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Testimony of the Office of the Child Advocate before the Correctional Advisory Committee
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Good afternoon members of the Correctional Advisory Committee.

My name is Christina D. Ghio and I am the Acting Child Advocate at the Office of the Child Advocate. I write today to provide comment regarding conditions of confinement in facilities operated by the Department of Correction. As you consider the recommendations of the Office of the Correctional Ombudsman, I ask that you consider the findings within the context of OCA's reports and others that have previously been issued. Many of the issues identified by our office with respect to individuals under the age of 22 are reflected in the much broader work of the Office of the Correction Ombudsman. When issues are identified by multiple entities, we must recognize and address them.

By way of background, the Office of the Child Advocate is statutorily required to "prepare an in-depth report on conditions of confinement . . . regarding children twenty-one years of age or younger who are held in secure detention or correctional confinement in any facility operated by a state agency." Conn. Gen. Stat. § 46a-131(a)(12). In that role, we have observed and reported on conditions of confinement at Manson Youth Institution and other adult correctional facilities.

Youth at Manson Youth Institution (MYI)

OCA issued a baseline [report in 2019](#) regarding conditions of confinement for youth in Connecticut. OCA found significant concerns for incarcerated youth at MYI. OCA specifically cited as concerns the DOC's reliance on solitary confinement for minor children, inadequate provision of education services for students with disabilities, and inadequate provision of mental health treatment. Following the OCA's 2019 report, the U.S. Department of Justice (DOJ) initiated a multi-year investigation into potential civil rights violations at MYI. In December 2021, the DOJ completed its investigation and released a [report](#) regarding conditions for minor boys, finding:

[T]here is reasonable cause to believe that conditions for children at Manson Youth Institution violate the Eighth and Fourteenth Amendments of the United States Constitution and the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482 . . . Manson's isolation practices and inadequate mental health services seriously harm children and place them at substantial risk of serious harm. In addition, Manson fails to provide adequate special education services to children with disabilities."

In August 2024, the DOJ and DOC entered into a [settlement agreement](#) addressing disciplinary isolation, mental health care, and special education. MYI continues to operate under the oversight of Designated Qualified Expert installed pursuant to the consent decree.

In November 2024, OCA released its report on conditions regarding youth (aged 15 to 17) incarcerated at MYI. We found:

- Black and Hispanic youth continue to be disproportionately confined in adult prisons, a foundational civil rights concern for the state's justice system.
- While provision of mental health sessions increased in 2024, most youth do not receive weekly individual therapy.
- Most youth participated in one hour per week of clinical group programming. No programs were offered on the weekends.
- Youth have significant educational needs. Youth lose educational opportunity due to teacher absenteeism, with almost 25% of school hours not offered during the PUR.
- Family visitation (in-person and virtual) rates are persistently low.
- While the duration of disciplinary confinement has decreased, OCA found that MYI continued to rely heavily on cell confinement, isolation, and restriction to address problem behavior and youth conflict. Incidents of disciplinary confinement increased significantly in 2024.

Given the significant needs of the boys at MYI – lengthy histories of child abuse/neglect, extensive clinical, educational, and developmental support needs – they require a milieu and program that is designed for adolescents, assesses the needs of the youth using validated instruments, and ensures daily provision of programming that help youth address risk factors, develop and sustain life skills, make clinical treatment gains, successfully navigate interpersonal and familial relationships, and prepare for transition back to their communities.

Late Adolescents

In December 2025, OCA issued a [report](#) regarding conditions for late adolescents (aged 18 to 21), including those placed at Manson Youth institution (MYI), York Correctional institution (YCI), and other adult facilities operated by the Department of Correction (DOC). OCA found that:

- the majority of 18- to 21-year-olds are not provided with regular scheduled mental health treatment.
- use of chemical agent against late adolescent boys increased significantly in 2024. In 2022, there were 94 instances of chemical agent use, involving 70 individuals. After a reduction in 2023, 2024 saw 132 instances of chemical agent use, involving 119 individuals.
- in both 2023 and 2024, there were 15 instances of the use of in-cell restraints, including in-cell, therapeutic, and full stationary restraints. While each kind of restraint is defined differently, they are similar in that they occur within in a cell and late adolescents are typically placed in handcuffs and leg irons, which are connected by chains, and these are often attached to the bed. The length of restraints is documented but not tracked or analyzed.¹

¹ DOC employees are required to document the start and end time on paper forms, but this information is not entered into the data system, tracked or analyzed.

The increase in disciplinary reports and a related increase in the use of chemical agent for late adolescent boys in 2024 raised serious concerns. Both speak to the need for meaningful engagement and therapeutic interventions. In addition, OCA found that responses to misconduct were harsh and might exacerbate mental health needs and increase likelihood of future misconduct.

Late adolescents may accumulate numerous days in Punitive Segregation, and documentation is not always clear about the total duration of isolation. Records did not reflect whether late adolescents placed in Punitive Segregation, once or for multiple placements, were offered individualized services or interventions. In depth review of records associated with a cohort of individuals placed on restrictive housing status, including Punitive Segregation, during our review did not identify any individualized behavior plans, other than one requested by the OCA, including for youth who were placed multiple times in Punitive Segregation.

Discipline in Punitive Segregation often includes other consequences such as loss of recreation (out of cell time), loss of commissary, loss of visits, loss of social correspondence, and loss of tablets. These are generally of longer duration than the days in Punitive Segregation. For example, David, who has intellectual disability, was placed in Punitive Segregation for a total of 106 out of 466 days. For the same period, he lost 248 days of recreation, 373 days of commissary, 300 days of social contact (visits, mail, phone).

As part of its review of late adolescents, OCA conducted an in-depth examination of a cohort of late adolescent boys placed in restrictive housing settings at Corrigan, Garner and MacDougall-Walker Correctional Institutions. Examining the conditions for this population, OCA found grave concerns, including lengthy periods of solitary confinement, frequent strip searches, lack of access to minimally adequate mental health services, and limited educational services. OCA's report includes detailed profiles on a cohort of late adolescents who spent months and sometimes years in restrictive housing, often deprived of meaningful services, education, or socialization. Of the 9 late adolescent boys in the cohort reviewed by OCA, 4 spent the entire one-year period reviewed in SRG I/II, and records indicate they had been on SRG status for years. For example, at the time of our review, Charles had been on SRG status for 4.5 years. Jeremy had been on SRG status for a total of over 3.5 years. DOC records depict stark mental health deterioration of some of these individuals who were often teenagers when they were first incarcerated.² OCA's report includes detailed recommendations to address these concerns.

The 2025 Conditions of Confinement Report issued by the Office of the Correction Ombudsman documents significant concerns with staffing shortages, contributing to lockdowns; lack of adequate medical and mental health care; sanitation concerns; and more. While OCA's purview is limited to those under 22, we have visited and observed conditions at Manson, Corrigan (restrictive housing), Garner, MacDougall-Walker (restrictive housing), and York Correctional Institutions. We too have observed inadequate mental health treatment and delayed medical care. We too have observed showers with mold and deterioration, peeling paint, and youth with an accumulation of

² OCA met with DOC officials in November 2022 to discuss OCA's concerns regarding transfers of late adolescents to facilities other than MYI, lack of adequate mental health treatment, and the isolation of late adolescents in restrictive housing settings without access to programming or education. In October 2023, the DOC issued a Request for Proposals for Restrictive Housing Study, which was subsequently awarded to Falcon Inc. Falcon issued a report, entitled *Comprehensive Study, Program Validation, and Best Practice Recommendations* in November 2024.

food waste in their cells. Youth and late adolescents frequently complain about the quality and quantity of food. Frequent lockdowns impact the ability of youth and late adolescents to come out of their cells for “recreation” time, showers, visitation, and school.

We urge the state to address the concerns highlighted in these multiple reports.

