

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 22, 2017

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| Auditor Information | | | |
| Auditor name: Delbert Longley | | | |
| Address: 17680 US Hwy 34, Chariton, Iowa 50049 | | | |
| Email: dklongley01@gmail.com | | | |
| Telephone number: 641-203-3804 | | | |
| Date of facility visit: April 10-12, 2017 | | | |
| Facility Information | | | |
| Facility name: Albion Correctional Facility | | | |
| Facility physical address: 3595 State School Road, Albion, NY 14411-9399 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: (585)589-5511 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Sheryl Zenzen | | | |
| Number of staff assigned to the facility in the last 12 months: 644 | | | |
| Designed facility capacity: 1100 | | | |
| Current population of facility: 1083 | | | |
| Facility security levels/inmate custody levels: Minimum, medium | | | |
| Age range of the population: 18-73 | | | |
| Name of PREA Compliance Manager: Melinda Samuelson | | Title: Assist Deputy Superintendent | |
| Email address: Melinda.Samuelson@DOCCS.NY.GOV | | Telephone number: (585)589-5511 ext 2160 | |
| Agency Information | | | |
| Name of agency: Albion Correctional Facility | | | |
| Governing authority or parent agency: <i>(if applicable)</i> New York State Department of Corrections and Community Supervision | | | |
| Physical address: 1220 Washington Avenue, Albany, NY 12226-2050 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: (518)457-8126 | | | |
| Agency Chief Executive Officer | | | |
| Name: Anthony J. Annucci | | Title: Acting Commissioner | |
| Email address: commissioner@doccs.ny.gov | | Telephone number: (518)457-8134 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Jason D. Effman | | Title: Associate Commissioner | |
| Email address: jason.effman@doccs.ny.gov | | Telephone number: (518)457-3955 | |

AUDIT FINDINGS

NARRATIVE

The audit of the Albion Correctional Facility, 3595 State school Road, Albion NY 1441-9399 was conducted on April 10-12, 2017 by Delbert Longley, Certified PREA Auditor in order to determine compliance with the Prison Rape Elimination Act (PREA) standards. An entrance meeting with Superintendent Sheryl Zenzen, PREA Coordinator Jason Effman, PREA Compliance Manager Melinda Samuelson, DSS Simmons, DSA Artus, DSP Assel, Lt. Batson, Lt. Szepanowski, Capt. Collins, Capt. Goodman, Dr. Nathan, C. Allport and Delbert Longley, PREA Auditor present. A tour of the facility, took an estimated five (5) hours was completed. Areas visited during the tour include Housing Unit C; Keep Locked C; Housing Unit B; Keep Locked B; Programing Building including Vocational Programming, Cosmetology, General Business, Education, and Inmate Grievance; Commissary; Mess Hall; Housing Units M1 and M2; Industry; Medical; Mental Health Unit; Chapel; Gym and Draft. Informal interviews of inmates and staff were completed though out the facility tour.

The auditor attended and spoke with third (3rd) shift staff at shift briefing on April 12, 2017 at 1425 hours. The auditor also met with second shift staff at shift briefing on April 13, 2017 at 0645 hours. The auditor spoke briefly to each group, introduced himself, thanked staff for their dedication, work, and efforts to be PREA compliant.

An inmate roster was obtained and a random sampling of inmates was chosen. Attention was given to special populations within the facility, including transgender, LGBTI, and victims. Information in regards to zero tolerance of sexual abuse and harassment was easily accessible for the inmates. All inmates interviewed stated they understood PREA and was able to articulate how to report allegations of sexual abuse and sexual harassment. The inmates spoke highly of staff, advised they could speak to staff confidentially, and they felt safe throughout the facility.

Formal interviews of staff were completed with the PREA Coordinator, PREA Compliance Manager, Superintendent, Human Resources, Health Services, Shift Supervisors, PREA Investigators, and Security Staff. All staff are knowledgeable of the directives, their responsibilities if an allegation or incident occurred, and presented themselves in a professional manner.

A total of 99 formal and informal interviews were completed with staff and inmates.

PREA case log/data and investigative files were reviewed. Investigations are handle by Office of Special Investigation (OSI), formerly IG. Bureau of Criminal Investigations(BCI) assist when requested, and if potential of criminal charges exist. Investigations are thoroughly and promptly completed, and attention is given to details. Any case that could result in criminal charges are referred to the County Prosecutors. All decisions are based on the evidence that has been collected. A review of investigations documentation provide assurances of quality investigations.

The audit process was productive and educational. Educational and informational postings in multiple languages were found throughout the facility. The culture of the facility is one that promotes safety, zero tolerance and is designed reintroduce the inmates with family.

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DESCRIPTION OF FACILITY CHARACTERISTICS

Albion Correctional Facility (ACF), 3595 State School Road, Albion, NY 14411-9399 first opened its door on December 8, 1893 as primarily a male facility. On December 5, 1984, ACF transitioned to a female facility, consisting of 82 buildings that houses four single cell units, 13 multiple occupancy units, 27 dormitory units and 86 segregation and disciplinary cells are situated on 214 beautiful acres in Orleans County. Inmates range in age of 18-73, have an average length of stay of 354.3 days. ACF houses approximately 1100 inmates that are within seven years of release with a rated capacity of 1233. ACF employs 449 security staff, including 412 Correctional Officers, 25 Sergeants, 10 Lieutenants, and two Captains. ACF employees a total of 644 staff that has contact with the inmates, 44 of which was hired in the last 12 months, and four contractor contracts have been awarded in the past year. 22 employees are investigators assigned to investigate allegations of sexual abuse.

The architectural beauty of the 1893 buildings is amazing as you approach the facility. The open design, line of sight for a facility that was designed and built near the turn of the century is without question, much better than most newer facilities. Blind spots throughout are minimal.

Inmates are offered several guidance programs that include Aggression Replacement Training (ART); Sex Offenders Counseling and Treatment Program (SOCTP); Alternative to Violence Program (AVP); Money Crimes; Veterans Education; Female Trauma Recovery Program (FTRP); Temporary Release; Alcohol and Substance Abuse Treatment (ASAT); Comprehensive Alcohol Substance Abuse Treatment (CASAT); DWI Program. Vocational programs offered include Cosmetology; Horticulture; General Business; Building Maintenance and Custodial Maintenance; General Library, Law Library; Academic Education and College Programs; Industry; Religious Programs and Services.

ACF is host to various volunteer services for the inmates. On site medical hospital consist of 12 bed infirmary style dormitory and has four negative pressure isolation rooms. Also included in the hospital is a dental office and pharmacy. Office of Mental Health operates a Satellite Unit consisting of a nine bed dormitory living area and a six bed observation unit.

ACF strives to reunite and keep families together. Many inmates' families are long distance from the facility, making visitation difficult. Tele-visiting program connects the family and inmate on a regular basis. On site, ACF offers a Family Reunion Center and a Visitor Center in a relaxed, family oriented setting including a play area for children.

SUMMARY OF AUDIT FINDINGS

115.14 Does not apply. ACF does not house inmates under the age of 18.

Number of standards exceeded: 7

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Albion Correction Facility, (ACF), directives 4027A and 4028A provide detail guidance to what is considered sexual contact, conduct, sexual abuse for staff and inmate, threats, voyeurism, inappropriate relationship, and discipline. Employee handbook lays out the expectations for staff, and discipline including prosecution where applicable.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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ACF does not have any contracts with other entities, does not house other entity's inmates nor do they house their inmates in other facilities. ACF does have a policy stating if a new contract is entered, it will be in compliance with PREA Standards. ACF is one facility that is operated by NYDOCCS. Housing decisions are made by Central Office.

Standard 115.13 Supervision and monitoring

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

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ACF has provided staffing plan for review. The plan includes unannounced supervisory round logs, post closure documentations, facility staffing audit including number of posts/staff and audio/video usage. Staffing levels at ACF are much better than most facilities.

Standard 115.14 Youthful inmates

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

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ACF does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

ACF policy directs staff to be cognizant and sensitive to the needs of the offenders. Searches are to be completed by staff of the same gender, except in exigent circumstances where safety and security of the facility and offenders needs immediate attention. Searches of gender dysphoria/GID, staff members of the same gender as the classification of the facility will complete the search. Cross gender viewing is limited to best practice situations in the daily operations of the facility. ACF has provided training documentation indicating male and female staff have been trained on searches of the offender and cell searches. All staff confirm cross gender searches are not completed. Female staff is always available to complete pat/frisk searches.

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

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

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

ACF provides interpreters and or translator for those inmates that are LEP, have pamphlets available in eight (8) languages to inform new and current inmates of zero tolerance concerning sexual abuse and harassment at ACF. Documentation was reviewed to support directives. Videos have received national recognition.

Standard 115.17 Hiring and promotion decisions

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

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

Pre-employment fingerprint and criminal history is completed on all new employees and contractors. All staff that are considered for promotion shall have their background reviewed. NYDOCCS has implemented a system in which the Central Office is notified upon an arrest being entered into the system, providing an instant notification.

Standard 115.18 Upgrades to facilities and technologies

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

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

ACF by policy is required to consider technology and design when any changes and or upgrades are made.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACF has a detailed evidence collections policy. Physical examinations are completed by a SAFE/SANE personnel at the area hospital as set forth by New York state law. Investigators from DOCCS dedicated to Sex Crimes Division within the Office of Special Investigations will conduct the investigation in collaboration with the New York State Police Bureau of Criminal Investigation and the local District Attorney’s Office.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACF has a policy requiring all allegations are referred for investigation. Documentation was also reviewed stating date and time the allegation was made and when the investigation was cleared.

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACF is commended for establishing a bi-annual training schedule for sexual abuse prevention and response. Training documentation has been reviewed and appears to be completed per policy and PREA Standards.

Standard 115.32 Volunteer and contractor training

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

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

ACF has a policy for volunteer and contractor training. Documentation has been reviewed supporting the policy that the volunteers and contractors have received, at a minimum, the required training.

Standard 115.33 Inmate education

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

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

ACF has directives to ensure all offenders, both new and current, receive training. A video has been put together to visually and audibly present PREA, flyers and posters, in several languages, are used to further present the training material. ACF supports the directives with signed receipts verifying offender participation. Videos has received national recognition.

Standard 115.34 Specialized training: Investigations

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

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

ACF has directives to provide specialized training to cover sexual abuse, sexual assault, the use of Miranda and Garrity for the staff member assigned to complete PREA investigations. Documentation of those in attendance has been reviewed. OSI investigator has received training beyond what the minimum requirements are to be an sex offense investigator.

Standard 115.35 Specialized training: Medical and mental health care

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

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

ACF has set forth training requirements pertaining to medical and mental health care, has a MOU dated September 14, 2016 between New York State Office of Mental Health and New York State Department of Corrections and Community Supervision. Attendance documentation was reviewed for OMH and ACF staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Reviewed blank and completed risk assessment and abusiveness forms.

Standard 115.42 Use of screening information

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

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

ACF has in place screening assessment forms to assist in classification, risk of being an offender or abused, referral to appropriate personnel, and documentation the screening has been completed.

Standard 115.43 Protective custody

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

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

ACF has in place a policy and directive that allows an offender to be placed in protective custody, their status reviewed at least every 30 days, and forms to document the findings and recommended actions.

Standard 115.51 Inmate reporting

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

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An offender at the ACF has the ability to report to any staff or to an outside entity, the New York State Commission on Corrections. Memo was reviewed from New York Commission on Corrections agreeing to receive third party reports. JDI Resource Guide outlines the confidential resources available to offenders that are victims of sexual violence. #77 is a confidential rape crisis and support hotline number that can be used to report.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACF has a grievance process in place and adheres per directives to the Prison Litigation Reform Act (PLRA) if the inmate chooses to use. If the inmate uses this grievance process, ACF refers the grievance to the normal PREA reporting and investigative process and close the grievance.

Standard 115.53 Inmate access to outside confidential support services

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

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ACF policies provide for inmates to have access to outside support services. A copy of the contract between ACF and RESTORE Sexual Assault Services, a Program of Planned Parenthood of Central and Western New York, Rochester, NY has been reviewed.

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

JDI Resource Guide outlines the confidential resources available to offenders that are victims of sexual violence and #77 (Rape Crisis Program). Third party reporting information is included on the facility’s website.

Standard 115.61 Staff and agency reporting duties

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

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ACF staff, contractors and volunteers are required by directive, policy, and rule to report all complaints received to the appropriate personnel. The agency has a MOU with Office of Mental Health (OMH) to respond the needs of the offender.

Standard 115.62 Agency protection duties

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

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ACF has a duty per directive to provide voluntary or involuntary protective custody to those offenders that want or have a need.

Standard 115.63 Reporting to other confinement facilities

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

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

ACF has a working agreement with other agencies to report any allegations that come to the attention of staff, whether it is ACF or an outside agency staff to report to the agency that the allegation concerns. Documentation has been reviewed to support the working agreement.

Standard 115.64 Staff first responder duties

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

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

ACF has developed a plan of action per directive addressing security first responders, medical and mental health first responders, sexual abuse investigators, and leadership on their roles and responsibilities. Training curriculum had been developed and provided to staff. Training dates and attendees are documented. Staff have pocket cards and supervisors have been provided quick reference guides for their use.

Standard 115.65 Coordinated response

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

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

ACF has a detailed response plan for staff to utilize at any given time.

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

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

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

The most recent union contract has expired. The contract remains valid until a new contract has been validated by the Union and State of New York.

Standard 115.67 Agency protection against retaliation

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

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ACF has directives, policies, to track retaliation for 30-60-90 days and longer if need. Completed forms have been reviewed. These confirm that directives and polices are being followed.

Standard 115.68 Post-allegation protective custody

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

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ACF have directives in place and a questionnaire form to utilize to assist in determining if involuntary protective custody is needed.

Standard 115.71 Criminal and administrative agency investigations

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

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ACF have directives and policies that provide for the parameters of the investigation, who should conduct the investigation (internal/external), documentation required. Training curriculum has been develop for all investigators training. Investigation and investigative reports have been thoroughly completed and documented in a timely manner.

Standard 115.72 Evidentiary standard for administrative investigations

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

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ACF has a directive and policy addressing the level of evidence needed in an administrative investigation.

Standard 115.73 Reporting to inmates

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

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

ACF has directives and policy in place requiring that an offender that has made an allegation be informed of the outcome of the investigation to include if the case has been unsubstantiated, substantiated, unfounded and the remedy, either administrative or criminal charges are being filed.

Standard 115.76 Disciplinary sanctions for staff

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

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

ACF have directives and policy in place to ensure sanctions are given to staff that violate the directives and policy. Documentation of sanctions has been reviewed.

Standard 115.77 Corrective action for contractors and volunteers

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

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

ACF have directives and policy in place to ensure sanctions are given to volunteers and contractors that violate the directives and policy. Documentation of sanctions has been reviewed.

Standard 115.78 Disciplinary sanctions for inmates

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

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

ACF have directives and policy in place to ensure sanctions are given to Offenders that violate the directives and policy. Documentation of sanctions has been reviewed.

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

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

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

ACF have directive and form to coincide that provides staff with good initial screening to both, current offenders and newly transferred to ACF.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACF have directives in place to guide staff in providing medical and mental health care for the victim. A list of SANE/SAFE hospitals is available to determine the closest and available medical center for the victim to be transfer to.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACF directives provide for long term medical and mental health care, including pregnancy, STD. ACF has an MOU with OMH to address the mental health issues the victim may encounter. Documentation was reviewed that supports the directives.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ACF directives provide for incident reviews by a three member team within 30 days of the close of the investigation. Documentations was reviewed the supports directives to determine if further action of necessary.

Standard 115.87 Data collection

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

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

ACF directives and PREA Standards require monthly data collection reports. ACF completes monthly and annual reports to review substantiated allegations, corrective actions and to measure progress.

Standard 115.88 Data review for corrective action

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

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

ACF has completed the annual report and the report is available for review.

Standard 115.89 Data storage, publication, and destruction

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

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

ACF directives require the reports to be maintained for a period of at least 10 years.

AUDITOR CERTIFICATION

I certify that:

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

Delbert G. Longley

April 22, 2017

Auditor Signature

Date