: Q-15, 1:1
g. Upon the direction of the Crisis worker, Unit Manager or Shift Supervisor, the inmate shall be escorted to Outpatient Mental Health or Medical for evaluation and treatment or Mental Health staff shall report to the Unit.
h. The escorting staff shall bring the Mental Health referral to the Crisis Worker. The escorting staff shall, at all times, observe the inmate until placement of the inmate.

10. Emergency Procedures.

All Correctional employees must be thoroughly familiar with the fundamental procedures that are required to implement facility emergency plans. The following general information applies to custody staff.

A. **Facility Emergencies.**

1. All custody staff are expected to respond, according to Post Order procedures, in all emergency and/or "code" events.
2. Support staff utilization and/or participation, shall be directed by the captains and lieutenants in an emergency situation.
3. The ***"Emergency Plans"*** manual (a working copy that shall remain in Control), is available for review upon request by any employee.
4. Each Shift Supervisor and Commander shall ensure its (Emergency Procedure Manual) availability to allow staff to attain familiarity and preparedness.
5. Emergency response to affected and non-affected areas is described in the individual Post Orders for each respective area.

11. Emergency Preventive Measures. Department of Correction staff may effectively curtail emergencies by remaining alert for any conditions or warning signals indicative of potential danger by maintaining congruent lines of communication and intelligence.

A. **Common Indicators.** Staff shall be cognizant of indicators that may signal an impending emergency or crisis situation and shall report such through the chain of command. Indicators include, but shall not be limited to, the following:

1. Specific information suggesting increased tensions or a pending disruption;
2. Reduced communication between staff and inmates;
3. Increased incidents of vandalism that produce weapons;
4. Upsurge in disciplinary offenses and assaults on staff;
5. Increasing numbers of inmates committing lesser infractions to ensure temporary lockup;
6. Requests for placement in protective custody or transfer;
7. Inmates banding together in unusual groups but disbanding when staff approaches;
8. Diminished group activity;
9. Polarization along racial, ethnic or security risk group lines;
10. Reduced attendance at popular functions;
11. Inmates making excessive and/or specific demands;
12. Appearance of printed subversive or inflammatory materials;
13. Reduced eye contact;
14. Significantly diminished noise levels;
15. Normally active or loud inmates becoming quiet;
16. Reduced inmate visitors;
17. Hoarding food or commissary items in cells;
18. Inmates wearing several sets of clothing;
19. Significant changes in dress patterns within the unit or recreation yard;
20. Concealment of magazines and/or newspapers under clothing or hoarded in the cells;

21. Increased findings of weapons;
22. Inmates seeking to talk to staff about trivial or insignificant issues;
23. Reduced evidence of radios and personal property in the yard;
24. Increased number of inmate sick call;
25. Increased number of staff absences;
26. Staff being told not to come to work;
27. Short tempers and rising tension among personnel.

B. **Early Intervention.**
At any sign of tension or pending crisis, at a minimum, the following steps shall be initiated:
1. Senior staff and department heads shall circulate throughout the institution to identify and address problems and gather information;
2. All staff shall increase their interaction with other employees and inmates.
3. All pertinent information gathered shall be communicated with both on-duty and relieving staff (e.g., custody, treatment, maintenance, support services, health services, etc.)
4. Any inmate identified as a provocateur or potential leader shall be removed from general population.

C. **Emergency Response Priorities.**
During an emergency response actions shall reflect the following priorities:
1. Safety of the general public;
2. Safety of staff, visitors and non-involved inmates;
3. Isolation, containment and resolution of the emergency as quickly as possible with minimal force as necessary;
4. Prevention of escapes;
5. Medical attention as appropriate;
6. Minimize the impact of the emergency on the non-affected areas of the facility;
7. Restoration of normal operations and services as soon as practicable;
8. Initiate physical repairs of damage as appropriate.

D. **Support Staff/Non-Security:** In the event of an institutional emergency, it may be necessary for Non-Security Support Staff to assist Custody Staff with certain basic non-security related logistical duties (answering phones, record keeping, etc.). This task will be accomplished in an area secure from the emergency.

The following procedures are basic security measures and procedures Non-Custody Personnel are to follow during emergency situations. Knowledge of these procedures, and adherence to such procedures are necessary for the safety and security of both staff and inmates. Though it is impossible to cover every situation that may arise, the following responses are to probable emergency situations that may occur in a correctional setting:

E. **Initial Response.**
Upon detection of an emergency situation:
1. The employee who becomes aware of the emergency shall follow the following procedures unless otherwise directed by a supervisor.

2. The employee shall immediately notify the facility control center of:
   a. The **"color code"** along with the location of the affected area. Color codes shall be designated as follows:
      1. Orange -staff member needs assistance
      2. Blue -disturbance
      3. Red -fire
      4. Green -escape
      5. Yellow -hostage
      6. White -medical
      7. Black -bomb threat
      8. Purple -attempted suicide
      9. Gray -aircraft
      10. Zebra -mutual assistance
      11. NBC -nuclear, biological and/or chemical
   b. Name of reporting employee or assigned call letters/numbers;
   c. Description of incident and whether "suspected" or "verified";
   d. Number of inmates involved and status;
   e. Number of staff involved and status;
   f. Information regarding injuries or damage;
   g. Current assessment and needs.

12. Response Status Category.

A. **Phase I**: That area identified as primarily affected during an incident or situation.

A. **Phase II**: All other areas that are indirectly or non-affected during an incident or situation.

B. This officer serves as a secondary responder to all emergency codes.

CODE
ORANGE/BLUE/WHITE/YELLOW/PURPLE
AFFECTED AREA
PHASE I

Upon observation and/or involvement in an incident, an Officer's initial reaction may be to defend his/herself and other staff to preserve personal safety. Physical intervention should otherwise be delayed until adequate assistance arrives. The Lieutenant / Shift Supervisor will be responsible for proper and reasonable response while controlling all activities on post until assistance arrives. The employee shall be attentive and respond with consideration of sound correctional practices and careful judgement.

CODE
ORANGE/BLUE/WHITE/YELLOW/PURPLE
NON-AFFECTED AREA
PHASE II

The non-affected area Officer shall ensure inmates and the area of responsibility remain secure during an emergency code. Two-way radio broadcasts shall be kept to a volume which allows only the officer to monitor. During an emergency code, radio transmissions from other than the responding units, shall remain at a minimum.

A. The Officer shall monitor all radio Transmissions.

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A. The Officer shall seek to contain and resolve the situation with sound correctional practices. Immediately notify the control Center via radio of:
   1. Color of code and location.
   2. Names of reporting staff or assigned call letters/numbers.
   3. Description of incident and whether suspected or verified.
   4. Number of inmates involved and status.
   5. Number of staff involved and status.
   6. Information involving injuries, damage, weapons.
   7. Current assessment and needs.

B. Isolate area. Secure each non-affected inmate in her cell. Cease movement.

C. In a code/emergency, "Primary" responding staff shall proceed as follows:
   1. Respond immediately to the area of the "code".
   2. Quickly assess and respond accordingly (e.g., utilize verbal commands, force, or await instructions if staging).
   3. Protect against exposure and/or

D. Shall record the following in the logbook.
   1. Color, time and location of code.
   2. Names of the responding staff.
   3. Names and numbers of inmates involved and status.
   4. Names of staff involved and status.
   5. Time code cleared by a supervisor.
   6. All direction and instruction given by a supervisor.

E. The responding supervisor may authorize deviation from procedures due to unique circumstances during the incident.

B. Cease all inmate movement during an emergency code.

C. Secure each inmate in her respective cell, if applicable.

D. Prepare for actions such as count, lock-down, or evacuation of areas adjacent to affected areas.

E. Ensure the integrity of post security.

F. Follow any instruction or direction from a supervisor.

G. Record in the logbook the location and time of the code and the time a supervisor clears the code.

H. Serve as a secondary responder to any Emergency/code if directed to do so.

Post Order Number 6.2.12	Effective Date September 1, 2015	Page 19 of 23
Title Lieutenant - Shift Supervisor		

CODE RED
AFFECTED AREA
PHASE I

Upon observation and/or involvement in an incident involving a working or possible fire, the Lieutenant / Shift Supervisor shall seek to contain and resolve the situation with sound correctional practices.

A. The involved Officer(s) shall immediately acknowledge the situation by:
   1. Properly announcing the "code red" and identify the affected area.
   2. Assess the situation briefly and identify specific safety information as appropriate, (e.g., working fire, smell of smoke, evacuation needed).

B. Secure/isolate the area; cease inmate movement.

C. Identify affected inmates or suspects, staff involved, injuries, any damage or breach in security, coordinate arriving staff until a Supervisor arrives.

D. Prepare for evacuation of affected areas through designated routes if appropriate.

E. If evacuating, announce this via radio transmission.

F. In a code/emergency, "Primary" responding staff shall proceed as follows:
   1. Respond immediately to the area of the "code red".
   2. Quickly assess and respond accordingly (e.g., utilize verbal commands, use fire equipment in minor fire situation, or await instructions as the situation warrants).
   3. Assist with evacuation to a secure area.
   4. Assist with security and emergency count.

G. The responding Supervisor may authorize Deviation from procedures due to unique Circumstances during the incident.

CODE RED
AFFECTED AREA
PHASE II

The Lieutenant / Shift Supervisor will be responsible for coordination of all activities on post in the absence of a supervisor with consideration of sound correctional practices and careful judgment. Preparation and actions of non-affected are as follows:

A. Secure the unit; cease all inmate movement as applicable.

B. Officers on respective "pull posts" shall stage for secondary response if directed by Post Orders or a Supervisor.

C. Monitor the integrity of non-affected area.

D. Prepare for actions such as count, lock-down, or evacuation of areas adjacent to affected areas.

E. If on a Rover or "pull post", expect to be utilized and/or available for immediate dispatch by Main Control or a Supervisor, to assist in a search of the local area.

F. A supervisor may authorize deviation from procedures due to unique circumstances during the incident.

G. Record in station logbook time and location of code and time code clears if applicable.

H. Serve as a secondary responder to any Emergency/code if directed to do so.

CODE GREEN
AFFECTED AREA
PHASE I

Upon notification of a witnessed escape or the discovery of a security breach, that likely resulted in an escape, the Lieutenant / Shift Supervisor shall immediately react with consideration of sound correctional practices and careful judgement.

A. The Officer shall immediately respond to the situation as follows:
   1. Immediately announce the **"code green"** and identify the affected location via radio or any available means of communication.
   2. Assess the situation briefly and identify specific safety information as appropriate (e.g., imminent threat of additional escape, armed suspect, physical breach, safety of staff…).
   3. Maintain visual observation of any fleeing inmate, detailing the direction of escape.
   4. If apprehension is possible, the officer may attempt to do so by commanding verbal direction without a physical altercation if possible and/or compromise of safety or security.

B. If staff observes what is an apparent breach of a security feature (e.g., door, wall, window, fence…), the following shall occur:
   1. Immediately announce the "code" as above.
   2. Secure the area not allowing staff or inmates to disturb any physical evidence.
   3. Secure the unit by returning inmates to their bunk/cell locations and secure doors/cells.
   4. Conduct an Emergency Body Count and report to A & P.

CODE GREEN
NON-AFFECTED AREA
PHASE II

The Lieutenant / Shift Supervisor will be responsible for coordination of all activities on post in the absence of a supervisor with consideration of sound correctional practices and careful judgement; preparation and actions of non-affected areas are as follows:

A. The Officer shall immediately acknowledge the situation by:
   1. Securing the unit/area, ceasing all inmate movement as applicable.
   2. Officers on respective "pull posts" shall stage for secondary response if directed by Post Orders or a supervisor.
   3. Ensure/check the physical integrity of non-affected area.
   4. Prepare for and take actions such as Emergency Body Count, Identity Count, Lock-down or evacuation of areas Adjacent to affected areas.
   5. Does not respond to code unless directed to do so by a Supervisor.

B. If on a Rover post, expect to be utilized or available for immediate dispatch by Main Control or a Supervisor.

C. Record in station logbook if applicable, location and time of code and time code clears.

D. The responding supervisor may authorize deviation from procedures due to unique circumstances during the incident.

E. Serve as secondary responder to any Emergency/code if directed to do so.

5. Conduct Identity Count.

C. May assist in executing a local search as directed by responding Supervisor.

D. Record the following in the logbook.
1. Color, time and location of code.
2. Names of the responding staff.
3. Names and numbers of inmates involved and status.
4. Names of staff involved and status.
5. Time code cleared by a supervisor.
6. All direction and instruction given by a supervisor.

E. The responding supervisor may authorize deviation from procedures due to unique circumstances during the incident.

CODE ZEBRA/GRAY

AFFECTED AREA
PHASE I

Upon notification of a "code zebra" or "code gray", The Lieutenant / Shift Supervisor shall follow all direction issued by a supervisor.

A. Cease all inmate movement.
B. Secure the unit/area.
C. Secure all inmates in cells.
D. Wait for direction from a supervisor.
E. Record the following in the logbook
1. Date and time of code.
2. Time unit is secured.
3. All direction and instruction given by a supervisor.
4. Time code cleared and by what supervisor.

CODE ZEBRA/GRAY

NON-AFFECTED AREA
PHASE II

Upon notification of a "code zebra" or "code gray", The Lieutenant / Shift Supervisor shall follow all direction issued by a supervisor.

A. Cease all inmate movement.
B. Secure the unit/area.
C. Secure all inmates in cells, if applicable.
D. Wait for direction from a supervisor.
E. Record the following in the logbook:
1. Date and time of code.
2. Time unit is secured.
3. All direction and instruction given by a supervisor.
4. Time code cleared and by what Supervisor.

F. Serve as a secondary responder to any Emergency/code if directed to do so.

CODE
NUCLEAR/BIOLOGICAL/CHEMICAL

AFFECTED AREA
PHASE I

CODE
NUCLEAR/BIOLOGICAL/CHEMICAL

NON-AFFECTED AREA
PHASE II

Upon receiving notification of a "NBC code", the assigned Lieutenant / Shift Supervisor shall clear all phone lines and await instructions.

A. The assigned officer shall initiate the Following actions:
   1. Secure unit/area.
   2. Secure all inmates in assigned cells;
   3. Notify Main Control when unit is secure.

B. Prepare for evacuation of inmates.

   1. Direct inmates to pack: 1 blanket, 1 change of clothes, all on person medications, toiletries.
   2. The officer shall seek to contain and resolve the situation with sound correctional practices.

C. Initiate the following safety procedures:
   1. Close all doors and windows.
   2. Request that all heating and ventilation systems are shut off.
   3. Do not consume any food or beverages.
   4. Remain inside.

Upon receiving notification of a "NBC code", the assigned Lieutenant / Shift Supervisor shall clear all phone lines and await instructions.

A. The assigned officer shall initiate the Following actions:
   1. Secure unit/area.
   2. Secure all inmates in assigned cells, if applicable.
   3. Notify Main Control when unit/area is secure.

B. Prepare for evacuation of inmates.

   1. Gather station log, inmate locator cards, bed sheets, in & out sheet. These are to be maintained by the officer at all times.
   2. Direct inmates to pack: 1 blanket, 1 change of clothes, all on person medications, toiletries.

C. Initiate the following safety procedures:
   1. Close all doors and windows.
   2. Request that all heating and ventilation systems are shut off.
   3. Do not consume any food or beverages.
   4. Remain inside.

D. If on a Rover or Pull Post, expect to be utilized or available for immediate dispatch by Main Control or a supervisor.

E. Serve as a secondary responder to any emergency/code if directed to do so.

CODE BLACK
AFFECTED AREA
PHASE I

Upon notification of a "bomb threat" the Lieutenant / Shift Supervisor in the affected area shall react with consideration of sound correctional practices and careful judgement. In the even that the Officer is the recipient of any threat via telephone, that Officer shall stay on the phone and initiate utilization of the "Bomb Threat Checklist" which shall be conspicuously displayed by any telephone which can connect with an "outside" line.

CODE BLACK

NON-AFFECTED AREA

PHASE II

The Lieutenant / Shift Supervisor will be responsible for coordination of all Activities on post in the absence of a supervisor with Consideration of sound correctional practices and Careful judgement, preparation and actions of non-affected areas are as follows:

Post Order Number 6.2.12	Effective Date **September 1, 2015**	Page 23 of 23
Title **Lieutenant - Shift Supervisor**		

A. The Officer shall immediately acknowledge the situation by:
   1. Briefly attempt verification of the situation (i.e. confirm information from notifying party; seek visual observation from any available remote cameras…) and immediately announce the "code black" and identify the affected location via P.A. and telephone. **Utilization of two-way radios should be discontinued** unless otherwise directed.
   2. Assess the situation briefly and identify specific safety information as appropriate, (i.e. imminent threat, suspicious package, safety of staff).
   3. Attempt to isolate the site of suspect device if possible.

B. Prepare for immediate evacuation of the affected area.

C. The responding supervisor may authorize deviation from procedures due to unique circumstances during the incident.

A. The Officer shall immediately acknowledge the situation by:
   1. **Utilization of two-way radios should be discontinued** unless otherwise directed.
   2. Secure the Unit/area; cease all inmate movement as applicable.
   3. Officers on respective "pull posts" shall stage for secondary response if directed by Post Orders or a Supervisor.
   4. Ensure/check the physical integrity of non-affected area.
   5. Prepare for and take actions such as identity count, lock-down or evacuation of areas adjacent to affected areas.

B. If on a Rover post, expect to be utilized or available for immediate dispatch by Main Control or a Supervisor.

C. The responding Supervisor may authorize deviation from procedures due to unique circumstances during the incident.

D. Serve as a secondary responder to any Emergency/code if directed to do so.

13. **Exceptions:** Any exceptions to the procedures in this Post Order will require the prior written approval from the Unit Administrator.

UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION

NUMBER: G 7.01 Page 1 of 1

PERINATAL CARE

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that pregnant inmates in the custody of the Connecticut Department of Correction (**CDOC**) receive perinatal care.

PROCEDURE: Perinatal care shall include regular medical examinations, nutritional guidance, and counseling.

When appropriate and feasible, CDOC pregnant inmates shall be followed by the practitioner who will assist them at birth, and be registered at the hospital where the birth will take place.

In those cases of high-risk pregnancy, specialty care from the community shall be provided to the inmate as needed.

The inmate's prenatal history and ongoing prenatal care shall be documented in her health record and this information shall accompany her to the hospital.

REFERENCES:

Administrative Directives, 8.12, Placement of Children Born to Incarcerated Women. 2007. Connecticut Department of Correction

Standards for Health Services in Prisons. .(P-G-07). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC – CMHC Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION

NUMBER: G 7.01

YORK CORRECTIONAL INSTITUTION
ADDENDUM

PERINATAL CARE

Effective Date: 12/20/01
Annual Review Completed: 11/2017

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that all pregnant inmate-patients in the custody of the Connecticut Department of Correction (**CDOC**) are provided with comprehensive prenatal care.

PROCEDURE: In addition to sick call services, pregnant inmate-patients shall receive routine prenatal care according to the standards set by The American Congress of Obstetricians and Gynecologists (**ACOG**). High-risk pregnant inmate-patients shall be identified and provided care appropriate for their medical condition. Basic prenatal care includes ongoing risk assessment, education, counseling to promote health, methadone maintenance program, intervention and follow-up when problems are identified.

When pregnancy has been determined by a positive pregnancy beta HCG urine test, performed during the initial health assessment at York Correctional Institution (**YCI**), an appointment for an initial prenatal assessment with the OB/GYN physician or APRN will be scheduled within two weeks. High-risk pregnant inmate-patients, or those pregnant inmate-patients with urgent conditions, shall be seen in the next clinic. If a inmate-patient believes she is pregnant, but her initial test is negative, she may request a repeat test in writing. If pregnancy is confirmed she shall be scheduled for an initial prenatal assessment within two weeks of this finding. Ideally, prenatal care begins at 6-8 weeks gestation.

The initial health assessment shall be completed in accordance with **CMHC Policy E 4.01, Health Assessment**. For each pregnant inmate-patient the following orders shall be written at the time of her exam:

1) Pregnancy diet (extra protein, calories, and an evening snack bag containing an apple, milk, crackers and peanut butter). The kitchen shall be notified in writing.
2) Prenatal vitamins. (The necessity for iron supplementation will be assessed when H&H results are reviewed.)
3) Prenatal blood work, to include: blood type (group and Rh), antibody screen, Chem 20, CBC, VDRL, chronic hepatitis panel, Rubella, sickle cell screen (if appropriate). HIV testing recommended.
4) PPD.
5) Bottom bunk notification shall be sent to the inmate-patient's housing unit and entered into the bottom bunk book.

6) Need for methadone maintenance is determined if there is a positive urine drug screen for opiates. Methadone dosing shall follow the CMHC Methadone maintenance protocols.
7) Documented urine drug screen every 6 weeks.

The **initial prenatal visit** shall include a complete health history collected according to the information requested on the ACOG Antepartum Record (see attached) as well as the following:

1) Date of birth, age, race, marital status, education, emergency contact
2) Menstrual history
3) Comprehensive health history with information on the current pregnancy to include discussion of methadone maintained detoxification program, patient rights and responsibilities
4) Family history
5) Obstetrical history including:

- Previous delivery history
- Operations on uterus or cervix
- Therapeutic, spontaneous, or elective abortions
- Ectopic pregnancies
- Risk for multiple gestation
- Previous infertility
- Premature onset of labor or prolonged gestation
- History of pulmonary, cardiac, metabolic, endocrine, neurological, urinary tract, hematological, or psychological disease
- History of sexually transmitted infections
- Neonatal morbidity/mortality
- Maternal age <15 or >35
- Nutritional disease or hyperemesis gravidarum
- HIV infection
- Exposure to TB

6) Social history including:
   - Social/economic stress factors, stress related to incarceration
   - Physical or sexual abuse
   - Maternal use of drugs, alcohol, or tobacco
7) Physical exam including:
   - Height and weight
   - Blood pressure
   - Evaluation of nutritional status
   - Pelvic exam
   - Exam of head, neck, breasts, heart, lungs, abdomen, and rectum

8) Additional laboratory tests: (initial blood work done at time of initial health assessment)
   - Urinalysis and culture
   - Pap smear if indicated
   - HIV counseling and offer of HIV screening. Information about the medical benefits of treatment for the expectant woman and her unborn child if HIV infection is present will be discussed.
   - Chlamydia, gonorrhea
   - Wet prep
9) Release of information: If the pregnant inmate-patient has received prenatal care prior to incarceration, she will be requested to complete **CMHC Form HR 303, Authorization for Release of Information (ROI)** to obtain all information related to her pregnancy, ensuring continuity of care. After a telephone request is made to fax records as soon as possible, the ROI will be faxed to the OB care provider's office.
10) If it is ascertained that antepartum testing has been completed for this inmate-patient prior to incarceration, it will be at the discretion of the clinician to determine if certain tests will be repeated at this time.
11) A signed Release of Information (ROI) requesting that any antepartum and postpartum treatment records be disclosed to York regarding your hospital visits will be sent to Lawrence and Memorial Hospital
12) Attendance to childbirth education classes, though not mandatory, is encouraged. A packet of educational information about pregnancy, labor and delivery shall be given to every pregnant inmate-patient at this time.
13) If the APRN does the initial prenatal visit, if indicated, an initial ultrasound will be scheduled with the obstetrician.

Follow-up prenatal visits after the initial assessment and ultrasound will be scheduled as follows:

1) Visit schedule:
   - Every 4 weeks through the 28th week of gestation
   - Every 2 weeks between 28 and 36 weeks gestation
   - Weekly after 36 weeks
   - This schedule may be altered due to court dates, inmate requests or CDOC custody activities.

2) Each visit will include:
   - Weight
   - Blood pressure
   - Fundal height measurement

- Fetal heart tones
- Urine for protein and glucose dipstick
- Number of weeks gestation
- Fetal presentation after 32 weeks gestation
- Signs and symptoms of preterm labor
- Evaluation of edema
- Additional observations or comments

Additional recommended labs and time frame:

Estimated gestational age 11 - 23 weeks:

- 11 – 13 weeks: First trimester serum screening
- 11 – 13 weeks: Nuchal Translucency screening for women > 35, multiple gestation, personal or family history of chromosomal abnormalities
- 15 – 23 weeks: Second trimester serum screening for chromosomal abnormalities
- 18 – 20 weeks: Anatomic Survey (Ultrasound) to rule out gross fetal abnormalities
- 18 – 20 weeks: Level II Ultrasound for women >/= 35, or multiple gestation, or personal or family history of chromosomal abnormality

Estimated gestational age 24 – 28 weeks:

- 24 – 28 weeks: glucose screen (serum level 1 hr. post 50 g glucose load)
- Glucose Tolerance Test for abnormal glucose screen (> 130mg/dl)
- Hemoglobin and hematocrit
- Rh antibody screen and Rh immune globulin administration if Rh (D) negative

Estimated gestational age 32 – 36 weeks:

- 32 – 36 weeks: repeat chlamydia and gonorrhea
- 35 – 37 weeks: Group Beta streptococcal screening
- 35 – 37 weeks: Group B Beta Strep testing
- Hemoglobin, hematocrit, Urinalysis, Culture and Sensitivity

Optional studies (when indicated):

- Cytomegalovirus (CMV) titers
- Screening for sickle cell and other inheritable diseases
- Toxoplasmosis antibody test
- Hemoglobin electrophoresis if patient is clearly anemic (Hgb <10 or Hct < 32)
- Fetal fibronectin

Assessment of Fetal Well-being when indicated:

- Kick counts – 10 movements/2 hours
- Non-stress test

- Biophysical profile
- Amniotic fluid index (AFI)
- Bi-weekly non-stress tests at >/=41 weeks with weekly AFI

Expected weight gain:

- First trimester – 2 to 5 lbs. total
- After first trimester – ¾ to 1 lb. per week
- Average total weight gain: 25 to 35 lbs.

Counseling and Education (as appropriate and documented in obstetrical medical record)

About her pregnancy:

- Discuss upcoming tests
- Safe exercise and physical activity during pregnancy
- Premature labor symptoms
- Nutrition during pregnancy, including adequate intake of calcium, iron, and folic acid
- Adequate fluid intake
- Travel
- Genetic counseling, if indicated
- Use of seat belts
- Safe sex during pregnancy, including sexually transmitted infections
- Avoidance of alcohol, tobacco and drugs
- Childbirth education classes
- Environmental/work hazards
- HIV screening, prenatal transmission of HIV and, if needed, discussion of AZT and other treatment alternatives
- Common discomforts and self-help remedies
- Fetal growth and development
- Weight gain
- Health habits: hygiene, dental care, rest, sleep
- Warning signs: vaginal bleeding or fluid loss, cramping, fever, severe vomiting
- Social services and mental health referrals, as indicated
- Warning signs in third trimester: severe edema, headache, visual disturbances, abdominal pain, vaginal bleeding, premature labor, rupture of membranes

About the delivery:

- Signs of labor
- Vaginal Birth After Caesarian (VBAC) counseling
- Obstetrical analgesia and anesthesia
- Labor and delivery process

- Relaxation techniques
- Tubal sterilization – Utilization Review papers must be submitted 30 days or more prior delivery

Postpartum:

- Breast/bottle feeding
- Circumcision
- Newborn/infant safety car seats
- Warning signs for immediate postpartum period
- Physiologic and psychological changes
- Body changes: weight loss, menses, resumption of intercourse
- Contraception
- Postpartum depression
- Health habits and health maintenance

Additional visits may be scheduled for high-risk patients, by patient request for a problem, or as deemed necessary by the CMHC nursing staff.

Termination of Pregnancy, when requested in writing by the inmate, will be initiated by completing a URC request. Estimation of gestational age will be determined by ultrasound exam. In some cases, blood type and antibody screen will be required. Arrangements for termination are made by YCI when the URC is approved. The inmate is counseled about all options. Elective termination of an inmate's pregnancy shall be consistent with Connecticut State statutes.

- 8 –15 weeks Planned Parenthood
- 15 - 18 6/7 weeks Hartford GYN Center

High Risk and HIV Pregnant Women, when identified, will receive prenatal care at Yale New Haven Hospital High Risk OB Clinic, as well as being followed by the OBGYN physician at YCI. Appointments and transportation arrangements will be made through YCI medical clinic. Labor and delivery will occur at YNH.

Use of security restraints: Before a woman known to be pregnant or a woman in the post partum period (defined as that period from delivery until six weeks after delivery) is placed in leg irons or other restraints, a nurse or physician in the medical unit shall be consulted for approval. If the nurse or physician determines that placement of leg irons or other restraints is not medically advisable, no such restraints shall be used. For a woman in the second (2^{nd}) and third (3^{rd}) trimester of pregnancy, **NO** leg irons shall be used unless the shift supervisor determines that security reasons dictate otherwise and a nurse or physician on duty does **NOT** find this medically contraindicated. **NO** restraints are to be used on any woman in labor or during her delivery.

Labor:

- When an inmate-patient identifies signs of labor she shall notify the correctional officer on her unit.
- She shall be taken to outpatient medical unit for evaluation. YCI does not provide delivery services to inmate-patients at the facility.
- If labor is verified or the staff is uncertain of her status, arrangements to take her to Lawrence and Memorial Hospital shall be made. She may be transported by car if delivery is not deemed imminent or a high-risk situation is not involved, e.g. heavy bleeding, meconium stained amniotic fluid, etc. Otherwise, an ambulance should transport her to Lawrence and Memorial Hospital.
- Lawrence and Memorial Hospital labor and delivery (444-5103) shall be notified of her status and impending arrival.
- A copy of the inmate's antepartum record, the ROI mentioned previously, and a W-10 form shall accompany her.
- A correctional officer shall be present at all times but she may request that the officer present during her delivery step behind the curtains or just outside her birthing room door for the delivery (including the pushing period).
- Arrangements for the newborn, made in advance of the delivery, will be executed by the designated Lawrence and Memorial Hospital social worker, or designee.
- Patient may request a labor coach if she wants one present (obtained from a list of DOC and L&M approved volunteers).

Postpartum:

- Upon return to YCI, the postpartum inmate-patient will go to the inpatient medical unit for 24 hours for care and observation before returning to her former housing unit.
- She may keep with her items necessary for postpartum self – care such as the pads and mesh garment designed for vaginal flow after delivery, Nupercainal ointment, and witch hazel pads until she no longer needs them. These items are not to be taken from her upon her return to YCI.
- Cabbage leaves may be given to her to reduce breast engorgement for 24 to 48 hours after her return.
- H & H done while on inpatient medical unit if not done in the hospital.
- 6 week postpartum exam shall be scheduled before leaving inpatient medical unit.
- A bottom bunk shall continue to be assigned until the post partum inmate-patient has been cleared at her 6 week post partum exam.
- Prenatal vitamins shall be continued for six (6) weeks

- The postpartum inmate-patient shall be encouraged to attend parenting classes held every 2 weeks by the designated Lawrence and Memorial Hospital social worker.

High Risk Infant's Grant: This grant provides case management and childbirth education classes for each pregnant inmate administered through Lawrence Memorial Hospital.

Case Management:

- During ongoing interviews by the case manager with the pregnant inmate-patient, plans shall be developed for the placement of the newborn with a secure proposed caregiver, if mother will continue incarceration after delivery.
- Assist pregnant inmate-patient with getting needs for pregnancy care met while incarcerated.
- Meet with pregnant inmate-patient to assist with information of, identification of, and admission to various mother/child and /or substance abuse rehab programs.
- Assist inmate-patient with reunification plans and/or program admissions by communicating with inmate's public defenders, private attorneys, judges, etc.
- Communicate with proposed caregivers on a regular basis prior to delivery regarding: need for infant supplies, available resources, applying for programs, and infant discharge process, etc.
- Continue communication with infant caregiver after delivery regarding infant's status and needs for approximately 3 months.
- Serve as liaison between inmate mother, L&M, and infant caregiver.
- Continue to meet with postpartum inmate-patients regarding their separation/loss experience and need for information about their newborn.
- Arrange for mother /infant visitation and mother/NICU communication when infant stays in NICU.
- Facilitate Post Partum Support Group at YCI
  Coordinate and facilitate HRIP advisory Board meetings.

Childbirth Education: available to every pregnant inmate-patient. Attendance is voluntary. Classes include:

- Information about pregnancy, labor and delivery.
- Relaxation techniques
- Breathing techniques
- Non-pharmacological and pharmacological options available during labor
- Health and hygiene
- Contraception

- Safe sex
- Care of newborn
- Breast and bottle feeding
- Exercises – pre and post natal
- Effects of substance abuse during pregnancy
- Variations of labor (e.g. back labor, induction, false labor, cesarean section)
- Hospital procedures
- Postpartum experience
- Shaken Baby Syndrome

REFERENCES:

ACOG Antepartum Record (Form A). The American College of Obstetricians and Gynecologists. Washington, D.C. 1997.

Administrative Directive 8.12: Placement of Children Born to Incarcerated Women. Connecticut Department of Correction. 2007

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Ratcliffe S.D, Baxley E.G., Byrd J.E., & Sakornbut E.L.. Family Practice Obstetrics. 2ND Edition. Hanley & Belfus, Inc. Philadelphia, PA. 2001.

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West vs. Manson Consent Judgment. 1988. Connecticut Department of Correction.

Revision Date: 2/25/05; 11/25/08; 01/31/12

UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
NURSING PRACTICE MANUAL
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION

NUMBER: A 1.9

INFIRMARY ADMISSION CRITERIA

Effective Date: 04/01

All nursing protocol medications shall be written on the MAR and form HR 925 Physician Order Sheet for co-signing by a prescriber. CMHC pre-approved medication labels for nurse protocol medications may be used on forms HR 925, HR 401 Clinical Record and the MAR.

DEFINITION OF INFIRMARY:

An area within a CDOC facility that maintains and provides skilled services for inmate-patients, formally admitted to that area for a period of 24 hours or longer, for inmate-patients not in need of hospitalization in the community.

DEFINITION OF INFIRMARY CARE:

Care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention.

POLICY:

An inmate-patient, determined by a licensed physician to be in need of infirmary care, but not in need of inpatient hospitalization in the community, shall be transferred and/or admitted to a CDOC facility equipped with an infirmary as defined in the preceding paragraph. (see

The Correctional Hospital Nursing Supervisor or designee shall tour the infirmary at least once per week. The Health Services Administrator or designee shall tour monthly at a minimum.

PROCEDURE:

Only a licensed Physician, Advanced Practice Registered Nurse, Physician's Assistant, or physician extender shall order an inmate-patient to be admitted to a CDOC infirmary. The on-site physician shall provide a written admission order, utilizing **Form HR 925G, Infirmary Admission Orders**. A telephone order for admission to a CDOC infirmary from a licensed physician is acceptable, and shall be documented by the appropriate CMHC staff member on **Form HR 925G, Infirmary Admission Orders**.

The reason for admission, shall be documented on **Form HR 401, Clinical Record** by the admitting nurse.

Effective Date: 04/01
Revision Date: 12/12, 04/17
Last Review Completed: 12/17

INFIRMARY ADMISSION CRITERIA

For patients admitted to the infirmary, the nursing care plan shall be documented on **Form HR 405, Nursing Care Plan** by the admitting nurse.

CMHC nursing staff on duty in the infirmary shall complete **Form HR 404, Nursing Infirmary Admission Record**. If the admitted inmate-patient has a mental health diagnosis, a qualified mental health provider shall develop a mental health treatment plan within 24 hours of admission.

AUTHORITY AND REFERENCE:

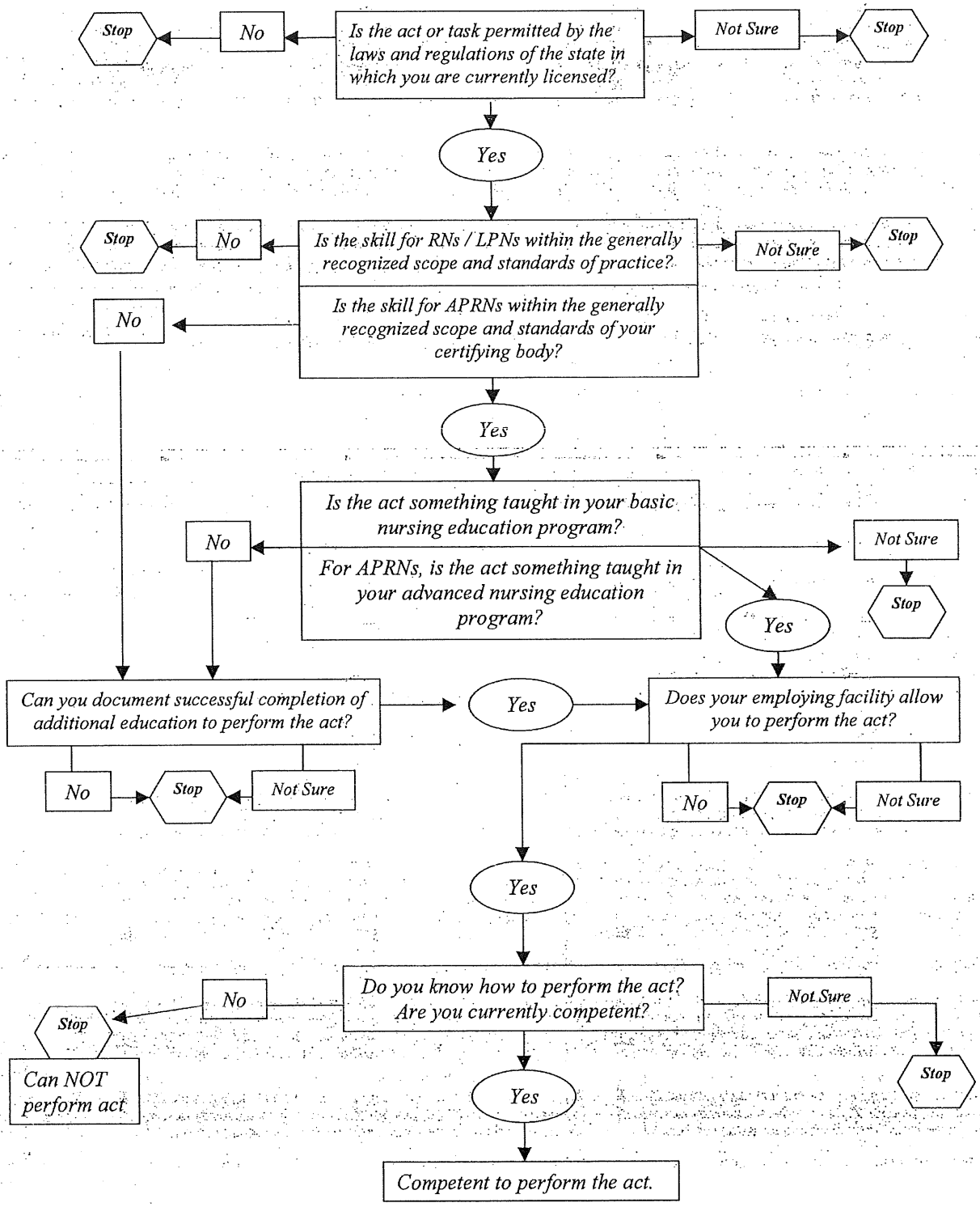
Standards for Health Services in Prisons. 2008. National Commission on Correctional Health Care. Chicago, IL.

P-D-03: Clinic Space, Equipment and supplies
P-D-05: Hospital and Specialty Care
P-G-01: Chronic Diseases Services
P-G-03: Infirmary Care
P-A-03: Medical Autonomy
P-A-08: Communication on Patients' Health Needs

The Lippincott Manual of Nursing Practice. J.B. Lippincott Company.

Effective Date: 04/01
Revision Date: 12/12, 04/17
Last Review Completed: 12/17

Connecticut Board of Examiners For Nursing
Nursing Competency / Scope of Practice
Decision - Making Model



May, 2002 Connecticut Board of Examiners for Nursing.

SECTION C

Interviews:

- *RN Michelle Fialla*
- *RN Brianna Simmons*
- *RN Crystal Thomas*
- *CHN Diane Carter*
- *HSA Rona Labonte*
- *Dr. Trisha Machinski*
- *CMHC Dir. of Nursing Connie Weiskopf*
- *CMHC Dir. of Training Mike Nicholson*
- *Inmate Tianna Laboy #417372*
- *CO Sylvia Surriera*
- *CO Alberto Ortiz*
- *CO Sondra Maddox*
- *Lt. Scott York*
- *Lt. Welbi Vega*
- *Inmate Sonya Bracy #377516*

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Name: Michelle Fialla		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position: Correctional Nurse
Gender: Female	Race:	Case number: SD 18-017
Previously Interviewed: ☐ Yes ☒ No		
Nature of Interview: York Correctional Institution/Security Division Investigation		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date: March 23, 2018
Investigator: Captain Robert Hartnett		Time: 2:00pm

RH: Robert Hartnett, Captain, Security Division
JB: Jennifer Benjamin, DOC, Central Office
SS: Silvia Santos, HR Consultant, UConn Health
MDMF: Monica Farinella, Interim Medical Director, CMHC
BM: Beverly Murphy, 11-99 Delegate
MF: Michelle Fialla, DOC, Correctional Nurse

RH: This is Captain Hartnett signing on, todays date is March 23, 2018, this is, uh, it's 2pm. I don't know if I said that first, this is Security Division Investigation 18-017. This is Security Division and joint C-M-H-C Investigation I should say, uh, and this is the interview of Correctional Nurse, I don't know your correct title, is it C-N, or is it R-N…
MF: Well it's Correctional Nurse, but its R-N.

RH: …R-N, Michelle Fialla. And I'll just go around the room and have everybody else introduce themselves that are present for the interview, starting on my left.
JB: Jennifer Benjamin, D-O-C, Central Office.
SS: Hi, I'm Silvia Santos, I'm H-R Consultant for UConn Health.
MDMF: Monica Farinella, Interim Medical Director for C-M-H-C.
BM: Beverly Murphy, 11-99 Delegate.

SS: Hi Michelle, I'm gonna explain a little bit, basically this is an investigation that's both between the Department of Correction and Correctional Managed Health Care. And, um, if you were a D-O-C employee, if you're after the merger, you will have to sign what's called a employee rights and responsibility. Which is a preliminary statement that goes over why we are here, but I'm, just for C-M-H-C employees we just read it. So, I'm just gonna read this, basically. Um, the purpose of this the interview, the reason that you are here is to gather facts regarding a matter which you may have relevant or pertinent information. Obviously, it, it's the regarding the birth of, um, the child and that night that you were on. These are questions have relating to your performance at, u, York while you were there. You are a bargaining member and you have a union rep here. You are entitled to have a representative with you. The questions you will be asked have direct relevance to your official duties of employment. Obviously, this is all about what happened while you were working at York. Um, and, as a caveat to all that, you must answer all questions related to the performance of your official duties and, um, and employment fully and truthfully. That's, you know, a fact of an employee, um, with the agency. Discipline may result for non-truthful or if you are found to be in any violations of any rules or regulations. And the other thing that,

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um, we say is this is an ongoing investigation and their still gathering facts, you can talk as much as you want with your union rep, but what we ask that you not start discussing this with other individuals at York regarding what's going on while this investigation is still pending. Um, and I think that's it, if you have any questions, um, like Captain Hartnett said, if you need to, you know, take a break, you need to let us know. Usually what they like to do is answer the questions and take a break at that point in time. So, um…
MDMF: Well talk about that after.

SS: …ok and the questions may come from anyone of us here. Um, because there is both agencies combined cause its affecting, while your employment as a C-M-H-C employee, but inside the Correctional Facility.
MDMF: And you can take a break at any point.
MF: OK.

JB: How long have you worked for C-M-H-C, Michelle?
MF: Uh, since February 5, 2015.

JB: What is your professional background?
MF: I have 19 years of nursing experience, I spent 14 years working O-B-G-Y-N, postpartum and newborn nursery and G-Y-N surgery at Hartford Hospital. I spent about 2 years at a local hospice rehab facility and also did per-diem at Middlesex hospital, labor and delivery during my 14 years at Hartford. And this is before I came to York.

JB: OK. What is your role at C-M-H-C?
MF: I am a staff nurse on the third shift.

SS: Are you assigned to a specific unit there?
MF: On third shift, we only have the Mental Health and the, um, medical units that are staffed. There are no outpatient units or obviously no clinics going on 11-7.

JB: M-hmm.
MF: So, staffing is 3 or 4 nurses, um, total in medical and then mental health unit in the fore building.

JB: What did you say about the staffing compliment?
MF: I'm sorry?

JB: What did you say about the staffing compliment?
MF: On third shift…

JB: M-hmm.
MF: …we have three or four nurses staffed for the facility. And that night we had three.

JB: How often are you scheduled to work?
MF: I work a 72-hour work week in a two week pay period.

JB: What is your training in labor and delivery?

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MF: I had worked in our labor and delivering unit and postpartum and as I said it was also all combined at Hartford Hospital.

JB: M-hmm.
MF: So, I've done a little bit of essentially everything.

JB: OK. Do you have a certification?
MF: Not, not any longer, I used to.

JB: OK. When was that last time you had it?
MF: When I was, um, at Hartford.

JB: When was that?
MF: Which was five years ago.

SS: Where you required to have one there?
MF: Yes. Yes, and our P certifications as well.

JB: Where was your last in-service regarding labor and delivery at, um, C-M-H-C?
MF: There was no in-service at C-M-H-C.

JB: No training?
MF: No.

JB: OK. I have the clinical record for you.
MF: M-hmm.

JB: When was your first contact with the patient?
MF: On the 12th at 11:30pm or shortly, earlier then that when I first saw her. Was shortly after we came in, um, for third shift.

JB: OK. What did you do for the patient? On the notice there.
MF: Right. So, she was brought over from the unit.

JB: M-hmm.
MF: Um, she was on, there's a med cart and a chair were we usually see the patients when they come over on third shift.

JB: M-hmm.
MF: And, she sat at the desk. I talked to her. Um, she said that she was having lower pain here.

JB: M-hmm.
MF: And, and I went to try to palpate her to see if there was any, that I could feel her abdomen contracting, there was nothing. She was not complaining of contractions per say. Um, she had not lost any fluid, there was no bleeding. I did her

vital signs which were completely normal. I took her from that centralized area to one of our offices, right, around, right near the corner of the desk. Treatment, what do you call that office?

SS: The treatment room, there?
MF: Not, well, it's the office.

SS: The detox room, or the?
MF: Not the detox room, where we do our accu checks in the morning. There's two officers there that, one provider, the social workers will see patients and the other office…

BM: Provider will…
MF: Provider will see patients. So, I took her in there for privacy.

MDMF: Tonya's old office.
MF: OK. And, um, I had the dopler and I had the gel, I had a fetal heartrate very quickly. The baby was active; she was explaining to me where she could feel the baby's kicking. When I went to try to palpate the baby, the baby's buttocks was very high up under her xiphoid, in-between her breasts. I could feel the baby kicking and she was in absolutely no distress. As a matter of fact, when she was sitting there talking to us. She was laughing with the C-O at the desk saying that you can't be sitting here eating cabb--, eating cabbage patch kids, eating sour patch kids in front of me.

JB: Did you, did you indicate in your documentation that you palpated the abdomen?
MF: No.

JB: OK. How long was the patient on the unit, when you saw her?
MF: She was, they called us, very, we had, I don't even think we had taken off our coats. So, we walk in before 11 o'clock and they brought her right over, so she was, I'm not certain exactly, I wrote this at 11:30 and she was probably on the unit by 10 after 11 or so because we hadn't. And this is an estimation, I don't remember exactly, we hadn't even received report yet from the previous shift.

JB: OK. How long did you keep her on the unit…?
MF: I'm…

JB: …before you did an assessment?
MF: …I'm explaining…

JB: OK.
MF: …how long she was on the unit. We were, she got there before we got report. I started to assess her before we even got report. So, she probably was on the unit, I would say a good 30 plus minutes.

JB: M-hmm.
MF: Approximately, again I can't be, I can't be exactly…

JB: OK.

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MF: ...certain of that.

SS: Now when she went to the unit, she didn't, you guys didn't call, the C-O's just brought her? How did she get to the unit?
MF: This happened, I guess there was, again I don't know exactly. I believe there was a report from second shift that got pushed down to third shift. This just didn't happen at the start of my shift. So, we, Bree received a phone call, I believe from the unit. Again, I did not receive that phone call and she said yes, we are here. I believe bring her over, so she was brought right over before our coats were even barely off and we hadn't received report yet.

SS: Whose Bree?
MF: Brianna is the other nurse that's involved with me.

SS: OK. Brianna.
RH: Michelle, who was working second shift for the...
MF: I have, I have no idea, sir.

RH: OK. You don't see them?
MF: I haven't been at work in 6 weeks.

RH: No, no.
MDMF: Probably doesn't remember second shift that day.

RH: OK. OK. Alright.
SS: But did they give you like report?
MF: Yes, yes.

JB: You mention that, um, the report may have been pushed from the second shift...
MF: M-hmm.

JB: Where would that report be found?
MF: We have a 24-hour report on the computer.

JB: OK.
MF: A unit report from the inpatients in the medical unit.

JB: Is it this?
MF: Yes.

JB: OK.
RH: And can I just ask, cause I don't know the York setup at all, when you say you brought her to that other exam room, is that equipment in that exam room the, uh, the fetal...
MF: No.

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RH: You had to bring that with you?
MF: I had to go, I had to get that from the treatment cart.

RH: OK.
MF: It's just something that you can't do out…

RH: OK.
MF: …out at the desk. It's not appropriate.

RH: OK.
JB: Can you look at this, she's on the report.
MF: This was, this happened Monday night, this is not the…

JB: So, it, it would be on the…
MF: Next day's report.

JB: On 2-13?
MF: Yes.

JB: OK. Cause then its 2-12.
MF: Right.
MDMF: But because I guess its 3rd shift, you…

JB: So, when you come in, when you get the 2-12…
MF: Right, I would have put for the 13th, I would be charting here.

JB: No, but the report came from the nurses before you. So, I think it would be 2-12.
MF: Yeah, OK.

JB: Because…
MF: Yes, yes. Yes, yes.

JB: Yeah, so is she on that report?
MF: Yes. I see the name, yes.

JB: OK. And what, does it say on the report about her?
MF: It doesn't say anything about her because the patient was not inpatient.

JB: What she was, outpatient, complaining. Say would that be on the report?
MF: No, she wasn't outpatient. She was in G-P.

JB: So that's out, she was in general pop?
MF: Correct.

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JB: Right as she was, complaining. And her name is on the report.
MF: No, her name, are we talking about the inmate in question here?

JB: Yeah.
MF: The inmate was not…

JB: Because you mention a report that it may have been pushed from 2nd shift.
MDMF: Would it be…
MF: I'm talking, no. I'm talking about the report that our report was delayed…

JB: OK.
MF: This report of the inpatient…

JB: Because of the call…
MF: Correct.

JB: OK. I thought…
MF: This nur--, yeah.

JB: OK.
MF: This nurse knew…
SS: I was thinking the same thing.

JB: OK. OK.
MF: This knew nothing…

JB: OK.
MF: …the nurse giving me report who was leaving knew nothing…

JB: OK.
MF: …about what was going on.

JB: Oh.
MDMF: So, the phone call didn't come at 2nd shift?
MF: It came when we walked in.

JB: So, lets clarify, when you said the report was pushed back, it means you're…
MF: Inpatient.

JB: …your oncoming outgoing report?
MF: Exactly.

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JB: Is not a report about this person?
MF: Exactly.

JB: OK. OK.
SS: So yeah were just trying to figure out how you became about, arrived on, on the unit. It looks like this patient is already coming in while trying to take off your coat. And how did that person come to you and I thought the impression was that the second shift said go see the third shift nurse, but that's not what you're saying.
MF: I don't know what happened on 2nd shift.

SS: Yeah, yeah, no, no.
JB: [??]
MF: I don't know. I just know that…

JB: Yeah.
MF: …we get, we can clock in at, um, 10:53pm and we go right to the units and I can say that for all my 3rd shift co-workers. So, there are many times that we walk in and the phone is ringing and we still have our coats on. So, and that was what happened. If there was some kind of communication via second shift, I have…

JB: Right.
MF: …no knowledge of anything.

SS: That was at, that was at, told to you…
MF: No. Because the nurse who was giving me report on inpatient had no knowledge of this at all.

SS: OK.
JB: Do we get shift to shift report on people who have been triaged?
MF: Triaged?

JB: Like if they call down and they were seen and you wanted to monitor them further? How is that relayed to the next shift?
MF: If there was someone that a nurse was concerned of…

JB: M-hmm.
MF: …needing further monitoring, I would think that more often then not that inmate would be admitted overnight…

JB: OK.
MF: …for further evaluation until the provider comes in the morning and could reassess them.

JB: OK. Alright, let's go back. Could you describe the person's contractions?
MF: She wasn't having any contractions when I assessed her.

JB: She wasn't?
MF: No.

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JB: How did you ascertain that?
MF: Because I could palpate on her abdomen, that her abdomen, her uterus was not contracting.

JB: OK.
MF: Nor was she complaining of any contractions. There were no regular pains.

JB: OK. Could you read your note that you wrote on 3-12? That's your note, right?
MF: Yes.

JB: So, could you read that note, please?
MF: Where would you like me…

JB: The whole nursing note.
MF: Inmate arrived from 2-North in wheel chair, reports lower abdominal pain, no regular contractions, no loss of fluid or vaginal bleeding. Vital signs within normal limits, reports positive fetal movement, fetal heart rate 140s, 35 to 7 weeks, round ligament pain, not in labor at this time. Ice and hot pack given to inmate, uh, has routine appointment with Dr. Machinski on 2-21 and follow-up P-R-N.

JB: OK. So, she has a pain 5 out of 10, its lower abdominal pain, pressure on and off. What would you call that?
MF: I would call that round ligament pain.

JB: I don't know what that is, I'm a Psych Nurse. So, I don't know what that is, can you explain that?
MF: Round ligament pain is pain in your lower abdomen when, during your pregnancy…

JB: M-hmm.
MF: …that is, it's a very common complaint…

JB: M-hmm.
MF: …during pregnancy, it's the pressure of the baby and the ligaments stretching in preparation for delivery.

JB: OK. OK. So, how do you assess whether she was having contractions or not?
MF: By palpating her abdomen.

JB: OK.
MF: That's the only way that I can clinically assess that, um, given my scope of practice at York.

JB: And would that be a timeframe that she'd sit there, like?
MF: I had her sitting at the desk and I also had her in the exam room with me personally.

JB: OK. And you palpated the abdomen, what were the findings?
MF: That there were no contractions.

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JB: OK. So, that is written in the chart? That you palpated and there were no contractions?
MF: No, no. But I clearly said that there were no contractions.

JB: OK. So, you didn't measure the contractions? Cause you said there were none. You didn't identify that you palpated. Did you provide any, of education to the patient regarding contractions and pre-term labor?
MF: Yes, I, I told her what I would tell any, any patient. That she needs to stay hydrated because when you're dehydrated that can cause your uterus to contract as well…

JB: M-hmm.
MF: …which is why she was given the fluids…

JB: M-hmm.
MF: …and encouraged to push them. And, I also explained to her that if there was any leaking or any regular contractions that were less than 5 minutes apart.

JB: M-hmm. And can you show me that documentation in the clinical record?
MF: No, I didn't write that.

JB: Alright. On, around 4:42am, on 2-13, custody indicated that they called the unit. Do you know who took the call?
MF: No, what time was this?

JB: 4:42am.
MF: 4:42?

JB: Yeah.
MF: Can I put this back?

RH: Yeah.
MF: Thank you. No, I did not speak to them at this time.

JB: [??]
RH: Excuse me?

JB: [??] to the call. At 4:42. [??] who took the call.
SS: Yeah, at 4:30.
RH: Brianne.

JB: Brianne, OK. Alright.
SS: Were you relayed that the inmate took, called the unit at the time? Were you informed by anybody?
MF: No, I spoke to them sometime after Brianna did a tour. I called over myself and was told that she was sleeping.

RH: Do you know what the time that was?

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JB: So, you called the unit?
MF: I had called the unit after Brianna did tour.

RH: She toured like 2:30.
MF: OK. So, it was sometime after that, again, this is all a blur as far as times.

RH: Yup.
MF: Um, and I was told that she was sleeping.

JB: OK. Is Brianna an R-N or L-P-N?
MF: R-N.

JB: I don't know if sometime around 6:15, custody called the unit, do you know who took the call?
MF: No, I do not.

JB: Did you take the call?
MF: No.

JB: OK. Custody said they called and they told you that the patient had blood clots, no?
MF: What time was this?

JB: 6:15 on 2-13. Just before the code white.
MF: Nope.

SS: Just to go back, were you told about the 4:30 call that [??].
MF: I did not, no. No, I didn't not. The only call that I had with them was, we, to call that she was sleeping.

SS: That's when you called before the unit.
JB: Yeah you called them.
MF: Yes, correct.

SS: Did you see anyone call during that time frame?
MF: No, I did not.

JB: T'was you, after you saw her 11:30.
MF: Correct.

JB: And she went back.
MF: Correct.

JB: Did you receive any call from the officers about blood clots or...
MF: They did not...

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JB: ...leaking fluids.
MF: ...call our desk.

JB: OK.
RH: Um, so this is where it gets, it, at, at 4, so the both officers that were in the, one was Officer Surrirea, one was Officer Ortiz. Um, Officer Surrirea did call medical at 4:4-, 4:41:12am. And that's confirmed by video and she talked to Brianne and all 3 of you are in the nurse's station at that time. And Brianne had picked up the phone and you were across the desk and then the other nurse was standing right next to Brianne. Um, so, there is a conversation that lasted until 4:44:25 and at that point, both Officer Surriera and Brianne hang up the phones at the exact same time and the reason the call was made was just cause before that Officer Ortiz had been touring the unit and he stopped at inmate Laboy's cell for a good 20, 30 seconds. As he was touring, he told Officer Surriera. She went down to the cell and when she came back she called medical and talked to Brianne. So, the three of you were in the room, um...
MF: Who was the other nurse?

RH: I have her name, once sec.
MF: Was it Crystal?

SS: Yes.
MF: Crystal? OK.

RH: Yeah.
MF: The other...

RH: Yeah.
MF: OK. Three nurses.

JB: All three nurses.
RH: Yeah, all three were, yeah.

JB: Crystal, Crystal.
RH: So, now...
MF: Yes.

RH: ...after the phone call was, was completed, Officer Sorrier got up and went back down to inmate Labor's cell and spoke with her. So according to Officer Sorrier, she says that when she called she spoke to you. Clearly, she didn't spoke to you because Brianne answered the phone, but, I don't know if, if Brianne was talking out loud and information was being relayed from you, but clearly, she did call medical and she did call medical about inmate Laboy. And that was at 4:42am, so...
SS: Does that recall anything; do you recall any of that?
MF: I don't. I mean, no, I don't, this was weeks ago, I don't...

JB: Well it's at, about, 6:15. Officer Ortiz called and he spoke to...

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RH: So, the other call that Doctor Benjamin was referencing was at 6:15am, Officer, um, Ortiz, says that Laboy buzzed the panel and says that I'm bleeding, I have clots. So, he says he panicked and dialed the nurses station, he thought he was dialing the nurses station, he dialed the officer. So, Officer Maddox picked up the phone and again, I can see on the video Officer Maddox picked up the phone and at one point you came over and took the phone from Officer Maddox and then you hung up the phone. So, I know it was you and that was Officer Ortiz saying he spoke to you. So, that's, that's the other call we are talking about, so I don't know…
MF: I, I don't rem--, they didn't call us directly. So, I don't, I don't really remember what I said at that point. At, before that, about 5:45, Dianne Carter came in…

RH: M-hmm.
MF: …the Supervisor, and I had the chart on the corner of the desk and I said to Dianne, we saw her last night. She looked at it and she says yeah, I saw her too. Dianne had seen inmate in outpatient on, this was now…

RH: The 13th.
MF: …Monday into Tuesday. Dianne had seen her on Sunday, second shift for same kind of complaints. Another nurse had seen her in outpatient on Saturday at 8pm for the same kind of complaints. So, what I said to Dianne, I said, here's this chart, what should I do with it? She said, I know who she is, she said, young Hispanic girl with thick dark glasses? I said yeah, that's her. So, she says, just leave the chart here for a minute. So, I finished doing what for the shift and then, you know my meds and everything. And then I went out to outpatient and Dianne Carter was in the time clock room. And I said to her, what do you want me to do with this chart Dianne? And you know, I just don't want to leave it on the desk and she says, put it in, um, um, Janet Fishers office, she's the A-P-R-N who will see O-B patients and they will see her when she comes in this morning first thing at 7. So that's what I did, I put the chart in there. That was my conversation that I had regarding the inmate, regarding the chart.

SS: So, the, the issue I think is these two phone calls that are recorded that show custody…
RH: If she wants to see it…

SS: …calling medical and that's where we are trying to figure out if you remember those phone calls. Because those are very important phone calls that were, medical was contacted by custody at four-ish in the morning. And that's when Brianna's seen, but you all are in the same area. It would be presumptuous to say, hey, it's gonna be, so and so, Laboy, she's having that, do you recall that…
MF: I don't remember…

SS: …cause that's what the video shows.
MF: …any specifics, um, and again, I, at that point, things do change.

SS: Right.
MF: But, there were no real reasons you know to be concerned. If custody was concerned, they could have called a code white, hours earlier. They could have called us, but we were not called.

SS: Well, you were called at four…
RH: Do you wanna, I don't know if want to see the video or to see what happened…

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JB: I think we should just...
SS: I think we should see the two videos…
MF: OK.

SS: …cause it…
RH: Well...

SS: …might help you to remember were you were and that, that maybe something would recollect that them phone calls were made. They might not, I don't know.
RH: It's up to you, I can play it for you. I have to go get it, because I thought I had it here.

SS: Oh yeah, just, just probably, we need…
JB: Part...

SS: …medical part.
JB: Part...

RH: Yeah.
SS: Yeah. Well assume that were not going to have to go back…

RH: I'm gonna...
SS: …to show that the C-O's are calling. Well assume that, that's happened and well show the medical calls.

RH: Yeah.
SS: Cause that might be helpful to just, have you recollect…

RH: Sure.
SS: …what happened.

RH: Let me just, this is Captain Hartnett signing off for a brief caucus, it's 2:26pm. Alright, this is Captain Hartnett signing back on after a caucus, time is now 2:29pm.
SS: OK, were watching the video now, and were not going to show you the Correction Officers making the phone call, but, they are on video making the phone call and that coincides with their incident reports that say they made a phone call around 4:30ish. This is that phone call; the first question we were asking you earlier.

RH: Alright, so…
JB: 4:42 something. Some seconds.

RH: 4:42.
MF: Where am I? Am I there?

SS: You can't even see.
RH: Hold on. So, this is Brianne, this is, I'm sorry what did you say her name was, the other…

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LF: Crystal.

RH: Crystal. OK.
SS: Bring it closer if you want.
MDMF: Is there a zoom?

RH: No, no. Unfortunately, no.
MF: Oh, there I am, that's...

RH: Yeah. There. OK.
SS: You will see her [??].

RH: OK. So, this is Brianne and like I said, the desk is here. And then, right, uh...
JB: Go up to 44.

RH: That's when she hangs up.
JB: 44, yeah.

RH: Did you see the phone pickup? I don't know if you saw it or not. No? I mean it's a nice glare on the T-V up there also.
JB: I think it's at 44.

RH: That's when she hangs up, is 4:44.
JB: OK.

SS: Does that make it better?
JB: Yeah.

RH: So, this is Brianne, your gonna see that, that's the phone right there. The only reason I know that is because you'll see her reach over and hang it up. Right there. So, she hangs up and if I show you the unit phone, Officer Surriera hangs up at the exact same time. Um, and again...
SS: And where is Michelle?

RH: Michelle is right here, sitting across...
SS: So, it looks like there is...

RH: This black...
SS: ... communication...

RH: This blurb, this blur right here with the, this is great technology here. But Brianne, and this is the other person...
SS: OK.

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RH: ...and I believe right after this, at 4:46, the three of you all leave. I, I assume that there is a med line that you all have to...
MDMF: It's [??].

RH: Yeah. Uh.
SS: So, do you recall that? Does that help you recollect anything?
MF: I have no idea what conversation would have entailed over there.

SS: Whatever the conversation was to you, it did not rise to a level of, um, seriousness, whatever. Like, like if there was a conversation, it wasn't to the point you felt the inmate should be seen at that point.
MF: Absolutely. If that were the case, I would have had her come over again. But that, I don't even remember what the conversation was.

MDMF: Well was there a conversation?
MF: At all, probably that whether or not Crystal needed help in Mental Health because she was the only nurse for thirty some odd patients. That's probably what most of the conversation was.

JB: And the Officer would call Crystal to find out if she needs help in Mental Health?
MF: No, no. Crystal came over to dis--, talk to us, check with us.

JB: Well, she, she was on the phone with the Officer?
MF: No, Crystal was in Mental Health which is the opposite end of the building.

JB: Mm.
MF: She, just by coincidence, I would assume...

JB: M-hmm.
MF: ...walked over to the 4-South side.

JB: OK.
MF: Just to see how things were, we frequently do that back and forth...

JB: OK.
MF: ...on third shift. To make sure our co-workers don't need us to try to help do something.

JB: OK, so if at that time, the Officer had called to tell medical that the, um, patient was leaking vaginal fluids, what would have been the direction to the Officer?
MF: Um, either call a code white.

JB: Call a code white for leaking fluid?
MF: Well, or, I would have just had them bring her right over to us. Either way we would have needed to assess her again.

JB: So, what, what would the assessment entail?

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MF: I would do the same thing I did at 11:30.

JB: What?
MF: Her vital signs…

JB: M-hmm.
MF: …fetal heartrate. Ask her if there were regular contractions, ask if she felt wet…

JB: M-hmm.
MF: …ask if there was any bleeding. Same thing that was done at 11:30pm.

JB: Would there be the use, will there be the need to use the litmus paper? To ascertain to what kind of fluid…
MF: I could…

JB: …was down there?
MF: …I could do that if she was leaking fluid, yes.

JB: And how would you know to do that?
MF: Because I did O-B for 14 years.

JB: OK.
SS: So, is any…
BM: Can we see that...

SS: …of that told to you at that time?
RH: Excuse me?
BM: Can we see the log book?
MF: None of that was told to me at that time.

RH: Which log book? The, the.
BM: D-O-C log book?

SS: So, this was now communicated [??]…
RH: There is no indication they called medical in the log book.

SS: So, whatever the communication was, you were not aware that, were you aware that there was any communication of the officer regarding this specific inmate at that time?
MF: Can you…

SS: The, the, the phone call that, um, the other nurse was making with custody…
MF: Right.

SS: …did you know she was talking to custody? Or do you recall that at all?

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MF: It was…

SS: It was nothing that would…
MF: No.

SS: OK.
MF: And Brianna, I am the third shift go-to person.

SS: Right.
MF: I'm the oldest nurse with the most experience and I have the O-B experience. I didn't ask for any, any special, to do this. But, several of the other girls had never had children and their only O-B experience was in school. So, if, when there is no medical prov--, when there is no provider on third shift, I was will be the one to assess that pregnant inmate based on the fact that I have the experience in doing so.

SS: So, if, if she had said to you that custody, um, told her that this inmate was having some type of, any type of discharge…
MF: That would have been a different ball of wax.

SS: OK.
MF: She would have been seen, she would have been sent out.

JB: Can we show her the 6:15.
SS: Yeah.
RH: I, I just want to clarify, so when that phone call came in to medical, I have two officers telling me that they talked to a nurse in medical saying that Laboy is complaining again. Apparently, they said it was clear discharge.

SS: One was about, 2:30ish.
RH: No, 4, this is the 4:40, yeah.
JB: 6:30.

SS: Oh, 4:40.
RH: Um, and…
JB: And they said they talked to Michelle.

RH: So, your saying that Brianne didn't relay any information about that phone call to you?
MF: Not that I recall.

RH: OK. But, you recall the conversation with Dianne Carter very clearly, when she came in about inmate Laboy. So, if there had been a conversation with Brianne about inmate Laboy and she had spoken, she had relayed that information to you, is there a chance you would have remembered? It was Laboy again who I just seen again at 11:15pm.
MF: Yes, and if Bree had gotten a call and she expressed concern because she wasn't sure how to manage it…

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RH: M-hmm.
MF: …then yes. But that did not happen.

RH: OK.
JB: Did she take the call at 4:44?

RH: Did who?
JB: Michelle.

RH: No, no, that's Brianne, that's Brianne.
JB: But did she give the phone to her?

RH: I'm sorry, what are you looking for?
BM: Clearly, up until 6:40, there, doesn't seem to be any issues in the log books.

RH: There is nothing in the log books, but do you want to see the incident reports? It's not in the log books, but it's in their incident reports.
BM: The log book is a legal document.

RH: So is their incident report.
SS: Well I mean, that's something D-O-C is going to address, regarding what they put down in the log book, what they didn't.
BM: Can I see that, incident reports, please?

SS: What we are, um, looking at here is…
BM: I'm not trying to be argumentative.

SS: …just the videos and their incident reports. And when you look at that it shows concern. It shows concern, that's why we are here. At 4:45 that the inmate indicates something that there is clear discharge and they call up to medical and at that point there's no, and that's where the question comes in. So that's, that point and if you could just clarify that…
RH: That's what they said, but they, I mean, Brianne is on the phone, it's not [??].

SS: So that was that time, so, the next thing is, I think, 6:15.
JB: 6:15.
RH: Yeah, yeah that's what the phone call Officer Maddox.

JB: Is that 6:15?
RH: 6:14.

JB: OK.
RH: I'll let them catch up on the incident report. So, right there, that's Officer Maddox that answered the phone.

SS: Who's that, at the right, walk, that was just walking. No…

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RH: Oh.

SS: ...over.
RH: Uh...
MF: That's Dianne. Where in the nurses...

SS: No...
MF: ...station?
SS: No, in the nurse's station.

RH: Where, right here in the white?
SS: Yeah. Who's that?
MF: That's Diane Carter.

RH: Diane.
SS: Diane Carter.
MDMF: Boy you guys are good.
MF: Yeah, we see her a lot. And she is in very early.

MDMF: Yeah.
MF: Usually, 5:45.

MDMF: So, Maddox is still on the phone?
RH: Yup. And then your gonna see, Fialla will come from behind this post...
MF: Oh, that's the worker.

RH: So, this is...
MDMF: Is that you? Back there?
MF: No that's the worker.

MDMF: No, no, no.
RH: Right, right here. They are just taking the phone.

SS: That's her taking the phone from the, from the...
RH: From the officer.
JB: From the officer.

SS: Did you see that, that was you taking that phone call, from that Officer.
RH: And, that's [??].
MF: And then play, continue to play it.

RH: OK.
MF: Cause that's probably when I had the discussion with Diane.

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RH: OK.
MF: Cause, does she have a chart in her hand?

MDMF: So, what did the officer on the phone say?
MF: I don't remember exactly.

SS: So, whatever you told the officer, he went back and told the inmate. Um, and, that conversation is, um, what we are asking about.
JB: Is that you right there...
RH: That's Brianne.

JB: ...or, is it the officer? Oh.
RH: Michelle is here.
MF: That's an officer.

JB: So, it seems like you talk to Diane about the same time the officer called.
MF: Yup.

SS: Was it relating to this? Did you talk to her about what the officer told you?
MF: I don't remember what I, what I told her, other then that this inmate had been seen again. And that's why she said that she knew her and we should see her again this morning when someone came in.

JB: If...
MF: When a provider came in.

JB: ...if the officer had called to tell you that a person had blood clots now at, 6:15. What would be your direction?
MF: That we would need to see her.

JB: OK.
RH: I'm, I missed. You said that Diane said that she saw her on Sunday?
MF: Yes.

RH: The week prior? Was that in the chart, is that?
JB: I don't know, which day Sunday?

RH: I don't remember.
JB: OK. The 9th is Friday, the 10th is Saturday, the Sunday is 11 days, no notes in the chart. [??].

RH: We'll have to talk to Diane.
MF: Diane knew who the inmate was. Diane works frequently on the weekends in room two due to short staffing.

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RH: OK.
MF: She's in room two, she was aware of who the inmate was because she had seen her, herself.

MDMF: Or maybe handed it to somebody else. She was [??].
MF: Diane knew who she was when I.

RH: OK.
SS: Do you recall anything at all that the Correctional Officer said to you at that point? When he called?
MF: No, not per say, no.

SS: Because the officer was saying there was some serious concern and he spoke to you as you can see from the video and they go back and speak to the inmate. So, do you recall anything that could have been in that conversation?
MF: I mean I, I acc--, I would have said that she would have been seen, I mean because the provider was late. You know the provider would be coming in imminently.

SS: If it was a blo--, if he said it was a blood clot, would you wait?
MF: If she, no, if she was leaking, if I was told that she had ruptured membranes and leaking fluid, we would see her immediately as we would see any pregnant inmate.

JB: Do you know what policy directs you to do, regarding somebody like her?
MF: Well I've read the policy, exactly I don't.

JB: How does the policy relate to your patient's profile?
MF: Uh, that labor, it relates that she not in labor…

JB: OK.
MF: …when I saw her. Which, I, she was taken to the medical unit for evaluation. She was evaluated to not be in labor at 11:30pm. And it says that if labor is verified, which it wasn't.

JB: OK. Well thank you.
RH: Jenn do you know if…

JB: No, the Officer Ortiz said he called, he spoke to Officer Maddox and then he talked to Michelle and he told her the patient had blood clots.
RH: Alright.

JB: And Michelle told him that she will be fine, tell her to rest. Inmate was still on the toilet and she would be seen by the A-P-R-N in the morning. That's what he was told.
RH: That's according to Officer Ortiz obviously.
SS: What do you have to say with…
MF: I don't explain, I don't explicitly remember, again I was, again, things change, they, we could have called a code white anytime, or a Lieutenant. And I never, if she had, if her water broken or fluids have ruptured, that would have been, she would have been sent out. And I spoke with the Supervisor about her, so that this was immediately followed up with.

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SS: So one of the concerns that, that, that have been brought up was that, as you can see that there's been a few and what's been put under, there's been a few phone calls that's been made to medical and medical did not go down and see the inmate even though there was some concerning, as you heard from the questions, concerning, um, the patient. So, do you recall anything being brought up was maybe a concern of yours? That you would have said maybe, wait, maybe we should see the patient? Or did you feel that, that was fine, there was no need?
MF: I had 110% confidence in my assessment at 11:30pm.

SS: Nothing was informed to you after that, that could indicate…?
MF: If there were more concerns, she could have been brought over at any time and those concerns would have been addressed.

RH: Can I ask you Michelle. Based on, I understand you have extensive history in O-B-G-Y-N and working at Hartford Hospital. If it wasn't you assessing her at that point, if it was just Brianne that had just assessed her, and she had come over and seen her. Would the action have been different? Do you think that…
MF: I can't, I can't get an opinion on another nurse's assessment.

RH: Was there anything preventing her from being placed in medical over night until the provider saw her in the morning?
MF: There is never a…

RH: OK.
MF: There is nothing that prevents us from calling an on-call and putting someone in overnight for observation.

RH: OK.
MF: We see, we see patients time in and time, many patients on third shift…

RH: M-hmm.
MF: I'm in one particular night, we had five patients with chest pain.

RH: M-hmm.
MF: And per protocol, we had to do E-K-G's and fax them to UConn which is a very extensive protocol. Not one of them was…

RH: Having a heart attack?
MF: …having a heart attack.

RH: Yeah, ok.
MF: So, I mean this is ongoing…

RH: Sure.
MF: …thing, we see many, many, many, many sick calls on third shift. And if it is necessary, we would call the on-call and get an overnight admission order to keep them in medical.

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RH: OK.
JB: I have a question regarding your labor, um, your, labor assessment. When I read the record, I couldn't tell what assessment, what was done to prove that she was not in labor apart from you saying that she wasn't in labor. If you tell me the person doesn't, doesn't have a temp, I'm looking for, a record of the temp. If you tell me the person is low blood pressure, I'm looking for a blood pressure. What in the chart that you noted that would tell me that she was not in labor?
MF: I noted no regular contractions and you can't be in labor without regular contractions.

JB: OK. How did you, how did you ascertain whether the contractions were regular or not? What is the criteria?
MF: I palpated her abdomen and there were no contractions.

JB: And did you do a time frame? Did you [??]?
MF: The entire time off and on again when I had her in the unit.

JB: For thirty minutes?
MF: At least, give or take, yes.

JB: What if I tell you that she was [??] and doing it for 10 minutes. Would that change the assessment?
MF: Would it change? Wouldn't change my assessment, no.

JB: OK.
MF: I stand by my assessment 110 percent.

JB: OK.
SS: I don't think as much for me anyways the question of that. It's what happened afterwards, I think. It was, um, so, but from, what I got from the notes, it was nothing indicated to you by any custody that made a red flag. And correct me if I'm wrong, you stated that had anyone said anything to you that was either clear discharge or, uh, mucus, or any bloody discharge, you would have done an assessment and called the on-call?
MF: Correct.

SS: Would that be accurate?
RH: And I just want to clarify, you, I know you said that you actually called the unit after Brianna toured after sometime after 2:30.
MF: Approximately.

RH: Do you know if, cause, I want to find the phone call, because obviously that's new information, I just want to ascertain. But you did say you talked to, do you know if it was Ortiz or Surriera…
MF: I think it was Ortiz.

RH: OK. And, and you asked how she's doing and he said she's sleeping.
MF: Yes.

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RH: OK.
MF: And that was after tour…

RH: After…
MF: …and Brianna was told there were no issues.

RH: OK.
SS: Can I ask you, how, and this isn't just from identification, you guys do tours, what does that mean?
MF: Oh, that on third shift, we, um, tour the 15-minute units. So, 4-South and 4-North are 15-minute units…

SS: OK.
MF: …and, um, and you know obviously the Officers are touring every 15 minutes and we have nursing staff there. We also tour R-H-U which is a 15-minute unit, we go in and talk to the C-O's, is everything ok. Is anyone going to court? That kind of thing. Same thing is 2-North and same thing in the apartments where the Y-O's are housed.

SS: So, this one, was she a 15 minute one?
MF: Yes. In 2-North.

SS: So, with those, do you go to cell to cell? Like…
MF: No.

SS: …you don't do living and breathing…?
MF: No.

SS: …you just go to the cell?
MF: Correct. We, we go and talk to the C-O's in 3-North and 2-North, but we do actually go and look at the inmates in the, in the apartments in the Y-O building.

SS: Where was she?
MF: She was in 2-North, which is…
RH: 2-North.

SS: [??] and you just [??].
RH: Anything else? Doctor Farinella? Do you have anything you want to add? Do you want a caucus first?
BM: I have; can I add something?

RH: Um, yeah, sure.
BM: I just find it hard to believe that the log book was quiet up until that point. There was nothing in there, all that concern and there was nothing in there about it. No calls to supervisors, no code whites, I mean these are seasoned officers.

JB: Not really.
RH: Not really. Surriera started in 2015.

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BM: I remember when I started in [??], we didn't have an officer in the unit. I did the log book. Whatever, everything was in the log book.

RH: Yeah. Alright listen…
JB: You know what…

RH: …obviously that's an issue for the officers and its…
BM: I mean I understand…

RH: …addressed because that's the first thing they teach you in the academy. Is, if you call medical, you put it in the log book. Why they didn't do that? I don't know.
BM: What if you have some--, everything going on like that and your saying its quiet? That's very different.
JB: However, Beverly, when you watch the videos, it wasn't quiet, they were doing the tours and they were talking to her. I've seen better…

BM: So, then they are lying? On, in the log book? It makes no sense.
RH: There is no lying in the log book unless they wrote something that wasn't true in the log book.
SS: They omitted the log book, but that's different then lying in the log book…

RH: Right.
SS: …they did a tour when they didn't do a tour.
BM: But they are saying its quiet.

SS: Yeah but that's something…
BM: But you saying it's not quiet when you look at the ev--.

JB: They are going back and forth, they are going to the cell, they look like they were picking up the phone, calling medical, they were going back and forth. That's what I'm talking about.
MF: Can I also…
BM: I…

RH: Yeah, abso--…
MF: …add, are you done? I don't want to…

BM: Go ahead.
MF: …I've, in my years of O-B experience, if I had a dime, um, for every time we had a patient on a monitor who was not dilated, was not progressing, was not in labor, was not doing anything, and we send them home and they would get home, turn around, be in active labor and, um, come in and have a baby. I can't tell you how many times I've gotten a patient off an elevator, wheel chair with a baby's head still in the underpants. Things change, things happen. Babies are born every second of everyday. Prematurely, precipitously, normal spontaneous deliveries. We had two nurses, myself and D are there with 30 plus years of O-B experience and a very experienced nursing supervisor. We took care of the baby, we put the baby skin to skin, we clamped…
JB: [??].

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RH: Yeah.
MF: ...please can I finish?

RH: Yes, yes.
MF: We clamped the cord, we delivered the placenta, she got, she didn't even, Dr. Machinski had said she didn't even really need to go to the hospital because we had provided the utmost care to her. When we went to leave, Lieutenant Beaten was high-fiving Dianne Carter. We were invigorated. Dianne Carter said never mind wow bars girls, you're all getting parties. So, this went from wow, we had an unexpected, precipitous, premature delivery that was perfectly healthy and perfectly run and perfect care was given to this inmate and that baby. And you have nurses that are on A-L.

JB: Well Michelle, I will say this, when the Officer calls, the patient told me she was leaking fluid, leaking enough that she put a tee shirt in her underpants and walking to breakfast...
MF: So why didn't someone call us and tell us that?

JB: ...hold on, we spoke, you spoke, I am speaking now. A seasoned O-B-G-Y-N nurse is there and the officer called about leaking fluid and blood clots and you did nothing, that's the problem.
MF: Do you, the problem is, do you think anyone told me that she walked to chow with a towel between her legs? No.

JB: I don't know that.
MF: If I had known that, what about the Officers on the walkway? No one noticed that she had a towel between her legs?

JB: I am talking about...
MF: I can only work with what I know.

JB: ...two Officers who said they called Michelle. Michelle for leaking fluids and Michelle for blood clots. That's all I can say.
MF: Well I, was not told...
BM: And the unit was quiet.

RH: I want...
BM: ...in the log book.
MDMF: You can see on the video that one time it wasn't Michelle. You see that in the video.

SS: The first one at four I think was, was...
RH: I do want to call attention, there is absolutely no question about the treatment of the patient once the code white was called, actually we thought that it was done...
MF: It was flawless.

RH: Yeah. So, that's not...
JB: The baby was already born.

RH: ...that's not the focus of this at all.

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MF: There are things that go on after a baby is born.

JB: I know, but the baby should not have been born in the toilet.
MF: The baby was not in the toilet.
BM: Doctor Farinella, how many times do we send them to L and M and they send them back and we have them?
MDMF: This is not the first delivery…

SS: Yeah, the delivery part is not…
MF: And there was no baby in the toilet, ever.

JB: There is nothing about the delivery. What happened that lead up to the delivery is the concern.
MF: If the inmate is walking across the compound to the chow hall at 5:30 with a towel between her legs, because she is leaking fluid. Maybe we should have received a call about it at that point.

JB: And you did, based on what Officers said.
MF: I didn't not receive a call about leaking fluids.

SS: And that's where…
BM: [??] let them out of the unit…

JB: 6:15, before breakfast.
BM: …if they have their tee shirt wrong, they aren't going to let them walk to chow with a towel between their legs.
MF: No one saw that?

JB: She didn't have a towel, she said a tee shirt.
MF: No one saw that?
BM: They are not going to let her.

SS: I think the question is, what we see on video is the phone calls and your statements and we gotta get through that and the C-O's statements and looking at that. And that's where there is a disconnect regarding what is told and that's what we, hence the investigation.
JB: If you noticed, we didn't look at the code white video, cause we had no concern about video.

SS: Right.
JB: We had none.

RH: All set? OK. Bev, you good?
BM: I'm good.

RH: OK. Uh, this will conclude the interview of R-N Michelle Fialla, this is Captain Hartnett signing off, time is 3:00pm.

Investigator:

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Facility Unit: York Correctional Institution		Page: 1 of 13
Name: Brianna Simmons		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position: Correctional Nurse
Gender: Female	Race:	Case number: 18-017
Previously Interviewed: ☐ Yes ☒ No		
Nature of Interview:		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date:
Investigator:		Time:

RH: Robert Hartnett, Captain, Security Division
JB: Jennifer Benjamin, DOC, Central Office
SS: Silvia Santos, HR Consultant, UConn Health
MF: Monica Farinella, Medical Director, CMHC
BS: Brianna Simmons, RN, York Correctional

RH: This is Captain Hartnett signing on, todays date is March 23, 2018, the time is 3:15pm. This is, uh, joint Security Division and C-M-H-C Investigation 18-017. This is the interview of R-N Brianna Simmons, we are at Central Office and I'll have the other people that are involved in the interview introduce themselves, starting at my left.
JB: Jennifer Benjamin, D-O-C, Central Office.
SS: Silvia Santos, H-R-C, um, UConn Health.
MF: Monica Farinella, Interim Medical Director for C-M-H-C.
BM: Beverly Murphy, 11-99 Delegate.

RH: OK.
SS: So, I'm just going to do a little bit of intro, let you know why, obviously you know why you are here. Um, its regarding the, an investigation relative to, um, not the birth, but what happened within the 24 hours, prior to the birth of the baby. Um, and, so we are going to be asking you some questions. Now, if you were a D-O-C employee, which eventually there is going to be a merger, you will be signing off on this. Right now as a UConn employee, I just read through these rights and responsibilities, basically just tells you a little bit what this is about. This is a joint investigation and it's a combination with D-O-C and, uh, UConn doing this investigation together to look at all the facts because right now you are still a C-M-H-C employee. Um, so the purpose of the interview is to gather facts regarding a matter in which you may have relevant or pertinent information. Obviously you were there that day, so [??] one day. You are a bargaining unit member, you have a right to have a union rep and you have someone here. Um, the questions we are going to ask you are just about that. Um, day and anything with regard to that inmate. The questions we ask will have direct relevance to your official duties of employment. Obviously you must answer all questions related to the performance of your official duties and employment fully and truthfully. Disciplinary may result if you are not truthful or if you are found to be in any violations of any rules or regulations. The other thing is that this is still an open investigation and we are still trying to gather facts from all sources and were still in the process of interviewing. So, we ask that, you know, you can talk as much as you want to you and your union rep, but not to call people at work and say this is what they asked me, can you believe this or that. Because we still have to interview some more people, so that's the only thing. OK?
BS: OK.

Investigator:

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Name: Briana Simmons		Date: March 23, 2018
Case number: 18-017		
Nature of interview:		

JB: Brianna, how long have you worked for C-M-H-C at York?
BS: At York, I've been there for about 3 years. Maybe a little less.

JB: OK. How long have you worked for C-M-H-C?
BS: About 4 years.

JB: 4 years?
SS: Where were you from?
BS: Corrigan.

JB: What is your professional background?
BS: I graduated in 2011 from UConn and I worked at Lawrence Memorial Hospital from 2011 until I started at C-M-H-C in 2014, then I was per-diem at L&M for about another year until I stopped doing that because it was a little too much. Just fulltime at C-M-H-C.

JB: What is your role at York? Your role...?
BS: My role? I'm a, I'm an R-N. Correctional Managed Health Nurse.

JB: Please describe your training in labor and delivery.
BS: My training...

JB: In labor and delivery...
BS: Um, my training in labor and delivery is what I received at UConn.

JB: In school?
BS: In school.

JB: When was the last time you attended any service regarding labor and delivery at C-M-H-C?
BS: Um, I don't remember.

JB: Did you ever get training in that?
BS: I don't remember receiving training.

JB: Do you have a certification in labor and delivery?
BS: No.

JB: Um, you know we are talking about Ms. Laboy and her baby...
BS: M-hmm.

Investigator:

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Name: Briana Simmons	Date: March 23, 2018
Case number: 18-017	
Nature of interview:	

JB: When was the first contact with the patient?
BS: Um, I really didn't have much contact with the patient, it was, they called, she came over around 11:30, to be seen. I, I mean, Michelle, the other nurse took care of that. I kind of just, the only thing I really did was grabbed her a pitcher of ice because Michelle asked me to do that. But there wasn't, I want involved in the assessment or anything like that.

JB: OK. Did you receive a phone call from the officers while you were on the unit that night?
BS: I received one at the start of my shift, I don't know what time. But I told them she could come over, she came over around 11:30. And that's when she was assessed by Michelle.

JB: And that's only time?
BS: That's the only time I received a call.

SS: Do you remember what they said to you? When the C-O called, why you decided to bring them over?
BS: I don't remember specifics, but I did think it was the jist, she was pregnant and she was having some abdominal pain. And that's if someone is pregnant, we usually, it's like automatic thing we do.
MF: That's how she got there, the beginning of the shift, now we know.

RH: What's that?
SS: We were wondering how the inmate got there, so, basically she got there because…
MF: They were like she just showed up.
BS: They called and I said, just send her over. I told Michelle, because Michelle has the O-B background.

SS: So did you expect that when she came, she would see Michelle?
BS: Yeah, I told Michelle…

SS: …is that what it was…?
BS: Yeah, I told Michelle ahead of time and she said ok.

SS: OK.
JB: Were you part of the assessment?
BS: No, I was not.

SS: OK.
RH: Uh, are you familiar with Officer Surreria? That was in the unit?
BS: I know, yeah, yeah.

RH: So, you toured the unit at 2:30 and came and signed the book and, um, you left, I think Surreria left with you.
BS: Yeah.

RH: Is it possible that she called you again at like approximately quarter to 5? About inmate Laboy?
BS: I didn't receive any other than that initial phone call, I didn't receive any other phone calls about Laboy.

Investigator:

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Nature of interview:	

RH: OK. Um…
MF: Did you receive a phone call at all?
SS: No officer at 4:45?
BS: No, they were saying that they had me on camera at 4, that was me calling my husband, if that's what you are talking about. And I have a screen shot of his phone saying I was on the phone with him at, do you want a copy of that?

RH: Uh, sure.
SS: In this case, I was wondering if we should show both.
JB: Yeah.

RH: Well, I mean, if its…
SS: Cause, um, what the camera show, there is a camera in custody and a camera, were gonna show you that…

RH: 4:02.
SS: …and a camera in medical which shows custody calling, you picking up at that same time and you both hang up at the same time. This may be, maybe it just might, maybe want to look at it first before you [??] to make sure that maybe something you recollect once it's done. I guess you got the time down, 4:41.
MF: No, it's 4:02.
JB: It's 4:02.

SS: Oh that call is…
RH: That's 4:02. She said she was talking to her husband at 4:02.

SS: OK. Do you wanna see if she was calling at 4:02?
RH: Uh, I, I have no…

SS: We can still relate to the fact that it was at 4 o'clock, may have called him. So the question is more this time here, 4:45.
BS: I…

RH: You didn't speak to him for like 45 minutes, right?
RS: No, I spoke to him for one minute, it shows on the thing.

RH: Yeah, OK.
SS: So this is the, this is the issue here if you can see this time. When this phone call is made, you are the one that picks up, [??] get close to [??]. If you can move up…
MF: It's better to turn the lights off.

SS: …I'm gonna turn off the lights.
BM: Want me to turn the lights off?
MF: It's easier to see.

SS: I didn't do that.

Investigator:

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Nature of interview:		

JB: You broke it, yeah.

SS: So, this is a [??].
MF: I think you are in their chair there.

RH: Actually, I wonder if, uh, if it would help to see the officer…
SS: Yeah, I think that's what I'm saying first…

RH: Yeah, I see what you mean, yeah. So…
SS: So, we are going to show you the officer.

JB: Wish we can split the screen.
SS: Yeah, that would be nice to get another one.
MF: You can get one on one…

SS: See what happens is the custody has said that there is a concern brought to the custody of, from the inmate and its shown here. That follows what the custody is saying.

RH: Alright, uh, so, this is, uh, 2-North. The officer station. The tier that Laboy was on is down here…
BS: Yeah.

RH: So, this is Officer Ortiz, he had just toured the unit and spoke and stopped to her. Spoke, stopped at her cell and spoke to her for a little bit. He came back and was going to do the rest of his tour but he talked to Officer Surreria who then goes down to the cell and speaks to her again. And when she comes back, she picks up the phone and according to her, she calls medical and speaks to, um, Michelle Fialla.
SS: Not this time.

RH: Yeah, this time.
SS: Ok, yeah, yeah. OK.

RH: But I can't…
JB: No, this is the one that she said.
SS: OK.

RH: This, Surreria says that she talks to Michelle, but I, when she calls, it's, so 4:42:23…
SS: So that's her calling.

RH: Yup.
JB: OK.
SS: So, at that time, unfortunately…

RH: Yeah.

Investigator:

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Nature of interview:		

SS: …close this out and open another one. And I think we'll just have to, only she'll want to go back, accept that you guys both hang up at the same time.

RH: That might be the one that…
SS: 4:42.
JB: 4:44.

RH: 4:42.
SS: We just…
MF: That's Brianna right here in the front.

RH: Yeah. Right, so…
MF: To show you.
BS: OK.

RH: I know you take our word for it that this is you sitting in the chair right here. Um, and then Michelle…
??: This is where you sit?
BS: I was, I was floating that night, so I was sitting on that side of the desk.
MF: Michelle is on the other side and what, Crystal comes…

RH: Kristen, yeah Crystal is gonna come in, in a minute.
MF: That's Crystal.

RH: So, right here, you just picked up the phone, right there. Now, and here is Michelle, so I, is there a, let me ask you this. Is there a phone on the other side of that desk?
BS: There is a phone on each side of the desk, yes.
MF: But I don't this is Michelle. It looks like she picked up the phone, did Michelle pick up the phone?

RH: I can't, tell, you know, I…
SS: Do you remember picking up the phone call at 4:40?
BS: I mean…

SS: 2.
BS: …I don't remember receiving any phone calls from them other than the initial one at the start of my shift at like, between 11 and 11:30.

SS: Do you remember who you could have been speaking to?
MF: At this point.
BS: It could have been for a number of things because I have to call about people coming down for their methadone, I have people for their subutex, I have to make sure people came down if they have like emergency meds…

SS: Do you know if she was speaking to custody on the other side of you?
BS: I don't know.

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Nature of interview:		

JB: They said they talked to Michelle.

RH: What's that?
JB: They said they talked to Michelle.

SS: Does it look like they, the other one?
RH: I mean it's a blur, I can…

SS: Well I think it would be interesting to…
RH: So, at, 4:44:25 is when I have the hang up, let me see…

SS: 4:44:25. Let me see.
RH: It might be easier on this one. So, the hang up, there was a hang up of the phone.
BS: That looks like I am picking up a phone.

SS: Looks like, Brianna.
BS: That looks like I was picking it up.

BM: Your right. It looked like you were picking it up.
BS: And then I just put it down.

SS: Do you know Officer Ortiz enough that you guys have a rapport that he would recognize your voice, versus?
BS: Yeah, I mean they know, I think me and Michelle are different enough that they would know the difference between us. And I'm pretty, I was decent with Ortiz and Surreria. So, and I announce who I am when I pick up the phone.

JB: You went there at 2 and you sign in, right?
BS: M-hmm.

JB: During your tour?
BS: M-hmm.

RH: So…
SS: Well I think it's gonna…

MF: Why is it so much clearer on this camera…?
RH: Yeah, I know…

MF: …medical.
RH: Drives me crazy.

JB: Maybe the light, the lighting.
MF: It's so clear.

Investigator:

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Nature of interview:	

JB: There is a light right there.
SS: Plus, it's like at 4:41 maybe, the time, yeah.
MF: I see better on.
JB: There is a light right there.

SS: Can't zoom in, right?
RH: Nope, so right there she hangs up the phone.

SS: That's 4:40.
RH: 4:44:25, I had it.
JB: 4:44.

RH: So after she hangs up the phone, she goes back down to the cell and talks to inmate Laboy. Um...
SS: Can we just see medical, I just want to see it real quick.

RH: You want to see it again? Yeah.
SS: Sorry, I'm just gonna get a little closer here.
BM: You can come up too, I don't want to be in your way.

RH: Alright, you said you want to, actually, I can zoom in with a different player.
SS: I don't know if it will be that much better, but, where is the phone? Right here? On your left?
BS: Well it, well...

SS: On your right?
BS: I can't tell exactly where, it would have been right about in front of me. That's the computer, I'd assume, then...

SS: Are you a lefty or a righty?
BS: I'm a righty...

RH: Right there...
SS: Oh, that's it.

RH: But it almost looks like she picks it right back up again.
SS: Yeah, she picked it up.
BS: That's probably me calling for methadone's and stuff because I have to call a bunch of different units.

SS: As she picked it up. And then, wait, she's doing something else, you got a [??] on your, right here. You have it like this, it looks like, correct me if I'm wrong. Yeah.
JB: Is Michelle on the phone too, over there?
RH: I can't tell, it's even blurrier on the other side.

JB: OK.
BM: I mean can you get the...

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Nature of interview:		

SS: You keep like, like, I think it's like your gonna hang up…

RH: The only phone calls that are recorded are outside phone calls into the units. The inter-facility calls are not logged.
SS: Let me just get the exact time, still on the phone. Looks like she is still on the phone.

RH: I know; I'm looking at Michelle. I don't know.
SS: Oh I can't, it's impossible to tell, cause she's wearing like dark clothing.
BS: I mean it's so hard to tell, really.

BM: But that doesn't necessarily mean they called medical, because they didn't, log that they did.
SS: Well I think the log book; we have to get over that. Cause that's gonna be, like a, they didn't do that, they should've done that…
RH: I mean…

SS: …but that's another…
RH: …I don't know who else would call after touring the unit and stopping, both of them stopped at the cell and then they go and make a phone call and…

SS: I missed you. Did you hang it up?
RH: …after the phone call they go back down to the cell. I mean, who else would they have called? Not Doctor Machinski.

SS: I can't tell, I can't tell.
BM: If it was me and someone wouldn't see somebody, I would call my Lieutenant.

RH: Unfortunately, this is the only call they had made though. It's not like they made four phone calls and then they called the Lieutenants office. This was…
SS: Oh you stopped it, I'm like there is no movement.
RH: Yeah.
SS: I'm like why is there no movement? That's why, you stopped it. OK.

RH: Well, I didn't know there was a phone on the other side of the nurse's station, so…
SS: Can you tell me what that means when you, what time do you call methadone, what that means? Could you explain it better?
BS: So, we have to do it before they go to court. So there is two times that they go to court. It'll be at 4am and then it will be at like 6:30. So I'll call based on those or if someone doesn't show up, like, after like, 4:30, 4:40 for their methadone or suboxone or I knew they were schedule to go to court at that time. Then I'll call and say hey you have to send this person down.

SS: Who do you call?
BS: I would either call the unit or probably A and D at that point.

Investigator:

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Nature of interview:		

SS: That wouldn't be this inmate's unit, that's another unit?
BS: I could have called the inmates unit saying, hey you have someone going at 6:30. Can you make sure they come down to get their methadone.

SS: That would be about the time that you would call? At 4:45?
BS: It would be just whenever I got to it…

SS: OK.
BS: …it wouldn't be a scheduled time.

JB: Brianna, what is the staffing complement of the night shift?
BS: Sorry?

JB: What is the staffing [??] on night shift?
BS: Um, we can work with as few as 3…

JB: M-hmm.
BS: …and I think the most we ever had was 5 but usually it's, we usually like to have 4. That night we were working very minimally.

SS: So…
BM: So, with how many?
BS: 3 people. It was me, Michelle, Crystal.

SS: Do you recall at all any of those conve--, that phone call would have been custody calling you regarding that inmate? Do you recall that?
BS: They, I, they did not call me except for that first time and I told them to send her down. They did not call me since then.

JB: Who called you the first time?
BS: I don't remember.

SS: What were the symptoms that made them, you want them to call you…
BS: I don't remember the specifics, I, my guess is that it was abdominal pain, and she, I remember that they said she was pregnant. And as soon as I, it's one of those things, if I hear that they are having chest pains, can't breathe, you know, pregnant, it's one of those key words. I'm like, send her down. You know, we just automatically see them.

SS: So if they had called and said there was any type of, um, anything, that there was, again this inmate had some issue, let's say a discharge. What would you have done?
BS: I would say, send her down.

JB: Blood clots?
BS: Yeah, of course, send her down.

Investigator:

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Nature of interview:		

RH: Um, and so, to your recollection, you don't remember any phone call from the unit to medical at 4:42am?
BS: No.

RH: So, if you were on the phone to methadone and Michelle was on the phone across from you, do you know necessarily, would you have known she was on the phone if you were busy, calling the units?
BS: No, I wouldn't even be paying attention.

RH: So, then at 6:15, another phone call had come in and this one came into Officer Maddox. You are sitting in the same chair. Michelle had come over and taken the phone from her. Do you have any recollection of another phone call closer to when the code called that Michelle might have taken? Do…
BS: No.

RH: OK.
SS: Do you recall hearing any conversation with Michelle and any Correction Officer on the phone?
BS: No.

MF: Do you recall any conversation with Diane Carter? When she was in the unit that morning?
BS: I remember she came into the unit, but I, I think I was just busy with some other stuff, we talked about her probably going to the unit, but that was really it. I don't, I can't recall.

SS: Do you recall any conversations of Laboy coming up at all? After that night, after you sent her to down to go to [??], and she was [??]. Do you recall any conversation between any of the nurses or custody regarding issues of her calling back again or anything…?
BS: No.

SS: …like that?
JB: When you toured the unit after 2, did you ask about her?
BS: I didn't, no I did not ask about her.

SS: Can you ask, tell me what that means when you go to tour the unit? What are you required to do?
BS: Um, so in the units that have 15 minute tours for the officers, we go to, so the R-H-U unit, 3-North, the apartments for the unit is, and then, its 2-North.

SS: And where was she at? She was at…?
RH: 2-North.
BS: 2-North.

SS: 2 North, right.
BS: So, we go there and we asked of the officers if there is any issues. You know, anything that they need medically and typically they say no, because if there was an issue they would have called us. So we write in there medical in unit, no issues. And then we go.

Investigator:

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Nature of interview:	

SS: So, did they say anything to you at that point? That there was anything at all with this inmate?
BS: No.

JB: Cause it was after.
SS: Right. Yeah, yeah I know. So did they, you don't have to go to the unit, each unit to check on them, that's the C-O thing?
BS: Yeah, that's not how I was trained, I was trained just to go to the officers…

SS: And ask, OK…
BS: …station.
BM: Clearly its written from [??]. That they don't have to go, they just have to go to the desk.
JB: It's exactly what she did.

RH: Do you have any questions? Sylvia do you have any?
SS: I, I just want to clarify one thing, um, how soon when you arrived did you get, you got a phone call from, uh, custody at 11 o'clock. You start your shift at 11?
BS: We start at 11.

SS: OK. And, when you started the shift at 11 'clock, um, you got a phone call. Tell me what happened at that point?
BS: I mean I can't tell you what time…

SS: Yeah, appro-, I'm not looking for time…
BS: …um, but, they called saying hey you know, we have an inmate whose pregnant. I'm not clear on the whole conversation that we had, I said yes, send her down and…

SS: What was the conversation that you had with, um, your co-worker?
BS: Um, I just, I, told Michelle, hey, I got someone for you because anyone who is pregnant we always refer them to her…

SS: M-hmm.
BS: …because she knows a lot more about what she is doing.

SS: OK.
RH: If Michelle wasn't there, what would have happened at that point?
BS: Then I would have, you know, done my assessment. I probably would've taken a look at her, asked her what her symptoms were, done her vitals, you know, listen to the fetal heart rate and then had to come to my own assessment from there.

SS: At what point would you have contacted the on-call?
BS: If she was having discharge, if she was having, you know, regular contractions. Anything that was worrisome to me.

JB: How would you know that she was having regular contractions?
BS: Um, she would tell me or I could feel the stiffening of the stomach too. Obviously I'm not a, well versed in O-B, but…
MF: You could feel contractions.

Investigator:

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Nature of interview:	

SS: Would there be any time that anything that she would have told you if this inmate complained at any point, would you have said to the custody to tell the inmate to just wait for the A-P-R-N? What point would you have thought it was not serious enough that the A-P-R-N could wait for her?
BS: Um, if she wasn't having any discharge, if there wasn't contractions, if she, you know, didn't appear like she was any serious distress and her vital signs were stable, fetal heart rate was stable. I didn't see any signs of anything to serious going on. I'll be like alright, well I'll refer you to the A-P-R-N to be seen in the morning or to the, you know the O-B that morning.

JB: Would you have counted the contractions?
BS: Sorry?

JB: Would you have counted the contractions?
BS: Counted? Um, I would have, I would have tried to count how long between contractions if she was having those.

SS: You had no interactions when she got wheeled up? At that point you knew that…
BS: No.

SS: O-B-G-Y-N nurse?
BS: Yeah, I mean I very much trust her opinion, her clinical skills.

RH: Doctor Farinella?
MF: That's it.

RH: Do you have anything you want to add to your interview?
BS: No.

RH: No? OK. This will conclude the interview of R-N Simmons, this is Captain Hartnett signing off, the time is 3:41pm.

Investigator:

	Interview Statement Connecticut Department of Correction	CN 11002/1 REV 11/6/09
Facility Unit: York Correctional Institution		Page: 1 of 4
Name: Crystal Thomas		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position:
Gender: Female	Race:	Case number:
Previously Interviewed: ☐ Yes ☐ No		
Nature of Interview:		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date:
Investigator: Robert Hartnett		Time:

RH: Captain Robert Hartnett
CT: RN Crystal Thomas
SS: Sylvia Santos
JB: Doctor Jennifer Benjamin
MF: Monica Farinella

RH: It's Captain Hartnett signing on. Today's date is May 7, 2018. The time is 10:04AM. This is uh, joint security division and CMHC investigation 18-017. This is the interview of RN Crystal Thomas assigned to the York Correctional Institution. Present for this interview are myself and we'll go around the room starting to my left for the other participants.

JB: Doctor Benjamin. DOC central office.

SS: Sylvia Santos. [??]

MF: Monica Farinella. Medical Director CMHC.

CT: And Crystal Thomas, RN.

SS: OK Crystal. I'm gonna just go through a couple of uh, rights and responsibilities um, you are a union member, which means that you have a right to a union rep, but at this point it looks like you're, you're declining it. At any point in time if you feel like you want one, you just let us know. You're not the subject of the investigation, you're more of a witness, but I'm just gonna have you sign here and put your, put your name. And sign saying that you understanding I you know, Crystal Thomas, understand that I have the right to a union rep, but I decline at this time. Uh, it doesn't mean that you, you're declining your rights, it just means that right now you're fine with us just you know, going through with the questions. Um, and it's basically what you may have witnessed um, that day. Um, obviously the questions we're gonna ask you have direct relevance's um, to your official duties of employment um, um, and you know, obviously let's be truthful and um, regarding any questions that are asked of you. Um, the interview is being recorded and you must answer all questions related to your performance of your official duties and employment in the um, both CMHC and obviously as you, as we transition to DOC fully and truthfully. Disciplinary action including um, may result if you fail to be fully and truthfully respond to all questions. You would be aware um, if you were the subject of this, but you're not the subject of this investigation. It's things you may have witnessed that you may have seen that day. That's all were gonna ask you, is what you may have witnessed that day, to the best of your recollection.

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REV 11/6/09

Facility/Unit: York Correctional Institution	Page 2 of 4
Name: Crystal Thomas	Date:
Case number:	
Nature of interview:	

CT: OK.
SS: OK.

JB: OK. How long have you worked at CMHC at York?
CT: Um, I think like 3 ½, 4 years.

JB: What is your professional background?
CT: Um, I've been a nurse since 2011. Um, I've done mostly oncology, palliative care.

JB: What is your role at York?
CT: I'm a 3rd shift clinical nurse.

JB: Please describe your training in labor and delivery.
CT: I don't have any experience in that area.

JB: When was the last time you attended an in-service regarding labor and delivery?
CT: I don't think I've ever had an in-service on labor and delivery. Just my nursing school background and that was a few days ago.

JB: So no certification. When was your first contact with the patient?
CT: Um, with this patient?

JB: Laboy. Patient Laboy.
CT: I don't think I've had any contact with her.

JB: OK. Can you tell me what you did on the night of 2/13 while on duty? Where were you posted?
CT: I was...

JB: What did you do?
CT: ...working in the mental health unit.

JB: Oh you were? So you were outpatient, in the mental health?
CT: No, no. It's inpatient.

JB: OK. It's inpatient.
CT: [??] and we were three that night. So I was working by myself in the mental health unit.

JB: OK. Did you have any um, contact with the medial unit?
CT: Um, no not really. It was a pretty busy night.

JB: OK.
CT: Um, I think went over at one point to give my numbers.

Investigator: Captain Robert Hartnett

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Name: Crystal Thomas		Date:
Case number:		
Nature of interview:		

JB: OK.
CT: Um, cuz Michelle was lead [??]

JB: A busy night for you or for the…
CT: Probably all over. Three is, is very, I know it's like the minimum, you know…

JB: mm-hmm
CT: …number, but it's a lot of work for three nurses so we usually stay pretty busy when it's three of us.

JB: What's the usual number?
CT: That is the usual number.

JB: When was the last time you had more than three.
CT: It's, it varies, but not very often.

JB: OK. How is acuity calculated?
CT: They don't. That's your minimum.

JB: OK. Do you have any questions cuz she was, she was not…
RH: Do you remember anything about the circumstances uh, with Inmate Laboy, do you remember any…
CT: No.

RH: …conversations with Michelle or Breanna about um, the circumstances?
CT: I don't think I knew anything until after the fact.

RH: After the fact.
CT: Yeah.

RH: There was at one particular point uh, one of the phone calls from the unit came into medical uh, and were just wondering if had any recollection, do you remember, the, the name coming up at all?
CT: No.

RH: OK.
CT: No. I passed uh, I had a crisis that turned into an admission in the mental health unit um, fairly early on in the shift and I passed Breanna in the hallway and she had a picture and we were just saying it was like, you know, already starting out kinda as a busy night. I was going to grab a chart and she had a picture of ice because she said she had a, you know, there was, there was a sick call in four south.

RH: Was this at the very beginning of the shift?
CT: Yeah.

RH: Did you see her over there at all? The, inmate Laboy.
CT: No.

Investigator: Captain Robert Hartnett

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Facility/Unit: York Correctional Institution	Page 4 of 4
Name: Crystal Thomas	Date:
Case number:	
Nature of interview:	

RH: No. OK. Cuz they did bring her over at the, at the beginning of the shift uh, and I think what you saying is they gave her a picture of ice and some warm compresses.
CT: Yeah. I was in the opposite end of the building.

RH: OK. So you didn't see her? And then after that point you don't remember her coming up in conversation at all?
CT: No. I don't remember. I don't think so though. I really believe the only time I knew was after everything had happened. I remember hearing the code being called. I went over to four south and Michelle and Breanna were already on their way over and I asked them if they needed help and they said no, they were OK. So then I heard on the radio that the baby was being born and so I was trying to find out the name, I believe I called the unit to find out what the name of the inmate was and I was trying to find her chart at that point so I could call the on call, which I did call but I never connected to anyone.

RH: OK.
CT: So.

RH: OK.
MF: There was one point when, when you were on the unit in the medical area where the other two nurses were and that had just, one of the nurses had just finished talking to custody, do you recall anything at that point in time about maybe the inmate or any discussion at that point or do you remember her being on the phone?
CT: I don't.

MF: Michelle being on the phone with custody? No?
CT: I just remember going over, and I think I was, like I said, giving my numbers.

MF: mm-hmm
CT: So, like what I census was and all that.

RH: And he said you, you really didn't learn about anything until after the fact.
CT: Yeah.

RH: What did you learn after the fact, what kind of conversations were had after the fact?
CT: Um, I just heard that she had come over for a sick call and that she had assessed her, Michelle had assessed her and that um, she didn't appear to be in labor at that time and that's all that I had heard.

RH: OK. Got anything? Let's conclude the interview of uh, RN Thomas. This is Captain Hartnett signing off. The time is 10:12AM.

Investigator: Captain Robert Hartnett

	Interview Statement **Connecticut Department of Correction**	CN 11002/1 REV 11/6/09
Facility Unit: York Correctional Institution		Page: 1 of
Name: Diane Carter		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position:
Gender: Female	Race:	Case number: 18-017
Previously Interviewed: ☐ Yes ☒ No		
Nature of Interview:		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date:
Investigator:		Time:

RH: Robert Hartnett, Captain, Security Division
JB: Jennifer Benjamin, DOC, Central Office
SS: Silvia Santos, HR Consultant, UConn Health
DC: Diane Carter, Nursing Supervisor
MF: Monica Farinella, Medical Director, CMHC

RH: This is Captain Hartnett signing on, todays date is May 7, 2018, the time is 9:38am. This is Security Division, joint Security Division and C-M-H-C Investigation, SD 18-017 and this is the interview of Correctional Head Nurse Diane Carter who works at the York Correctional Institution. I am just going to go around the room and introduce the other parties present for the interview, starting with my left.
JB: Doctor Benjamin, D-O-C, Central Office.
SS: Silvia Santos, UConn Health.
DC: Diane Carter, Nursing Supervisor.
MF: Monica Fraxinella, Interim Medical Director for C-M-H-C.

RH: OK. And then Silvia is going to do the rights and responsibilities.
SS: OK. Um, Diane, you, um, are in the union, you have a right to a union rep, it looks like you have decided not to have the union rep at this time so I'm just going to have you sign a little waiver, um, of the union rep. Just write that on top. And as indicated if at any point in time you need to take a break or anything, just let us know. And I'll just sign off that basically indicates that you have a right to a union rep but at this point you are deciding to go forward without one. And, um, the questions were gonna ask have direct relevance to your official duties of employment. You are obviously as a UConn Health, um, employee, you have to answer all questions truthfully and honest. Um, and if there is any, um, you are not the subject if this investigation, but um, you are, um, entitled and you are supposed to have all questions answered fully and truthfully at this point in time. Do you have any questions? OK. Do you understand the, the, investigations pertaining to the incident regarding the York…?
DC: Yes.

SS: OK.
JB: OK. Diane, how long have you worked, um, at York?
DC: Uh, I think about 2003, I came over 2004. I can't really to be honest to remember. 2003-2004.

Investigator:

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Nature of interview:	

JB: OK. What is your title?
DC: Nursing Supervisor.

JB: What is your responsibilities as the nursing supervisor?
DC: I don't really know how to answer that? What are my responsibilities?

JB: M-hmm.
DC: Uhm, I have a lot of responsibilities. Give me a little more.

SS: Just generally, like, what are you do as a supervisor?
DC: [??] who came into work that day?

SS: Yeah, you can say that would be your normal daily…
DC: OK. So, I come in quarter to 6 in the morning. And, um, first is, uh, check in with the units. Four north, four south, outpatient is always closed at that time because its nights and, um, usually log into the computer and get the schedules ready to go for the officer for that day. So, check with each unit and see what happened during the night. Whoever is in the lead person during the night will have the lead book. And the lead book has pretty much what they did during the night. I check the [??], make sure there is no R-X checks, make sure silly things, blood pressure cuff machines are plugged in so that they are not dead.

JB: OK.
DC: And, uh, in general just give the unit a once over.

JB: OK.
DC: And, then, figure out how I want the staff placed for the day. Call outs.

JB: OK. So, that was my next question. What is your responsibility regarding staff and schedule?
DC: Uh, we, are tasked with quite a bit with staffing schedule. Um, it all goes through the H-S-A. Ultimately if there is a question, we have to have the schedule out 2 months in advance. We have to have the overtime posted. We have to ensure that anybody working and wants to work can get the double time that worked the overtime. We have to make sure to be minimum number of people allowed for each shift.

JB: OK. That's my next question. What is the staffing profile for each shift?
DC: Uh, the minimum number of people is not the minimum number that you can run the facility at. It's the minimum number for an emergency.

JB: M-hmm.
DC: So, in other words, you shouldn't be running at minimums every day.

JB: M-hmm.
DC: However, um, at nights is 3.

Investigator:

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Name: Diane Carter		Date: May 7, 2018
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Nature of interview:		

JB: OK.
DC: And, evenings is, I think it's like 7 and a half, because this half a person that's A and D.

JB: M-hmm.
DC: She comes in at 7 o'clock, but in reality, she could never be pulled from that position to work on the floor. So, it's kind of a not…

JB: So, it's really 7.
DC: Yeah, it's really 7. And then days is 9. And that's different on the weekend of course.

JB: So, I checked the allocation and it says, so, 3 is the minimum but 5 is the staffing pattern. What is the, reasonable amount?
DC: Four.

JB: Four?
DC: Four would be reasonable.

JB: OK.
DC: There are overlap days where you have more then everybody works…

JB: OK.
DC: …and there is no way to set their schedule up. So that you don't have that overlap day because you don't want to give people four nights in a row.

JB: M-hmm.
DC: Because it's not good for them. They are healthier and their brains work better if they only work three nights in a row.

JB: OK.
DC: So, there is a big overlap day when we are fully staffed. We've been down on the night shift for a little while now. So, four is ideal…

JB: M-hmm.
DC: You have two in each unit.

JB: M-hmm.
DC: And you could help each other out as needed.

JB: On the 13th, you had three.
DC: Yes.

JB: Did you tell the H-S-A?
DC: No, we're, we're, that would have happened on the evening shift. So the evening shift, if they sense a need to have a fourth person…

Investigator:

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Nature of interview:		

JB: M-hmm.
DC: ...then, they would. If it wasn't clear...

JB: M-hmm.
DC: ...then they would ask the H-S-A.

JB: OK, So...
DC: So, if it was a big run in A and D...

JB: OK.
DC: ...then they'd hire a fourth person.

JB: OK. So, the, the schedule is done two months in advance...
DC: M-hmm.

JB: So, two months prior, you knew you only had 3?
DC: No, we would never know, by then. It changes. You'd never know.

JB: Right, but when you do the schedule. You schedule 3 or 4?
DC: We schedule whatever we have.

JB: Because, it was the minimum.
DC: Yes.

JB: Three was the minimum.
DC: Three is the minimum.

JB: So, did you schedule 3 or did you schedule 4?
DC: I do not recall...

JB: OK.
DC: I do not recall it, if there was a fourth person scheduled who called out or whether it was working at minimum situation.

JB: OK.
DC: It might have been working at minimum. We are encouraged not to go over the minimums.

JB: Cause I looked at the schedule but you could follow-up with me after, please. It looks like it was 3.
DC: It's probably true.

JB: And I just wanted to know if it was 3, if H-S-A was aware that you were working at minimum again.
DC: Uh, I can't answer that.

Investigator:

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Name: Diane Carter		Date: May 7, 2018
Case number: 18-017		
Nature of interview:		

JB: OK.
DC: It's, been an ongoing discussion.

JB: It's been a while. OK.
DC: I'm well known for fighting about staffing.

JB: What is your training in labor and delivery?
DC: Uh, my training in labor and delivery is not much. Just what I've learned at York.

JB: OK.
DC: And, um, from Wanita Durham and from Doctor Thomas and Doctor Machinski who is also involved and are excellent...

JB: OK.
DC: ...you know, how to assess a person in labor, get a good fetal heart rate...

JB: M-hmm.
DC: ...um, look for contractions...

JB: M-hmm.
DC: ...monitor vitals, see there is any discharge or any, you know the water broke and anything like that. So, it's my, my education, it's not my favorite...

JB: OK.
DC: ...area to work.

JB: So, it's only on the job?
DC: It's party of the job and is a really important part of the job, but I depend on the, I have several skilled nurses that I depend on who really love A and D and who were labor and delivery nurses.

JB: OK.
DC: Which is a good thing, and um, they, they always available to you know, coach other nurses who might need help.

JB: OK.
DC: And handle situations.

JB: When was your last, training? Cause you say you did it on the job, do you remember when was your last training?
DC: Uh, probably when Wanita Durham was there and I don't recall when that is. We actually, um, have a training in process now and, um, we haven't scheduled it yet, with the electronic health record, we've had it in ready to go for some time, but the health record look precedence over it, so, it's all set to go. Doctor Machinski put it together, it's a power point.

Investigator:

	Interview Statement – Supplemental Page Connecticut Department of Correction	CN 11002/2 REV 11/6/09
Facility/Unit: York Correctional Institution		Page 6 of 10
Name: Diane Carter		Date: May 7, 2018
Case number: 18-017		
Nature of interview:		

JB: OK.
DC: Its very good.

JB: On the morning of 2-13, the day of the incident, can you tell me what conversations you had with Michelle?
DC: Um, to the best of my recollection, she told me, um that she had seen Ms. Laboy…

JB: M-hmm.
DC: …and that she was not in labor and, um, I'm trying to think if there was anything else that we've discussed about it. I've looked, I think I looked briefly at her note…

JB: M-hmm.
DC: …and the end of the conversation as I was leaving the unit was, um, why don't we have Janet Fisher take a look at her and she said, yup, let's do that. So, I left for south. I've already been in four north and went into the nurse's station. Michelle came out and she had Ms. Laboy's chart. And she goes, do you want me to put this in Janet Fisher's room and I said, why don't you put it in her room and why don't we get her in a wheel chair, get her over so we have her here. Ready to see Janet Fisher, as soon as she gets on duty. And she said ok, well do that. So, she went back to the unit and within, I don't know how long, couldn't of been very long there was a code called. And, I have no radio so I don't know if there is a code, and Captain Beaton went running by and he saw me at the computer doing detox scheduling and that thing, and said, a girl just had a baby in the toilet. So, um, I responded to the, knew there was a code.

JB: M-hmm.
DC: And, uh, responded to the code with one of the orientees who we have just hired and, um, at the code, I arrived at the code and there were already quite a few nurses there. The corrections staff were outside the room kind of freaked out by the whole situation. Um, Ms. Laboy, when I arrived down on the scene was in bed…

JB: M-hmm.
DC: …and Michelle and Dee, Brianna Simmons was there and Surene Holtz was taking notes outside, she wasn't even in the room, she was in the hallway, a little ways. So, I crawled on the bed and got vitals on Ms. Laboy. The baby was, excuse me, was already born, she was crying. She was pink, um, there was not a lot of blood. I asked if someone could get me a red bag so that I could get some of the, you know, get rid of some of the stuff. And, that didn't happen and, you know, they were doing the usual stuff, they were taking the temperature of the baby, tied the cord, cut the cord. All that was done. The baby was crying, the swaddled the baby, put the baby on the chest and it was like a beautiful thing. It was, you know, the baby was healthy, it was, I can't remember what she named her now.

JB: She told us.
RH: It's heaven backwards, it's Nevaeh.

JB: Yeah, Nevaeh.
RH: Yeah. Heaven backwards.
DC: Yeah, so, um, you know, everybody was, there was no body, I think the correctional staff were a little freaked out just because a baby was born but it was actually a really uncomplicated and it was kind of a joyful birth.

Investigator:

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Name: Diane Carter	Date: May 7, 2018
Case number: 18-017	
Nature of interview:	

RB: Were you aware that the officers called the unit a couple of times regarding this patient?
DC: I was not, I, um, I have so much to do in the morning, I don't get involved in anything other than it's a direct, like to do with the patient.

JB: M-hmm.
DC: ...to get the patient over, and I have to make sure the daily stuff is ready for the officer because they have to start calling for the day people. The officer arrives right at 7 and he starts calling right away to get the patients over.

JB: M-hmm.
DC: So, all that's got to be in place before the officer arrives at like 10 of 7 or so. I didn't really wasn't paying attention to anything other than thinking why don't we just get her over here and have Janet Fisher take a look at her. I had seen Laboy a couple times and um, she wanted to have the baby, she was ready not to be pregnant anymore. Um, but we would hydrate her and she would sit with us for like 45 minutes a couple times a week early. I don't really recall a date. Nothing would have led to think that she was gonna have a baby and Michelle is L and D at Hartford Hospital for a long time and Dee are L and D at Backus hospital and, uh, everybody was just the last time we had a baby here, I can't even remember the year, but I was not working on that, during that time. My concern was for the baby to be honest with you, because I used to be a respiratory therapist and I didn't like getting into the situation where I had to resuscitate a baby.

JB: M-hmm.
DC: ...so as soon as I got there, saw that baby pink with a nap guard, 9.

JB: It was 9.
DC: ...um, then I was very, we were all really happy. She was cute, it was just perfect. So, but as far as Michelle and the officer, I, I kind of didn't really pay much attention to anything else other than getting the stuff setup for the day.

JB: So, during the conversation with Michelle, she didn't tell you that the Officers had called her?
DC: Not that I recall. Not that I recall.

JB: OK.
DC: Yeah, I'm trying to think back, um, I don't recall it. My only thought, I said Janet Fisher, let's get her over.

JB: OK. Do you have any questions?
RH: Um, you mentioned that you've seen her a couple of times, Michelle, her recollection, her conversation with you when you came in was that, I saw this inmate last night and you said I just saw her on Sunday.
DC: Yeah, that could be accurate.

RH: OK.
DC: She, they often get nervous and they are uncomfortable and the mattresses are bad and the food is not good. And so, they need some attention, so they come over and all you have to say is you are pregnant and you are over there. And that's fine. So, we assessed the, I do recall assessing Ms. Laboy and, um, I actually, I don't know whether I assessed her or somebody else was working there and I was working around the area.

Investigator:

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Name: Diane Carter	Date: May 7, 2018
Case number: 18-017	
Nature of interview:	

RH: OK.
DC: But she wasn't not in labor and she sat for maybe 45 minutes and we chatted.

JB: Do you remember what date that was?
DC: I do not, no.

JB: Cause the date of the incident is the 13th.
DC: Yeah, I don't recall, it was, it wouldn't stick in my mind.

RH: Like the 11th?
DC: ...common thing.

RH: You usually work sometimes on Sundays?
DC: Yes.

RH: On off--...
DC: I do...

RH: OK.
DC: I do occasionally work overtime, yeah.

RH: OK.
JB: What's the 10th?

RH: The 10th is a Saturday.
JB: Cause I know, that was my birthday. So, there is no notes in there. Do you want to check the chart Diane?
DC: Yeah, I don't know whether I saw her, I remember seeing her...

JB: OK.
DC: ...cause I don't remember seeing her in outpatient.

JB: Cause I don't think...
RH: I think that's, uh...

JB: ...delivery.
RH: ...according to Michelle, what you had told her, in outpatient.
DC: I don't whether I was the one working or if I just happened to go through...

MF: 2-10.
JB: 2-10 is a Saturday.
DC: Yeah, that probably would be it.

Investigator:

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Nature of interview:		

MF: Yeah, it's 2-10.
DC: Yeah, that's probably it.

JB: So, who is the nurse who saw her?
DC: Heather Ready.

JB: OK.
DC: And she hydrated her. That's probably the day. Yeah.

JB: Is she a R-N?
DC: Yes.

JB: OK.
RH: And just one other thing, you said you can't remember if Michelle had mentioned any phone calls with the unit throughout the night…
DC: No, I don't recall.

RH: There was a, OK. You came in at 5:45…
DC: Around then…

RH: …and there was another call at like 6:15, do you remember. Where you still in the area at that point?
DC: No.

RH: So, you weren't in the…
DC: It's a quick…

RH: So, you came in…
DC: …and what happened.

RH: OK.
DC: …do you need anything?

RH: OK.
DC: …blah, blah, blah.

RH: OK. Alright.
JB: Alright.

RH: Silvia do you have anything?
SS: No that was pretty much the…

JB: Yeah.

Investigator:

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Name: Diane Carter	Date: May 7, 2018
Case number: 18-017	
Nature of interview:	

RH: This will conclude the interview of Mrs. Carter, Captain Hartnett signing off, time is 9:56am.

Investigator:

	Interview Statement **Connecticut Department of Correction**	CN 11002/1 REV 11/6/09

Facility Unit: York Correctional Institution		Page: 1 of 9
Name: Ron LaBonte		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position:
Gender: Male	Race:	Case number: 18-017
Previously Interviewed: ☐ Yes ☐ No		
Nature of Interview:		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date:
Investigator: Captain Hartnett		Time:

RH: Captain Robert Hartnett
SS: Sylvia Santos
JB: Doctor Jennifer Benjamin
MF: Director Monica Farinella
RL: Ron Labonte

RH: This is Captain Hartnett signing on. Today's date is May 7, 2018. The time is 11:15AM. This is joint security division and CMHC investigation 18-017. This is the interview of HSA Ron LaBonte, who iss assigned to the York Correctional Institution as well as Corrigan and…
RL: Several others.

RH: …several others. Uh, and then present for this interview are myself and we'll go around the room to the left, introducing the other participants.

JB: Oh.

RH: Starting with my left.

JB: Doctor Benjamin. DOC Central Office.

SS: Sylvia Santos. Uconn Health.

MF: Monica Farinella. Medical Director. CMHC.

RH: OK. And Sylvia.

SS: Alright. Uh, Ron as you know um, you've been through these before we're, you're just asking questions, you're not really the subject of the investigation. We're just um, questions we're just gonna ask regarding the protocol of policy or anything regarding um, York. And I have to just go through um, the rights and responsibilities. I just verbally say it basically the purpose of the interview is to gather facts and you know this the issue regarding the baby that was born uh, at York on February 13th. Um, you're not a member of a bargaining unit, but at any point in time if we're asking you questions, you want a break, whatever, you just ask and, and obviously you can take that. The questions you're gonna asked are direct uh, relevance um, to your official employment um, during the investigation um, if you have any questions

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[??] and obviously you know that you know, that any questions you have to be truthful and honest in answering them. That's it.
RL: And I understand…
SS: OK.
RL: …the employee rights as you have explained them to me.
SS: OK. Thank you.

RH: Thank you.

JB: Ron, what is your title?
RL: Health services administrator 2.

JB: What is your responsibilities?
RL: Uh, as a health services administrator 2, I am the health authority for all health care that is provided at Connecticut Correctional facility that I am assigned to.

JB: OK. Um, what is your role regarding staff and allocation?
RL: Specifically,
SS: Do you have anything to do with how many people, the level of staff that are, like the minimums, do you have, or is it…
RL: I give input on my recommendations for staffing levels. When it comes to staff deployment and how many staff are on duty.

JB: OK. Can you tell me why there were three nurses on duty on the 12th?
RL: The um, minimum safe staffing level at York Correctional Institution for 3rd shift is three.

JB: OK. Did you communicate this information to the Warden?
RL: Did I communicate that there were three people on duty on that day specifically?

JB: Yes.
RL: I don't, no.

JB: Do you ever communicate staffing to the Warden?
RL: The Wardens and I over the years have communicated frequently on staff allocation, staff uh, the different staff and their qualifications that are on duty um, hasn't been my experience to speak specifically to a Warden about what staff are on, on a specific day. So, I guess the short answer to your question would be no.

JB: What is allocation on the 1st shift?
RL: Uh, 1st shift, safe minimum is 8.

JB: 2nd?
RL 9.

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JB: OK. On 2/13 and 2/12, going into 2/13, did staff complain about insufficient staffing on the 3rd shift?
RL: I don't know have enough information to recall that specifically.

JB: Do you recall staff complaining about insufficient staffing on the 3rd shift?
RL: Yes.

JB: They complained?
RL: Yes.

JB: OK. And what was your direct to the staff?
RL: My direct to the staff.

JB: mm-hmm
RL: That based on acuity and what is happening in the facility we have a staffing range.

JB: OK.
RL: So there's the possibility and we've acted on it on many occasions where acuity in medical unit, mental health unit is high, intakes were larger than normal or more acute.

JB: mm-hmm
RL: So we staff higher.

JB: OK.
RL: We're much more comfortable staffing with 4 nurses…

JB: mm-hmm
RL: …on 3rd shift verses 3.

JB: mm-hmm
RL: But, as I said, the safe minimum staffing is 3.

JB: How do you cal--, um, calculate acuity?
RL: Well that's a very subjective conversation that's had with subject matter experts that are on site. So usually the 2nd shift lead nurse…

JB: mm-hmm
RL: …uh, in collaboration with the 2nd shift supervisor would make a determination, well tonight, there's a route of 20 and we've got mental health's got 33 and there's 8 in medical and 2 active detoxors, so we need that 4th person.

JB: And at this time you didn't have a 2nd shift supervisor so who did the discussion?
RL: So, that's a statement or a question?

JB: Both.

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RL: Alright, let's can you get to the...

JB: During the timeframe 2/12 to 2/13 you did not have a 2nd shift supervisor.
RL: OK.

JB: Who did this discussion?
RL: Well if there was a discussion...

JB: mm-hmm
RL: ...it would have been the lead nurse. There's a CHN assigned to 2nd shift and I'm speaking in a vacuum cuz I don't have the absolute who have...

JB: OK.
RL: ...discussions.

JB: mm-hmm
RL: But the lead nurse or the CHN would have that uh, discussion with the oncoming 3rd shift staff if it, if there was a discussion on acuity and the need for a 4th staff member.

JB: OK. What is expectation of staff when custody report to them a change in patient's condition?
RL: The, well the custody staff we're very comfortable and communicating to the health services staff...

JB: mm-hmm
RL: ...there's if, if this was over the radio or if it was phone conversation there would be some kind of a little bit of a back and forth in triage.

JB: mm-hmm
RL: The culture on, at York is very patient centered uh, the custody staff in general err on the side of caution.

JB: mm-hmm
RL: And would bring the patient to building 4. And they, they do their regular basis.

JB: Can they bring the patient down without medical telling them to bring the patient down?
RL: They really shouldn't but they do.

JB: OK.
RL: They know that if they show up with a patient we will see her.

JB: OK. On the 12th going to the 13th um, the officer called at about 4:44 in the morning to report to the nurse, Michelle that the patient had a discharge, what was the responsibility of Michelle? At that time.
RL: So the, it's confirmed that the custody officers spoke to the nurse...

JB: Yes, sir.

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RL: ...and reported that, so it would be my expectation in general not necessarily for this specific situation that we would ask the officer to bring the patient to see us.

JB: OK. So we're talking about this incident, what would be your expectation?
RL: In general, my expectation...

JB: No, not in general for Ms. LaBoy. If the officer reports that he called Michelle and he spoke to her on the phone and he told her that the patient had a discharge and she was pregnant, what is expectation of that nurse?
RL: I would expect that the officer would bring the patient to building 4.

JB: OK.
RL: Or call a code if the, if the officer saw bloody show, or saw blood in general...

JB: mm-hmm
RL: ...anything. The officer probably should have called a code.

JB: OK. That's what we're gonna get to at the 2nd time he called, 6:15 in the morning he told Michelle that the patient had a bloody show, what was expectation of Michelle?
RL: The nurse.

JB: Yes. Not the officer. Michelle.
RL: The nurse that received the call...

JB: Michelle.
RL: ...in general, I would say the nurse should ask to do an assessment and see the patient.

JB: OK. In this case, the nurse is Michelle. Not in general. This is specific to Michelle.
RL: So...

JB: What is the expectation?
RL: ...the expectation would be that we would want to see that patient that's what we would want to do.

JB: OK.
RL: If the phone call was such that, that there was actually blood showing....

JB: mm-hmm
RL: ...I would not be surprised if our staff said, especially at that time of day, uh, cuz its coming up on shift change, resources tend to be decreased, to call a code.

JB: So, if you didn't have minimum standard, minimum staffing, would you have enough people to attend to this patient, without calling a code?
RL: At 6:44 in the morning, yes. Because we would have had the detox nurse and the nursing supervisor on duty.

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JB: Do you have any questions? Alright, thank you Ron.

RH: This will conclude the interview of HSA LaBonte. This is Captain Hartnett signing off. The time is 11:25AM. This is Captain Hartnett signing on. It's May 7th 2018. It's 11:25AM. I prematurely ended the recording of the interview of uh, HSA LaBonte as he wanted to add something to the end of his interview statement. Sorry. Sorry Ron.
RL: No worries. No worries. When Dr. Benjamin and I were discussing the um, the code situation my, we spoke a little bit about getting to the code situation and I mis--, I misunderstood, when I was talking about a code, I didn't mean that at 6:40 or whatever time it was that the, the code was called for the birth, I was get, I was saying that if the Officer did not, if the Officer reported that there was some kind of a health services issue with the inmate and did not get the response that the Officer wanted, the Officer would have called a code.

JB: mm-hmm
RL: And because you know, if these Officers see blood, these Officers, especially the pregnant inmates, are very hypersensitive to the wellbeing of the pregnant inmates, the, at a minimum the Officer would call a supervisor and then the Officer would call a code and the Officer would also document. Now I know what our policies and our procedures say, I don't know what the post order say. So, in the general post orders or in the post orders that are part of York's correctional staff procedures, is there something documented that says, if you have a medical situation where you think there's more resources required are you supposed to uh, contact a supervisor or call a code?

JB: I don't know. I would, I want to ask you that if the Officer who's not a medical person is calling medical to make a determination why would they call a code? What is the responsibility of medical?
RL: Oh, OK. So, that's a good question. Historically, if there's been a difference of opinion uh, between health services and line staff, that line staff err on the side of caution and do one of two things, normally they call a code because they feel like, I'm the person on scene, I'm the person that sees this, maybe I'm not explaining this one a telephone properly. And I think that this needs to be addressed, I'm gonna call a code. They err on the side of caution that way. And another way that they can help is by calling a supervisor and getting a supervisor [??] lieutenant, this is really kinda above my thing, this isn't my comfort zone, so I, I really need your guidance.

JB: So let's go back to the responsib--, the responsibility of the nurse. Michelle. Who it seems is the only person who has some training in labor and delivery and was certified, what was her responsibility in this case where the person had a discharge, at one point, and then a bloody show? What was her responsibility?
RL: [??] I, I would answer it the same.

JB: For her. Not general. For her.
RL: I would answer that the same way that, that Michelle's, becoming a correctional nurse you don't have to have labor and delivery experience to be a correctional nurse. The fact that Michelle Fialla has labor and delivery experience is only a plus...

JB: OK.
RL: ...to the organization.

JB: OK.

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RL: So, the qualification, the minimum qualifications to be a correctional nurse at York on 3rd shift do not include specialties in labor and delivery.

JB: OK.
RL: That said…

JB: mm-hmm
RL: …any nurse, including…

JB: mm-hmm
RL: …Michelle Fialla should ask that, that patient be brought to be seen by medical, to be seen by a higher echelon of care than her, since she had seen the inmate a few hours before that.

JB: OK.
RL: And I know that, that was in process.

JB: OK. So, since it's not a requirement for the job, but you have that patient profile, tell me what training was provided to these nurses to provide care.
RL: So in…

JB: For.
RL: The nurses in general receive their training that they receive in nursing school, they receive the training that they receive when they do their internship and their perception and such…

JB: mm-hmm
RL: …that, that, on whatever they would need for prehospital obstetrics emergencies.

JB: At your place?
RL: Well…

JB: Where do they get the training?
RL: …well, at when we go, you went to nursing school, you got trained on, on obstetrics and emergency child birth.

JB: Right. So these nurses are working with this patient profile and you're telling me that they have not been trained through your organization?
RL: Well…

JB: Through CMHC.
RL: …I would say that, that in any, any organization there's a possibility of an evisceration and well we're not, we don't train the nurses specifically on eviscerations, that could happen anywhere. So we could go through…

JB: A male cannot get pregnant on, no.
RL: …pre--, uh, prehospital [??]

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JB: A male cannot get preg--, [??] I wanna know what training was afford these nurses to take care of this patient profile. This person was pregnant and a partly um, your nurses missed the boat. OK. So I want to know, did you know of any training that they got outside of nursing school that would help them to care for these patients? Any in-service that, that they got, any orientation that they got for this patient profile. Do you have that documentation?
RL: So what do you mean by missed the boat?

JB: The person was in labor. So I'm asking you as the person over there, if these nurses have training in how to ascertain labor. I'm asking you that, did they get training? Did they get in-service, yes they went to nursing school, but if they went to nursing school 15 years ago, that's the only training they had. Did you guys provide them training?
RL: The nurses that…

JB: That you know, that you know of.
RL: …can I answer now?

JB: Yeah.
RL: The nurses at York received all of their required in-service trainings that correctional manage health care requires them to receive. I do not recall their being a specific requirement for labor and delivery or prehospital obstetrics um, training at York Correctional.

JB: OK. I'm asking you again, in the training that they receive, does it include labor and delivery?
RL: I just answered that, that I don't…

JB: I didn't hear it.
RL: …OK.

JB: So, I'm asking you again. Just to be clear. Did they receive training?
RL: I do not recall their being specific labor and delivery…

JB: OK.
RL: …training, for the nurses.

JB: OK. Thank you.
RL: Just like I don't recall their being specific prehospital trauma training for any of the other multitude of things that can happen in a prehospital environment.

JB: For example, theirs HIV screeners training, theirs ID nurses training, so their specific training to a specific population. So you're telling me that the nurses did not receive training.
RL: I'm saying…

JB: That's all I want to know, yes or no.
RL: …No. that's not a yes or no question.

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JB: That's a yes or no question.
RL: The, the training in general, the nurses are not trained in a comprehensive prehospital emergency situation scenarios. They are trained in some infectious disease specialty training. Utilization review specialty training. Uh, something that we call doe vs. meachum, on saba training, yes they do receive that.

JB: OK. Do you have basic training on how to ascertain labor? Do they have that basic training? Did they get that basic training?
RL: They, as far as I know…

JB: Basic.
RL: …we got that basic training in nursing school.

JB: OK. So. OK. So, thank you.

RH: Anything else?
RL: I'm good. Thank you.

RH: OK. OK. This is Captain Hartnett; we will conclude the interview of HSA LaBonte. Signing off its 11:34AM.

Investigator: Captain Hartnett

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Name: Tricia Machinski		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position: Doctor, OBGYN
Gender: Female	Race:	Case number: SD 18-017
Previously Interviewed: ☐ Yes ☒ No		
Nature of Interview: York Correctional Institution Security Division Investigation 18-017		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date:
Investigator:		Time:

RH: Robert Hartnett, Captain, Security Division
JB: Jennifer Benjamin, DOC, Central Office
SS: Silvia Santos, HR Consultant, UConn
MF: Monica Farinella, Interim Medical Director, CMHC
TM: Tricia Machinski, Dr OBGYN, York Correctional
BM: Beverly Murphy, 1199 Delegate.

RH: This is Captain Hartnett signing on, todays date is March 23, 2018. This is joint Security Division and C-M-H-C Investigation 18-017. This is the interview of Dr. Machinski. I'm sorry, I don't know your first name.
TM: Tricia.

RH: Tricia Machinski. We are here at Central Office, were going to go through the room and introduce the other people present for the interview, starting at my left.
JB: Jennifer Benjamin, D-O-C, Central Office.
SS: Silvia Santos, H-R Consultant, I work for H-R for UConn.
MF: Monica Farinella, uh, Interim Medical Director for C-M-H-C.
TM: Dr. Tricia Machinski, O-B-G-Y-N at York Correctional.
BM: Beverly Murphy, 11-99 Delegate.

RH: OK.
SS: So, I'm just going to through a soft preliminary, um, information as, um, Captain Hartnett explained. This is a dual investigation. Department of Correction and C-M-H-C are doing this investigation, um, together. And I'm just going to go through preliminary, usually if your, um, an employee of D-O-C, they have you sign it. Historically what we've done for C-M-H-C is we read it. Because it is a little bit different. Cause the two agencies are not yet merged. So, we just read it, is how we done it. So, I'm just going to read you somethings, if you have any questions, just to let you know, this is just preliminary. The purpose while you're here is we have some questions for you to just get some clarification and the purpose of the interview is to gather facts regarding a matter of which you may have relevant or pertinent information. Obviously, this is about an incident that occurred at work. Um, you are a bargaining unit member and are entitled to have a union rep. It looks like you have a union rep here with you. And, the question we are gonna ask are directly related to your work. They, um, have direct relevance to your official duties of employment. And obviously, um, as a caveat is, you know, as an employee, you must answer all questions related to the performance of your official duties in employment

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fully and truthfully. Disciplinary may result if you are not truthful or are found to have, um, any violation of any rules or regulations. Um, the other thing we ask is since this is an open investigation, it's going to be a little while before it, um, you know, gets finalized. We ask that, we asking you questions specific to something, that you not go back and talk, I mean this, I'm just telling that everybody [??] but just in general, you may not go back and discuss it with your co-workers. Obviously, you can discuss it as much with your union rep, but whilst the investigation is ongoing.
TM: OK.

SS: Do you have any questions on any of that?
TM: No, that...

SS: OK.
TM: ...was clear.

SS: OK. Alright.
RH: OK.
JB: It's my turn? Hi, and I will be asking you some questions just to collect data to look at the incident, ok?
TM: OK.

JB: The first question that I have for you, how long have you worked for C-M-H-C at York?
TM: Approximately three years.

JB: What, what is your title there?
TM: O-B-G-Y-N Physician.

JB: What is your credential in regards to labor and delivery?
TM: I'm board certified since 2008.

JB: OK. So, were gonna go into the patient. What was the patient risk level at the time of the incident?
TM: Low.

JB: Low? What do you mean low? Can you explain that, please?
TM: Uh, it's unusual to have a low risk patient...

JB: M-hmm.
TM: ...she actually came to all her visits, she was not any medications, I don't recall, except for prenatal vitamins. She was not on methadone. It was her first pregnancy...

JB: M-hmm.
TM: So, there was no history of preterm labor or preeclampsia or anything that would be a red flag to watch her more closely.

Investigator:

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JB: OK. So, I'm going to go into the chart. So, there's a [??]. Talks about the vanishing, wait, wait, wait. OK. What can you tell me about vanishing, um, vanishing syndrome?
TM: Um, many times people can become pregnant with twins and one may have a genetic issue…

JB: M-hmm.
TM: And, does not continue to grow and loses the heartbeat…

JB: M-hmm.
TM: This particular patient had only a sack…

JB: M-hmm.
TM: …so I'm not sure if and when that even happened or if there was, um, simply a sack and that can certainly happen as well in a pregnancy. It's called a blighted ovum.

JB: Would that change her risk level?
TM: No.

JB: OK. OK. This is an assessment done 2-6.
TM: I'm sorry, can you repeat what you said?

JB: Assessment on 2-6. Your assessment on 2-6.
TM: Oh yes.

JB: Is that your assessment?
TM: Yes.

JB: So, on 2-6, you saw her. What were your findings?
TM: She did not complain.

SS: Can you hear that?
RH: Yeah.

JB: On 2-6, you saw her…
RH: This does pick up…

JB: …what were the findings?
RH: …like it will almost pick up the guys talking in the…
SS: Oh, ok.
TM: She had appropriate growth.

JB: M-hmm.
TM: The heartrate was consistent at 145.

Investigator:

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JB: M-hmm.
TM: She reported fetal movement. She did not report contractions.

JB: M-hmm.
TM: So, that's the preterm labor column.

JB: M-hmm.
TM: I do not check the cervix unless they do complain of contractions.

JB: OK.
TM: So, and her blood pressure was normal, 108 over 60.

JB: M-hmm.
TM: Uh, her urine was clean, we look for glucose and um, protein.

JB: M-hmm.
TM: Neither of those showed. And we schedule her for a visit in two weeks.

JB: OK. So, what was the treatment plan for this patient?
TM: To have a routine prenatal visit in two weeks.

JB: OK. Alright so were good, gonna go into the nurses [??].
TM: OK.

JB: There was a note on 2-7, the nurse encountered. Can you please read it?
TM: The chief complaint? Lower abdominal pain…

JB: M-hmm.
TM: It started today.

JB: M-hmm. OK. Pain scale?
TM: 6 out of 10.

JB: OK. Describe the pain?
TM: Uh, it just says comes and goes. You want me to read this?

JB: M-hmm.
TM: Inmate presents to room 2 with complaints of decrease abdominal pain that started today.

JB: M-hmm.
TM: Inmate states 6 out of 10 pain, cramping that lasts two and half hours that comes and goes. The fetal heart rate was assessed at 145. No decrease fetal movement. Inmate admitted not drinking enough water, educated inmate on importance to drink water. Given a pitcher with water and observed.

Investigator:

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JB: OK. The pain lasted for half an hour. Not two and half.
TM: Oh, at a half an hour, I'm sorry, excuse me.

JB: Yeah. If this nurse had called you, what would've been your direction for her?
TM: I would tell her to give her water and observe her.

JB: OK. Alright, you can read the note on 2-10.
RH: Could, when you say, I'm sorry, when you say give her water and observe her, what does, what does observe her look like to you? I don't know, is that, do you have a exp--, what's your expectation of observing like?
TM: The uterus does not like to be dehydrated and I tell patients all the time that even if you're not thirsty and you start feeling crampy and people perceptions of pain are all different. Um, you give them water and hydrate them and the cramping tends to disappear. So, you would watch them for a period of time to make sure that that, what was happening.

RH: OK. And your expectation of, period of time like, would that be an hour? Overnight? I, I don't, I'm not sure, or it depends, or?
TM: It usually depends, but, on like labor delivery, if they're really dehydrated. Um, maybe overnight with I-V fluids, if they're first baby, they have some cramping...

RH: OK.
TM: ...they get nervous, give them a pitcher of water...

RH: Sure.
TM: ...suddenly it goes away.

RH: Sure.
JB: And for this patient, what would be the signs and symptoms of dehydration?
TM: Concentrated urine, thirst and uterun irritability.

JB: Is that written in the nurse's log?
TM: I don't believe the urine was checked, no.

MF: But I do think that they said that sometimes you may not be thirsty but there is a urine inability...
TM: Correct.

MF: ...to dehydration.
JB: But if we're going to dehydration, I would expect to see some signs and symptoms assessment for dehydration. Is that in the record? If Dr. Farinella wants to help her, you could take the record and review it, for the [??].

MF: Which is her blood pressure and vital signs.
TM: And her vital are normal.

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JB: Did they check her mucus membrane? Cause were talking about...
TM: No.

JB: ...assessment for dehydration. OK.
TM: OK.

JB: Alright.
SS: How, how, how do you do an assessment for dehydration? I'm not clinical, so, just…
MF: Do like blood pressure, pulse, you know you can sometimes do orthostatic' if you really think that's necessarily. But her blood pressure was normal.

JB: And then...
MF: Her pulse was normal.

JB: And then also check mucus membrane.
MF: Sometimes you look at skin tinting or mucus membranes sometimes, you know.

JB: But...
MF: A lot of times though they will empirically treat them, you know because the first thing, anytime you call an obstetrician and your contracting, they'll say drink some water, lay on your left side and give it some time, you know, That's kind of standard operating procedure.

JB: O--...
TM: Correct. And when I say dehydration, there is a large continuum of dehydration. You can be slightly dehydrated or extremely, you can see a patient is dehydrated by looking at them.

JB: Right.
MF: Their mucus membranes may not be…

JB: In this case, they gave her water. So, because you brought up the dehydration, I was looking for the assessment for dehydration, and its lacking in the charts, right? Do you see an assessment for dehydration?
TM: I do not see an assessment for dehydration.

JB: OK. Let's go to the [??] 2-7, 2-10. Please.
TM: This 2-10.

JB: Yeah. OK. Sorry.
TM: That's ok.

JB: So, on 2-10, she presents, and she has no abdominal pain here.
TM: M-hmm.

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JB: Pain scale is 9 out of 10. Um, the vitals is there, the O-2 set is there. And, she describes the pain as, for the location?
TM: Lower abdominal.

JB: OK.
TM: On the left.

JB: On and off.
TM: Off and on.

JB: OK. Range was 10. And it says the same as...
TM: Lower abdominal pain and pregnant.

JB: Where does that say?
TM: Complained 2-7-18.

JB: OK. And if you recall with this one, so this is, lower abdominal pain. Pain scale 9 out of 10. Low, on and off. What would you have directed the nurses to do?
TM: Give her water and observe her.

JB: OK. With the pain and that was a 10. On and off.
TM: That's hard to assess in some people...

JB: OK.
TM: ...especially in this young lady. Uh, her 9 out of 10 could be somebody who is in active labor 9 out of 10 or Braxton hicks' contraction, cramping, 9 out of 10.

JB: OK. The difference is on 2-7...
TM: M-hmm.

JB: ...that pain was 6 out of 10. So, the pain has changed, given the pain that changed from 6 out of 10 to 9 out of 10, what would you have directed to the person to do? If they called you?
TM: I would have them give her water and observe her.

JB: OK. What are you observing for?
TM: Her to have decreased pain after having water.

JB: OK. Um, how would you ascertain if she was in labor or not? Based on what the nurses are sending, sent to you in the note?
TM: I could put her on the monitor...

JB: OK.
TM: Which is a non-stress test which evaluates the fetal heart rate and any contractions.

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JB: So, the nurse have access to the monitor?
TM: They…

JB: Or you would do that?
TM: I would do that if I were there. If I felt she was in labor.

JB: OK. So, you were not there. So, what would you have directed the nurses to do?
TM: Give her water and observe her.

JB: OK. And that's it?
TM: Yes.

JB: OK. So, on 2-12, she comes and this is the third presentation, um, and she said I have pain and the vital signs are there. The pain is 5 out of 10. Lower abdominal pressure. On and off, and, um, they're saying there is no vaginal bleeding, no loss of fluid, but they talk about a round ligament pain. What would you direct, what would you have directed the nurses to do, in this case?
TM: For round ligament pain?

JB: For this assessment…
TM: Only? For this assessment?

JB: This is the third time they are calling you.
TM: M-hmm.

JB: Third presentation, what would you have directed them to do.
TM: The same thing.

JB: What's the same thing?
TM: Uh, giving her plenty of fluids, water and observe her.

JB: OK.
SS: Can I just ask; did they call you?

JB No, they didn't.
SS: They didn't, ok.

JB: I'm just,
SS: OK, yeah, you're just saying.

JB: Based on the assessment…
SS: Assessment. You were to look at it now…

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JB: Yes.
SS: OK. Alright.

JB: So, you would give her, um, water again?
TM: Yes.

JB: OK. So, again I'm going to ask you, how do you ascertain that this person was in labor or not?
TM: Sometimes direct observation. In the hospital they would go on the monitor…

JB: OK. I'm not talking about hospitals. Since they are at York, and they don't have access to that. What would the nurses know what to do in case in their limited scope of practice with a patient whose presented for the third time like this? What would you have directed them to do?
TM: Well she checked the vitals…

JB: Right.
TM: …which is what I would want to see.

JB: M-hmm.
TM: She is not tachycardic…

JB: No.
TM: She is not hypertensive or hypotensive.

JB: No, no. She has pain.
TM: OK. Can you ask the question again please?

JB: For the patient who is presented again like this, with pain for the third time…
TM: M-hmm.

JB: Low--, lower abdominal pressure, what would you do with round ligament pain?
TM: Nothing for round, just round ligament pain.

JB: Not just round ligament pain, the whole pain, the whole profile of the patient.
TM: This profile…

JB: Yeah.
TM: …would be water and observation.

JB: OK. So, later on, the same patient…
TM: M-hmm.

JB: …would you have give water, had a baby?
TM: Correct.

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JB: Would your, um, direction for the nurses have changed?
TM: No.

JB: OK. Um, this person, had a vanishing twin syndrome pregnancy based on the ultrasound.
TM: M-hmm.

JB: Do you have any evidence base, background about such a pregnancy?
TM: I do not have evidence based off the top of my head, but I know it does happen.

JB: And, do you know anything about, um, the nature of that kind of pregnancy?
TM: It does not, especially if found very early does not put that patient at any higher risk for any issues in that pregnancy.

JB: I'm including pre-term labor, pre-mature, um…
TM: No.

JB: …delivery?
TM: Not that early, no.

JB: OK. Alright, thank you.
TM: Your welcome.

RH: Do you have any?
SS: Yeah, I do, I have some questions. Um, Hi Doctor, just, this is more, hypothetical, um, situation in trying to figure out. You work at York, and I'm sure you get these calls all different times of the night. You work first shift right?
TM: I work first today…

SS: First shift.
TM: Do not take call.

SS: You do not take call? OK. So, something happens, who would they call? Who would the nurses call if someone like a pregnancy at night or something?
TM: There is an on-call Doctor.

SS: OK.
TM: From all the different units, or all the different prisons…

SS: OK.
TM: …rather.

SS: So, they wouldn't be calling, they wouldn't call you at night if something was happening or early in the morning…
TM: No.

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SS: OK.
JB: Is the on-call Doctor O-B-G-Y-N too?
TM: No, I'm the only one.

JB: OK.
SS: Um, hypothetically, this is just from your expertise, if, um, a nurse called you and indicated that, um, one of the patients that was pregnant that had clear discharge, would that, what would your advice be to that person if, um, someone contacted you and said, this inmate is indicating clear discharge.
TM: At this gestational age?

SS: Yes. Yeah, yeah, yeah.
TM: And I was not there?

SS: Um, let's say, you weren't there, let's say someone contacted you over the phone and said that and you were not in the cell and they said, hey, this inmate is complaining that they had clear discharge, what would your advice. I don't, not necessarily whether your there or not, what if someone, if a nurse came up to you and said, hey, this inmate is complaining about that, what, how, what do you do from there, from clinically?
TM: That would need to be evaluated for rupture of membranes

SS: [??] clinical. And, if an inmate at that gestational age, um, a nurse contacted you and said that, um, they were complaining of a blood clot, what would your advice be, to the nurse?
TM: A blood clot from the vagina, I'm assuming…?

SS: Yeah, yeah.
TM: …is the question? To assess her for labor.

SS: And that's within the scope of a nurse? To assess for labor?
TM: In a hospital, yes, but at York, no.

SS: That would be, they would have to have a Doctor do that? Or they would have to send her out?
TM: Correct.

JB: So, at York, how would they assess her for labor?
TM: They can take nitrazine paper, and if it turns blue, that's indicative or amniotic fluid.

JB: OK.
TM: They can put it right on the perineum. Or if they have a soaked pad or something they can do that…

SS: And that's available to them…
TM: Yes.

SS: …them there.
RH: If a nurse had done that, would that have been in the chart?

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TM: Yes.

MF: Can I ask a question?
RH: Sure.

MF: How do you differentiate between Braxton hicks and labor?
TM: The cervical change.

MF: Well, was, so when you tell people to give them fluids and lay them on their left side, or I don't know if they do that anymore, but, you tell them to give them fluids that they always do. And what will happen?
TM: If their Braxton hicks contractions, that's usually due to the uterus being dehydrated and they start to subside.

MF: OK.
JB: So, in this case, on the 7th, on the 10, on the 12. She went down to medical and were assuming she had Braxton hicks, she was given fluid and it didn't go away. So how would you, how do you account for that?

MF: Why do you say they didn't go away?
JB: Because she had the baby.

MF: Oh, your talking about the 12th?
JB: Yeah.
SS: Just to look at the chart, I have and I want to make sure my notes are right. Um, on 2-7, she had a 6 out of 10, on 2-10 she had…

JB: 9 out of 10.
SS: 9 out of 10.

JB: M-hmm.
SS: And then after that, she…

JB: On 2-12, she 5 out of 10.
SS: 5 out of 10.

JB: M-hmm.
SS: Would that be indicative that if it went up and down like that, would that indicate anything to you? If it was, if one day on 2-10 she has, on 2, she has on 2-7, she has 6 out of 10. On 2-10 she has 9 out of 10. Then it goes down, would it have gone back up? Would it continue go back up or stay at 9 out of 10?
TM: If she was in labor?

SS:Yeah.
TM: It would stay at 9 out of 10. And water would not improve that.

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JB: Well if she was in labor on 2-12, and she was 5 out of 10. And she had the baby, early on the 13th, so she was not in labor?
TM: She might not have been, at that time.

JB: So how do you account for the baby coming?
TM: Obstetrics is, a how do I say this, um, you can look at a patient, it's her first baby…

JB: M-hmm.
TM: …she comes in, and the running joke on labor and delivery is if she's in labor, so am I, and you can check her cervix and she's 9 centimeters.

JB: OK.
TM: You can see a patient 15 times…

JB: M-hmm.
TM: …with the same complaint…

JB: M-hmm.
TM: …who it was their 1st, 5th or 6th baby…

JB: M-hmm.
TM: And they're not in labor, and then all of a sudden, they're in labor.

JB: OK. You keep saying that you can check her cervix, can the nurses do that?
TM: No.

JB: OK. You also mention Braxton hicks, and, that it could be Braxton hicks vs true labor. So, in this case, she got water…
TM: M-hmm.

JB: …three times. But, the pain didn't go away and she had the baby. How do you account for that?
TM: Again, things can happen in three days and things can happen in thirty minutes.

JB: OK.
TM: Even first babies. She was not infected, there was no sign of infection. She had no temperature. There is no record of any odor on the placenta or the fluid.

JB: M-hmm.
TM: And this particular patient…

JB: M-hmm.
TM: …was 19…

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JB: M-hmm.
TM: ...and very, very limited. So, any cramp or spasm of a round ligament, is she saying 9 out of 10 that could be my 1 out of 10.

JB: OK.
TM: So that's very subjective.

JB: Alright.
SS: When you say limited, you mean cognitively?
TM: Yes.

SS: OK.
JB: In this case, she had a 5 out of 10.
TM: M-hmm.

JB: A 6 out of 10 and a 9 out of 10, so it varied. How do you account for that? Her being limited?
TM: I'm sorry, I don't understand what you're asking.

JB: Your saying with this patient...
TM: M-hmm.

JB: ...you're 1 out of 10 could be her 9 out of 10. But in this case, she had a 5 out of 10, a 6 out of 10 and a 9 out of 10. So, it varied, so somewhere along the lines, she knows what the pain was. So how do you account for that?
TM: I was not there, so I cannot account for that.

JB: I'm only asking you that because you indicated that she was limited. But she is recording pain.
TM: Correct.

JB: OK.
TM: But subjectively, looking at her sometimes if she reported pain, its like looking at you.

JB: Alright, um, we interviewed the Officers and they, um, one of them said he called the medical unit and he reported that she was passing fluids. Vaginal fluids. If the nurses had called you, what would you have said?
TM: That she needed to be evaluated.

JB: OK. Alright. What do you mean?
TM: To, either, is it mucus? Is it bloody show? Is it amniotic fluid?

JB: How would they know the difference?
TM: By looking...

JB: M-hmm.
TM: Or testing with the nitrazine paper.

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JB: M-hmm.
TM: But you can also have discharge…

JB: M-hmm.
TM: …clear-ish mucusy…

JB: M-hmm.
TM: Would she, that's what she explained to me…

JB: M-hmm.
TM: …prior to the baby coming. Um, for weeks and weeks and weeks.

JB: So, when would you send this person out to the hospital to be evaluated?
TM: If she ruptured her membranes. Which clear fluid would be pouring…

JB: M-hmm.
TM: …out of her, especially early.

JB: OK.
TM: Cause the baby is small.

JB: M-hmm.
TM: And, the head would not be blocking all the fluid.

JB: M-hmm.
TM: But she could very well have just been having mucus and that could go on for weeks.

JB: OK. But this is off shift, it's the weekend. How would the nurses know if its mucus or not? Are they, is that within the scope?
TM: Uh, visual observation would be within their scope.

JB: So, they would have to actually look?
TM: At the perineum.

JB: OK.
TM: Only. Not a digital exam to check the cervix.

JB: So, when would this patient go out to the hospital?
TM: If…

JB: Because its off shift, it's a weekend, there is no M-D there, so when would this person go to the hospital?
TM: If they were reported that there was gushing of clear fluid.

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JB: So, if their just leakage, she would not go?
TM: Depends on what the leakage looked like.

JB: If she was wearing a pad, and it was not a period. And it was fluid, she would not go?
TM: If it was nitrazine negative, no. Or if it was copious mucus, no.

JB: OK. So, at York, the nurse used the papers to check. And it was papers there, in the unit. And they know that they could use it to check.
TM: Right, I believe so, yeah.

RH: Silvia, anything else? Doctor Farinella?
MF: Nope, I'm good.

RH: Do you have anything you want to add to the interview?
TM: I guess again to reiterate that obstetrics can be, you can see people 15 times and they go I'm sorry, I'm sorry, I'm sorry, I don't mean to bother you, but I tell them, I don't care if I see you a thousand times, because things can change so fast. She could get to the parking lot on your way home cause I'm discharging you, and your water breaks and you go into active labor, like that. Or, you see them, you induce them, you give them medicine and you could wait three days and can't get them into labor and finally do a C-section, or they finally get into labor. Second, thirds, fourths usually come quicker, sometimes they don't. Its all, every labor, every pregnancy is different.

RH: It's a roll of the dice, huh?
TM: Its, yes. And dealing with this young lady, all the [??], she, uh, came a long way, which she was taking very good care of herself. But, trying to explain things to her sometimes was a little bit difficult.

RH: Thank you.
TM: Your welcome.

RH: This will con--...
JB: I have one, I have one. With that being said, because she was limited, how supportive nurses were supposed to be regarding her complaints of pain? The pain scale? The leaking fluid and the blood clots?
TM: Well all of that put together, if she truly was gushing clear fluid, then yeah, she should have had an evaluation.

JB: OK.
RH: This will conclude the interview of Doctor Machinski, this is Captain Hartnett signing off, the time is 1:44pm.

Investigator:

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Name: Connie Weiskopf		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position:
Gender: Female	Race:	Case number: 18-017
Previously Interviewed: ☐ Yes ☐ No		
Nature of Interview:		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date:
Investigator: Captain Hartnett		Time:

RH: Captain Robert Hartnett
CW: Director Connie Weiskopf
JB: Doctor Jennifer Benjamin
SS: Sylvia Santos
MF: Director Monica Farinella

RH: This is Captain Hartnett signing on. Today's date is May 7th 2018. The time is 10:48AM. This is a joint security division and CMHC inter--, uh, investigation 18-017. This is the interview of uh, Director of Nursing Connie Weiskopf. Um, and present for this interview are myself and well s--, and well go around to my left to introduce the other participants.

JB: Doctor Benjamin. DOC Central Office.

SS: Sylvia Santos. Uconn health.

CW: Oh. Connie Weiskopf. Director of Nursing, CMHC.

MF: Monica Farinella. Medical Director. CMHC.

RH: OK. And Sylvia.

SS: OK. So there's just gonna be some preliminaries so, I think, you, you're use to this cuz you've actually been on the other side um, in the interview panels with me, but the, you're just a witness to this. So, you're just not a witness, but you're ask some questions regarding your expertise as Director of Nursing. Um, so the interview is to gather facts regarding a matter which you may have relevant or pertinent information. Um, you're not a bargaining unit member so this, not a union rep issue. The questions directed to you during this investigation will have direct relevance's to your official duties of employment. Um, and it's going to be recorded um, the security divisions um, are recorded and you'll get a copy of it all so and obviously you know, you, you know, I don't need to say this, but just for protocol you have to be truthful and honest with any um, questions that will be asked of you.
CW: OK.

JB: OK. Connie how um, what is your title?
CW: Director of Nursing and patient care services, CMHC. Uconn health.

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JB: How long have you worked for CMHC in this capacity?
CW: Uh, [??] I'm just gonna say um, February uh, 2000.

JB: And what is your responsibility?
CW: I oversee nursing care.

JB: OK. I'm gonna have you read a note that was written on 2/7.
CW: OK.

JB: And it starts over here and [??]
CW: It starts here?

JB: Yeah. It's a patient named [??] 6/7 uh, 2/7. Page 6.
CW: Oh. OK.

JB: Yeah.
CW: 10.

JB: mm-hmm OK. Ok. Alright, based on this note, what was the responsibility of the licensed staff?
CW: To complete um, the patient encounter and to sign it, which they have done.

JB: Is there an assessment regarding labor and delivery? Labor.
CW: It appears that the assessment was for um, some abdominal pain.

JB: OK.
CW: And the uh, assessment was under GU.

JB: mm-hmm
CW: 34 weeks pregnant.

JB: mm-hmm
CW: Uh, fetal heart rate was done and uh, no bleeding and no dra--, discharge.

JB: What about the con--, contractions? Is that assessed?
CW: There's no comment expect it says, of a decreased abdominal pain.

JB: OK. Alright. Let's go to 2/10. [??]
CW: Go ahead.

JB: OK. What's the pain on this one? Pain scale.
CW: It says, 9 out of 10.

Investigator: Captain Hartnett

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JB: OK. Is there an assessment regard um, contractions in this one?
CW: It simply states lower abdominal pain.

JB: OK.
CW: About 36 weeks pregnant. No discharge. Ah, same complaint 2/7 noted, fetal heart rate 140.

JB: OK.
CW: Positive it looks like that is positive for movement.

JB: OK. So let's go to 2/12.
CW: OK.

JB: OK. Is there an assessment regarding labor on this one?
CW: This uh, says that it, her complaint was I have pain.

JB: mm-hmm
CW: So she was being assessed for pain…

JB: mm-hmm
CW: …lower abdominal pressure.

JB: mm-hmm
CW: Uh, and I pain scale of 5 to 10.

JB: mm-hmm
CW: Reports lower abdominal pain, no regular contractions.

JB: OK.
CW: No bleeding. Vital signs stable. Positive fetal heart rate. 140s, 35 and 2 7th weeks.

JB: OK.
CW: Round ligament pain.

JB: Did you know what [??] is? Round ligament pain.
CW: I'm not familiar with that.

JB: OK.
CW: OK.

JB: Alright. So on 2/12 the Officers called Michelle 4:42 am and 6:15 am.
CW: Michelle uh, who?

JB: Fialla.

Investigator: Captain Hartnett

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CW: Fialla.

RH: Fialla.
CW: OK.

JB: Fialla. What's expectation regarding licensed staff response to calls from custody?
CW: To what?

JB: Regarding patients changing condition.
CW: It's just, I'm sorry repeat.

JB: What is the expectation regarding licensed staff response to calls from custody regarding patients changing condition?
CW: Well the resp--, the responsibility is to uh, understand what the officer is reporting. To get a clear picture of what the request is and then the response depends on what that request was.

JB: So in this case it was pain, again. What would have been the response?
CW: What was the times again?

JB: 4:42am and then at 6am, 6:15am.
CW: And it was…

JB: Regarding the same patient.
CW: It was the same patient.

JB: Who's pregnant. Who's been complaining of pain.
CW: Uh, I think they could have called the patient down.

JB: OK. Is there a policy regarding this?
CW: No. It's really a judgement, it's a clinical judgement.

JB: During the video, during the code um, staff stated that they placed the patient to see the doctor, is there a process because the patient was not on the scheduler. Is there a process that I could follow to see if that patient was really placed to see the doctor?
CW: The process would be uh, not of, well, let me just go back.

JB: mm-hmm
CW: If a nurse determines and this is night shift correct? Right?

JB: It was night shift.
CW: OK. So if a nurse decides on the night shift and this isn't written anywhere again it's a clinical judgement.

JB: mm-hmm

Investigator: Captain Hartnett

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CW: Uh, my thoughts on this would be that if their clinical assessment is that the doctor who should be seeing uh, nurses on the night shift may not be the people that actually do the scheduling of the patient.

JB: OK. OK.
CW: So they most likely pull the chart.

JB: mm-hmm
CW: Uh, and give report uh, depending on the facility they may leave the chart right on the physician, where the APRN, whoever it is, the prescribers desk.

JB: mm-hmm
CW: But that would be communicated that, that morning uh, because it wouldn't be on the scheduler perhaps on the day before.

JB: OK.
CW: If they would have a way to communicate that something came up that was unplanned and the patient needs to be seen…

JB: mm-hmm
CW: …and that would rise as priority.

JB: OK. Are the nurses at York trained for patients who are pregnant? Labor and delivery.
CW: My understanding is that they are trained in emergency response and that there is a kit there for pregnancies. It's a rare occasion.

JB: mm-hmm
CW: And that they are trained on how to respond if somebody urgently you know, is about to deliver. But then they would definitely call 9-1-1. They wouldn't be provided [??]

JB: OK. OK. Like for, so for the per diems or the part time, how they know like for example, I'm a psych nurse…
CW: mm-hmm

JB: How would I know that the person's in labor? What is the assessment?
CW: I don't know what training we have had…

JB: OK.
CW: …in that particular area.

JB: OK.
CW: Just the kit.

JB: OK.
CW: The emergency kit for delivery.

Investigator: Captain Hartnett

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JB: mm-hmm. What is the protocol for a pregnant person complaining of symptoms that Ms. Laboy had? She had pain, she had abdominal pressure um, the officers called, she had discharge, she had bloody show. What's the protocol for that?
CW: The protocol would be the same and that would mean that the nurse would do a complete assessment which they did and that if there were concerns as you would do with any patient, vitals unstable uh, they would then have an on call to call.

JB: OK. You just indicated that the nurses did a complete assessment but I don't see an assessment for labor.
CW: Well they did an assessment for the complains of the patient. And the nurses aren't trained, I don't know what the training is for a labor…

JB: OK.
CW: …per say.

JB: mm-hmm
CW: But consistently what I saw…

JB: mm-hmm
CW: …is the fetal heart beat…

JB: mm-hmm
CW: …was regular and within a normal range for a fetal heart rate. Uh, the patient's vital signs were stable.

JB: mm-hmm
CW: There was no discharge. Uh,

JB: But the patient at one point had a pain 6 out of 10, 9 out of 10, 5 out of 10 and the officers reported.
CW: Yes.

JB: Bloody show and a discharge. What would be the responsibly of the nurse?
CW: I think they could call the patient down.

JB: OK.
SS: I think to clarify um,
CW: I didn't know the officer said that.
SS: According to the officers at 4:30 in the morning um, they called the unit and said that the inmate was having some um, clearer discharge.
CW: OK.
SS: And the nurse did not go down according to the um, actually the video and the correction officers and then at 6:30 they buzzed again and that's when they complaining of a blood clot. So I think that was a question, what was their responsibility at that point. I think what you were looking at was the previous night, I think that the…
MF: The 7th and the 10th are kinda irrelevant.

Investigator: Captain Hartnett

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SS: Right.
CW: Oh I see.
SS: Those are the dates before...
MF: Really now it's 2/12.

JB: Could I...

[??]

JB: Could I clarify that the 7th and the 10th is not irrelevant for this investigation because it leads into something. So, in my questioning it's not, it's not irrelevant.
SS: So the 6th and the 7th were what you looked there.

JB: Yeah.
MF: Right.
SS: And then after that the, when the 12th, when that night occurs, they see the um, inmate around midnight.
MF: Right.
SS: And then at 4:30 am the Correction Officer calls indicating there's a clear discharge and the inmate is not seen. Then at 6:15 the Correction Officer claims they, they called the um, the unit and speak to Michelle and indicate at that point that there was a blood clot and she's still not seen and then half an hour later the babies delivered.
MF: OK.
SS: So the question is what was their responsibility? I think at that time.
CW: After 4 and 6.
MF: Right.
SS: At 4, at 4:15 when the Officers called that, that was what was reported and then at 6:15 that, that was what was reported. What was there, should have been their...
CW: Well if they were uh, so was one of the ones I looked at the 11:30.

JB: Yes. No. The 12th.

[??]

JB: No the 12th.
CW: [??]

JB: On the 12th.
SS: That's, that's [??] before 4:30.

JB: That's before it occurred.
MF: That's before the [??]...

RH: That's the whole...

Investigator: Captain Hartnett

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JB: The 12th.
CW: Yes. OK. That's the night before at what time in the morning…
SS: [??]
CW: Yeah. The 11:30pm.
MF: Right.

JB: Yeah. mm-hmm. She said she saw her this time.
MF: She [??] saw her then.
CW: Alright. So they had…

JB: Called again.
CW: Yes.
MF: So then I have February 13th …
CW: OK.
MF: as when the baby was delivered.
CW: Right.
SS: The officer says at 4:30 he called and said she had a discharge.
MF: Right.
SS: And then at 6:15, 6:30 approximately…

RH: 6:15.
SS: ...he calls at 6:15.

JB: He calls that there's bloody show.
SS: [??] blood clot. So both of those times when the officer called there was no response from nurse.
CW: OK.
MF: Right.

RH: And just so, that, there's, that's the only contention here is that the officers are saying that they called…
SS: Right.

RH: …and the nurse is saying that they didn't call. So, that's, that's…
CW: Oh I see.

RH: …where we have the…
CW: OK.

RH: …the uh, the friction.
SS: Right. But if they called [??]…

JB: So the question is what would be the response.
SS: …if they called and said that.

Investigator: Captain Hartnett

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Nature of interview:		

CW: I think I would ask for more, more information and you could give an option if it seems like there are no other symptoms um, that they could say we're going to see her for example, in the morning, especially at the 6:15 one, which at York the prescriber comes in very early. Uh, or they could have had the inmate come down.

JB: So I just want to be clear. If they called and there was a discharge…
CW: mm-hmm

JB: …they could have her stay there in the unit and wait to see the doctor?
CW: At 6:15?

JB: No the first time was at 4:30.
CW: 4:30?

JB: Yeah.
CW: Again, it's a judgement. I, I think that if there were no other symptoms they, they really could have gone and checked.

JB: OK.
CW: Yeah.

JB: And then when they called the second time.
CW: Yes.

JB: The blood.
CW: Right. I think they…

JB: What sh--,
CW: …could have gone and check, or brought the patient down.

JB: OK.
CW: Knowing that the doctor was going to be there.

JB: OK. Connie, regarding staff in there, what's the minimum staffing for the night shift?
CW: 3.

JB: 3. Why is that?
CW: In York um, we, I think it's 3 to 4 actually, but uh, I don't have my…

JB: mm-hmm
CW: …Cheat sheet in front of me. Uh, York has two infirmaries.

JB: OK.

Investigator: Captain Hartnett

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Name: Connie Weiskopf	Date:
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Nature of interview:	

CW: A medical and a mental health and so generally we always have a, a nurse in, present in the infirmaries and then there's one nurse that floats between the two. And again it's a judgement call on the types of patients that are in each of the units uh, infirmaries on whether you would need a 4th.

JB: So is 3 the minimum staffing?
CW: Yes.

JB: OK. Alright. Thank you. Any questions? Alright. Thank you.

RH: OK. This is will conclude the interview of Ms. Weiskopf. Captain Hartnett signing off. The time is 11:08AM.

Investigator: Captain Hartnett

	Interview Statement **Connecticut Department of Correction**	CN 11002/1 REV 11/6/09

Facility Unit: York Correctional Institution		Page: 1 of
Name: Mike Nicholson		Date of birth:
Interview Status: ☒ Employee ☐ Inmate		Position: Director
Gender: Male	Race:	Case number: 18-017
Previously Interviewed: ☐ Yes ☒ No		
Nature of Interview:		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date:
Investigator:		Time:

RH: Robert Hartnett, Captain, Security Division
JB: Jennifer Benjamin, DOC, Central Office
SS: Silvia Santos, HR Consultant, UConn Health
MF: Monica Farinella, Medical Director, CMHC
MN: Mike Nicholson, Director

RH: This is Captain Hartnett signing on, todays date is May 7, 2018, the time is 11:45am. This is Security Division and C-M-H-C Investigation 18-017. This is the interview of Director Mike Nicholson. Um, and were going to go around the room and introduce the other participants of the interview, starting with my left.
JB: Doctor Benjamin, D-O-C, Central Office.
SS: Silvia Santos, UConn Health.
MDMF: Monica Farinella, Medical Director, C-M-H-C.

SS: Ok, um, [??] as was explained, this is regarding the, um, inmate who gave birth at York and as part of that, you, you are here because you may have some information, not as a witness but as relevant regarding policies and procedures and training as you are the Director of that area. Um, you are not a member of a bargaining unit as you are management, so you don't actually have, um the right to a union rep but at any point in time when we are asking questions if you want to take a break just ask and we'll definitely let you have that. Um, the questions we'll ask are obviously directly, um, related to the incident or, um, regarding the training or policies or procedures at C-M-H-C. Um, the interview is being recorded and obviously that all questions have to be answered truthfully and um, accurately to the best of your knowledge, ok?
MN: OK.

RH: Thank you.
JB: Um, Mike, how long have you worked at C-M-H-C?
MN: [??]

JB: In this room?
MN: In, yes, in this room, yes.

Investigator:

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Name: Director Mike Nicholson		Date: May 7, 2018
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Nature of interview:		

JB: What is your role?
MN: Well my role primarily is to direct, plan, coordinate, education and training for Correctional Managed Health Care. I've also had additional, had to assist with quality, um, quality resource management, which is Q-I-Q-A. Quality improvement, quality assurance.

JB: What training regarding labor and or delivery has been provided to the nurses at York?
MN: Up until recently we have not provided any training to nurses at York, centrally.

JB: OK.
MN: I'm not aware of any facility-based training. But, at times facilities will go ahead and implement their own trainings.

JB: If they did training, how would you be notified that they did the training?
MN: At times, I am notified directly by the facilities that a training has occurred and that sometimes they share the lesson plan or power points. And at the times I'm not aware of some trainings that are done at the facilities.

JB: So, who would notify you from the facility?
MN: In this case, for example, it would probably be the nursing supervisor or nursing staff.

JB: OK.
MN: We've had other training, we've had other trainings which are notified by the appropriate disciplines.

JB: So, you stated that up until recently there is no training, is there a training in place now?
MN: We, did take corrective action. And, um, we shared, first responder training with Dr. Machinski from, who is the O-B-G-Y-N at, uh, York. And she has started some training to nursing staff in regards to labor and delivery.

JB: OK. Do you know when this was implemented?
MN: I do not know the exact date...

JB: M-hmm.
MN: It was probably about 3 weeks ago.

JB: OK. Prior to 3 weeks ago, is there any equipment that is on site that could be used to assess labor?
MN: I'm aware that they have the O-B-G-Y-N emergency pack which is...

JB: M-hmm.
MN: ...used for emergency labor and delivery.

JB: OK. Delivery.
MN: Now, for delivery, yes.

JB: OK.
MN: Yeah. I guess I'm not aware if there is any kind of like ultra sound...

Investigator:

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Name: Director Mike Nicholson	Date: May 7, 2018
Case number: 18-017	
Nature of interview:	

MF: They have the fetal...
MN: The fetal heart rate monitor.

MF: And they also have nitrazine testing.
JB: OK.

MF: To test fluids.
JB: And then, that would be within the nurse's scope, of practice?
MN: I would say yes for that.

JB: OK. Could you give me an example of when they would use the monitor on the litmus paper test?
MN: Well, I would use for any kind of question if there is any fluid that has passed through to do the testing.

JB: OK. So, if an officer called to say the person has a discharge, would that be a reason to use the paper?
MN: I, in, because of my training and experience...

JB: M-hmm.
MN: Yes.

JB: OK.
MN: I have, uh, first responder training, military training. So, I think my training is over and beyond what a normal nurse would get in their primary education and training.

JB: OK. So, um, they have the equipment to do the training, is that what you're saying?
MN: They have the equipment and could use to...

JB: Who showed them to use the equipment? Do you know? And if there is documentation?
MN: You mean, you talking about the recent trainings?

JB: No. Prior to...
MN: Prior to that?

JB: Yeah. They are using the stuff.
MN: I'm, I am, let's put it this way, centrally we have not provided any training...

JB: OK.
MN: But, facility wise, I can't answer that.

JB: If they did it in the facility, would you have documentation from them? That they did it?
MN: Most of the time we do not receive documentation.

Investigator:

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Name: Director Mike Nicholson	Date: May 7, 2018
Case number: 18-017	
Nature of interview:	

JB: OK. Alright. I think that's, do you guys have any?
RH: No. Do you have anything you want to add, Mike? OK. This will conclude the interview…

JB: That was quick.
RH: …of Director Nicholson, this is Captain Hartnett signing off, the time is 11:50am.

Investigator:

	Interview Statement **Connecticut Department of Correction**	CN 11002/1 REV 11/6/09
Facility Unit: York Correctional Institution		Page: 1 of
Name: Tiana Laboy		Date of birth:
Interview Status: ☐ Employee ☒ Inmate		Position:
Gender: Female	Race:	Case number: 18-017
Previously Interviewed: ☐ Yes ☒ No		
Nature of Interview: York Correctional Institution Security Division Investigation 18-017		
The following statement is made without threat or promise of any benefits to me. I have submitted and read this statement and it is true to the best of my knowledge.		
Interviewee Signature:		Date: March 1, 2018
Investigator: Capt. Robert Hartnett		Time: 8:33am

RH: Robert Hartnett, Captain, Security Division
JB: Jennifer Benjamin, Doctor
TL: Tiana Laboy, Inmate #417372

RH: This is Captain Hartnett signing on, today is March 1, 2018. The time is, uh, 8:33am. We are here at York Correctional Institution with Ms. Laboy, Dr. Benjamin and myself.
JB: Good morning Ms. Laboy.
TL: Good Morning.

RH: Tiana, what's your inmate number?
TL: 4-1-7-3-7-2.

RH: 3-7-2. OK. And where are you housed right now? Where do they got you?
TL: Two North.

RH: So, you're still in two north?
TL: Yeah.

RH: OK. Same tier that you were at?
TL: M-hmm.

RH: OK. Same, uh, celly?
TL: Room 7, I'm in room 7 now.

RH: Room 7.
TL: I was in room 8 before.

RH: Who's your celly now?
TL: Bracey still.

RH: Oh, same celly, but different cell?
TL: Yeah.

Investigator: