

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Auburn Correctional Facility	
Physical address: 135 State Street Auburn, New York 13021	
Date report submitted: April 10, 2017	
Auditor Information American Correctional Association Jeffrey B. Noble	
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Date of facility visit: March 8-10, 2017	
Facility Information	
Facility mailing address: (if different from above)	Same as above
Telephone number:	(518)492-2511
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Name of PREA Compliance Manager: Marcus Butler	
Title: Assistant Deputy Superintendent PREA Compliance	
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Agency Information	
Name of agency:	New York State Department of Corrections and Community Supervision
Governing authority or parent agency: (if applicable)	N/A
Physical address:	1220 Washington Avenue Albany, New York 12226-2050
Mailing address: (if different from above)	Same

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Agency Chief Executive Officer			
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AUDIT FINDINGS

NARRATIVE:

On, March 8-10, 2017 an audit was conducted at Auburn Correctional Facility in Auburn, New York to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted March 8-10, 2017. The tour was split between both auditors, due to the size of this facility. The following areas of the operation were visited by the PREA auditor team: all housing units, laundry, vocational print shop, security desk, school areas, caustic storage area, chapel, kitchen, commissary, SHU unit, vocational custodial maintenance, library, law library, gym, Bath house, mental health step down unit, prison industries, and hospital. We checked the availability of PREA reporting information in each housing area, the level of privacy from the opposite gender in the restroom and shower areas, reviewing sign-in ledgers, and had informal discussions with staff assigned to each housing unit. The other areas of the institution were evaluated by observing blind spots, reviewing staff sign in ledgers, reviewing PREA reporting information posted in area, reviewing camera placement and having informal discussions with staff assigned to each area. Inmates were interviewed informally concerning their knowledge of reporting procedures for PREA related incidents, confidence in staff handling PREA related incidents, and general safety concerns.

The documents reviewed for this audit included department policy, institution policy, contracts, staff training records, personnel records, volunteer training records, sexual abuse and harassment complaints, memorandums, and training curriculums. Formal interviews were conducted with the Warden, PREA Compliance Manager/Coordinator (facility/departmental), 5 medical staff (2 medical supervisors/2 nurses/1 contract nurse), 1 human resources staff member, 22 corrections officers, 46 random facility staff, 6 correctional supervisors, 6 first responders, 2 investigative staff, 2 intake staff, 2 volunteers, 3 incident review team members, 1 retaliation monitors, 1 segregation supervisor, and 2 segregation staff. 51 random staff members were met during the tour of the facility. Interviews were conducted with 50 randomly selected inmates. 7 LGBTI identified inmates were interviewed. 48 inmates were interviewed informally throughout the tour and visit at the facility. The agency head was not interviewed due to the finding of 100% of prior audits as it relates to the Agency head interview.

The auditor was provided access to the facility day and night during the audit and provided documentation as requested. 1st, 2nd, and 3rd shifts were visited.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Auburn Correctional Facility is located within the town of Auburn, New York. The facility was built in 1817. The physical address of the facility is 135 State Street Auburn, New York 13021. Auburn Correctional Facility has been in operation for 200 years. It is the oldest operating maximum security facility in the country.

Auburn Correctional Facility is an all-male, adult facility. The facility consists of 84 buildings. The facility has 31 single cell blocks, 83 SHU cells, and 2 dormitory style units.

The facility has a design capacity of 1766 offenders and currently houses 1601 offenders. Offenders range in age from 19 to 78. The average length of stay is 728 days. Offenders arrive at the facility from reception centers and other facilities within the New York Correctional System. Auburn houses inmates of maximum security level.

Auburn Correctional Facility employs 792 staff members to include security, non-security, medical, and treatment providers.

SUMMARY OF AUDIT FINDINGS:

During the visit, the auditor interviewed 50 random inmates, 3 limited english proficient inmates, with assistance of a Spanish speaking supervisor at the facility, 7 inmates identified as gay, lesbian, or bisexual, and all specialized staff. Inmates and staff interviewed were aware of the Prison Rape Elimination Act (PREA). Inmates interviewed were aware of methods of reporting sexual abuse and sexual harassment and indicated they felt the PREA requirements were concerned important at this facility. Most inmates indicated that PREA information was received in writing and via video orientation. Most staff were knowledgeable of PREA requirements and reporting responsibilities. All staff members questioned were aware of evidence preservation and medical considerations required by PREA protocol. Informational posters were posted throughout the facility in English and Spanish. Informational pamphlets were offered in multiple languages. The State of New York Department of Corrections and Community Supervision had policies and procedures in place to report, investigative, and complete corrective action on PREA related incidents.

Number of standards exceeded: **6**

Number of standards met: **35**

Number of standards not met: **0**

Number of Non-Applicable Standards **2**

115.11 Zero tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator
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- 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)

The facility meets this standard. The standard is addressed in the noted policies and procedures: Directive 4027A-Sexual Abuse Prevention and Intervention (inmate on inmate), Directive 4028A-Sexual Abuse Prevention and Intervention (staff on inmate), Employee Manual,(2.19, 2.20), Memo from Commissioner (Appointment of Associate Counsel as agency PREA Coordinator-3/14/2012), DOCCS Organizational Chart, Memo Deputy Commissioner (Re: Facility Prison Rape Elimination Act (PREA) Point Person), Email announcement from Associate Commissioner dated 4/23/2013 (Re: Assistant Deputy Superintendent/PREA Compliance Manager Appointment with Duties Description), and Auburn Organizational Chart. I was accompanied on the site visit at Auburn by the Associate Commissioner and several Regional PREA Coordinators. The Associate Commissioner and the Regional Coordinators provided insight on the statewide PREA Compliance effort along with written responses to his PREA questionnaire.

The DOCCS had a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly (Directive 4027A/4028A). Auburn Correctional Facility had a process to implement the department PREA related directives into the facilities day to day operation. The facility had an identified PREA Point Person (Assistant Deputy Superintendent) at the facility to coordinate PREA related investigations, compliance, etc. The agency had definitions of prohibited behaviors defined in employee policies, and employee manuals (Directive 4027A/4028A, Employee Manual 2.19). The agency has plans in place to reduce sexual abuse and sexual harassment in the New York prison system. This was written as a priority into policy and monitored per reported incident, review of institution staffing plans, and review of yearly reports. As noted earlier, New York has a centralized PREA Coordinator, Associate Commissioner Effman and an institution Point Person Butler, who assisted me with the PREA audit throughout the visit. I interviewed the PREA Coordinator at Auburn Correctional Facility utilizing the PREA pre-determined interview questions and was provided with an interview of the Agency PREA coordinator on prior audits. Both agency coordinator and institution coordinator discussed issues or concerns throughout the audit as they arose.

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)
- Non-Applicable
- Does Not Meet Standard (requires corrective action)

The facility is a state of New York managed facility. The standard is non-applicable.

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)

The facility exceeds this standard. The standard is addressed in the following policies and procedures: Employee Manual-2.44, Directive #4001 (Facility Administrative Coverage and Supervisory Rounds, dated 8/26/2015), Auburn Correctional Facility Annual Security Chart/Staffing Review Report with Recommended Changes to Facility Plot Plan, Auburn Post Closure Report, Annual Staffing Audit Review with Associate Commissioner, Examples of log book entries (Executive staff and security supervisors completing announced and unannounced rounds), Examples of Weekly Administrator Activity Report (Form 4001) for Tour 1, Tour 2, and Tour 3, Examples of Security Supervisor Report (Form 4001B) for Tour 1, Tour 2, and Tour 3, and Executive Team Inspection Schedule. The facility was toured with every building being walked through with the exception of the numerous towers. (1 Tower was toured) Each buildings log books were reviewed for announced and unannounced rounds. Unannounced rounds were being made regularly by supervisory staff. The facility also provided weekly activity reports that showed who had been to the different areas in the past week. The watch supervisor submitted a daily report of rounds completed, noting any incidents that occur. I was provided a copy of the yearly staffing review, which addressed PREA related concerns.

The facility documented its efforts to comply with the staffing plan by documenting any post closings on their supervisory report, daily. A computer print-out of closing was maintained for review. All unannounced rounds by executive staff and supervisory staff were documented in a weekly report by executive staff and a shift report daily by shift supervisors. All executive and supervisory staff also documented their rounds in each area by signing in red ink unannounced rounds. All shifts were required to make unannounced rounds. I interviewed shift supervisors on all shifts and this was confirmed verbally and by reviewing supervisor reports, reviewing area ledgers, and interviewing various supervisors and staff. The supervisors explained methods they employ to conduct supervisory rounds, while pointing out that it was against their employee code of conduct to alert staff of supervisory rounds. The inmate population of

Auburn Correctional Facility at the time of the audit was 1601 inmates, with a capacity of 1766. The PREA staffing plan was written to accommodate 1766 inmates. The New York Department of Corrections and Community Supervision reviewed staffing plans with Auburn Correctional Facility on a yearly basis. I was provided the yearly review and it was discussed with the Superintendent. This institution made a great effort at including Correctional Officer input in the staffing plan.

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)
- Non-Applicable
- Does Not Meet Standard (requires corrective action)

The facility doesn't house youthful offenders. Coxsackie, Woodbourne, and Greene facilities were identified as the designated facilities to house juvenile offenders.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: HSPM 1.37 (Body Cavity Searches), Directive #4910 (Control and Search for Contraband), Directive #2230 (Guidelines for Assignment of Male and Female Correction Officers), Directive #4001 (Facility Administrative Coverage and Supervisory Rounds), HSPM 1.19 (Health Appraisals), and Auburn FOM showing transgender shower policy. Auburn Correctional Facility is an all-male facility. Training records for "Contraband and Frisk" and "Prevention Sexual Abuse" were provided by the facility showing all correctional staff had been trained on the proper shakedown procedures for cross gender inmates. Interviews with various staff and training officer at the facility demonstrated their knowledge of that training.

Auburn Correctional Facility doesn't house female inmates. The facility requires all cross gender strip searches be documented, but have not had any in this audit cycle. Each restroom and shower were visually inspected and shower curtains in each shower and urinal. The facility also utilized a large shower area, which was staffed by male employees.

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)

The facility exceeds this standard. The standard is addressed in the following policies and procedures: Directive #2612 (Inmates with Sensorial Disabilities), Directive #4490 (Cultural and Language Access Services), Memo from Associate Commissioner dated 10/26/2015 (Ending Sexual Abuse Behind the Walls: An Orientation-DVD), Inmate Pamphlet (What Inmates Need to Know-English, Chinese, Spanish, Polish, Russian, Haitian-Creole, Italian, Korean/Help for Victims of Sexual Abuse in Prison), Language Access Plan and Facility specific Spanish version of Pamphlet. I interviewed 3 inmates at the facility with the assistance of a teacher who was bi-lingual. All indicated that they had received the initial orientation and understood their rights as it relates to reporting sexual abuse. I also observed bi-lingual PREA posters in all dormitories and general activity areas. The variety of inmate orientation material in foreign languages was outstanding. The New York DOCCS has one of the best I have seen in my audits of facilities. The availability was also outstanding. PREA related material was available in the reception area, the library, the re-entry classrooms, etc.

The agency had services for translation if needed. The agency also had educational and informational material available to inmates upon arrival at the facility, for review in housing and common areas, in the library, and at orientation. I discussed the orientation process with the teacher over PREA inmate orientation and she provided samples of pamphlets and videos that were utilized to address limited English inmates. The agency prohibits the use of inmate translators in the investigation and reporting of sexual abuse. I interviewed both staff and inmates to confirm this. The facility had several inmates of different nationalities and worked diligently to provide information to all inmates.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #2216 (Fingerprinting/Criminal History Inquiry-New Employees and Contractors), NYS Department of Correctional Services Personnel Procedure Manual #406A Recruitment Process (Forms PPM 406A1, PPM 406A2), Memo from Director of Personnel (Personnel Procedure #407, Personnel Procedure Manual #407 Security Promotions), Memo from Deputy Commissioner and Counsel (Prison Rape Elimination Act (PREA)-Background

Checks), Directive #2112 (Report of Criminal Charges), Form 1253 (Personal History and Interview Record), Availability Inquiry Correction Sergeant and Lieutenant, Form EIU23 (Personal History Questionnaire, Fair Chance Hiring Application Revisions and Statewide Employment Application, Directive #2012 (Release of Employee Personnel and Payroll Information). The Human Resource staff supervisor was interviewed and an overview of the hiring process was provided. New York State has background processes in place to complete a background check of all new hires and promotions.

The agency has a policy in place that prohibits hiring or promoting staff or contractors who have engaged in sexual abuse in prisons and the community. Questions are ask in the initial hiring or promotion process and a criminal background check is completed to substantiate the information that was received. Auburn Correctional Facility provided an example of a background checks, which met PREA standards.

115.18	Upgrades to Facilities and Technology
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Non-Applicable
- Does Not Meet Standard (requires corrective action)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #3053 (Alterations and Construction Request-Form 1612). Auburn Correctional Facility is scheduled for camera upgrades to improve monitoring. Inmate phones were updated in the yard to provide inmates better access and reporting capabilities if needed.

The facility has not had any major new construction or modifications in recent years.

115.21	Evidence Protocol and Forensic Medical Examinations
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- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4027B (Sexual Abuse Reporting and Investigation), Statement of Non-Applicability, Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault, HSPM 1.60 (Sexual Assault), Operational Guidelines-Office of Special Investigations Immediate Dispatch, Inmate on Inmate/Staff on Inmate, Power Point Presentation on PREA Specialized Training, and Letter to Superintendent of New York State Police (Implementation of the PRE Standards). The New York Department of Corrections and

Community Supervision does not conduct on-site forensic examinations. Inmates are transported to hospitals with SANE and SAFE nurse on-site or on call. We interviewed the medical administrator, 2 nurses, and nursing administrator, they explained their knowledge procedure. The Investigator and Investigative Supervisor were interviewed during the Auburn audit and confirmed their training in the investigative process expected by the PREA standards. A variety of facility staff were interviewed and were aware of physical evidence protection and collection.

The agency has a protocol in place to conduct criminal and administrative investigations (#4027B, HSPM 1.60). The Office of Special Investigations (OSI) is responsible for investigating PREA related cases within the New York prison system, with assistance of the New York State Police. The protocol for Forensic Examinations is developed by the New York Department of Health. Inmates are provided the opportunity for forensic examinations if they experience sexual abuse without charge. A SANE/SAFE examiner is provided if available. SANE/SAFE examiners are provided through agreements with local hospitals upon request. A victim advocate is available on a contractual basis, if needed.

115.22	Policies to Ensure Referrals of Allegations for Investigations
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- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4027A/B (Sexual Abuse Reporting and Investigation-Inmate on Inmate), Directive #4028A/B (Sexual Abuse Reporting and Investigation-Staff on Inmate), Directive #0700 (Office of Special Investigations), Directive #4026A (Sexual Abuse and Intervention-Inmate on Inmate), and Directive #4028A (Sexual Abuse Prevention and Intervention-Staff on Inmate). The Office of Special Investigations conducts all PREA related investigations in the New York Department of Corrections and Community Supervision. The Investigator and his Supervisor met with both auditors during the Auburn Audit and discussed how PREA related investigations are handled and processed, if reported. Both OSI staff were knowledgeable of the PREA requirements and processed PREA allegations accordingly.

The agency has assigned the Office of Special Investigations (OSI) the responsibility to investigate PREA related sexual abuse and sexual harassment allegations (4026A, 4027B, and 4028A/B). The Office of Special Investigations specifically assigned to investigate sexually related crimes. Auburn had reported allegations during the audit cycle, and had reporting mechanisms in place.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Memo from Deputy Commissioner and Associate Commissioner (Sexual Abuse Prevention and Response Training), Training Manual Subject 0.100 (PREA: Sexual Abuse Prevention and Response), Sexual Abuse Prevention and Response Lesson Plan, Training manual (Initial Employee Training/40 Hour Orientation), Training Manual Subject 6.500 (Facility Familiarization), Memo from Acting Commissioner (Policies and Standards Generally Applicable to all Employees), KHRT Percent Complete Report for Course (Sexual Abuse Prevention and Response), and Report of Training Form (Sexual Abuse Prevention and Response). The facility provided documentation that verified employees have been trained on a yearly basis on Sexual Abuse Prevention and Response. We interviewed seventy-nine staff formally and it was apparent that they had received training on sexual abuse prevention and response. The department also provides each employee a pocket card to carry with them outlining the appropriate response steps to prevent and respond to sexual abuse allegations. The training PowerPoint provided was very professionally done and relevant to the Corrections environment.

The employee training curriculum covers all items that are mandated by the Prison Rape Elimination Act. I reviewed the departmental training curriculum and interviewed several staff members to confirm the training. The training curriculum was tailored to address the male population at the facility. Training is provided at yearly in-service, at call-out, and at orientation of newly transferred employees. The training records were provided for my review and confirmed yearly training on this issue. Auburn employees interviewed formally and informally were sufficiently aware of their requirements in the handling of PREA cases.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4027A (Sexual Abuse Prevention and Intervention: Inmate on Inmate), Directive #4028A (Sexual Abuse and Intervention: Staff on Inmate), Directive #4750 (Volunteer Services Program), Memo from Acting Commissioner (Policy on the Prevention of Sexual Abuse of Offenders to all Employees, Contractors, and Interns), Directive #4071 (Guidelines for Construction Projects), Standards of Conduct for Volunteers

within the New York State Department of Corrections and Community Supervision: Form #4750C, and Form 4071A. The training material for volunteers and construction project contractors had the information indicating a zero tolerance for sexual abuse of inmates. I interviewed two volunteers, they verified that they had received Volunteer training and PREA reporting requirements and responsibilities. Other examples of training records for volunteers was provided for review and met the standard.

The agency training curriculum was provided to me pre-audit and reviewed. It contained information related to PREA related reporting responsibilities and conduct expectations. The records of volunteers were also reviewed at the Auburn facility.

115.33	Inmate Education
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- 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)

The facility exceeds this standard. The standard is addressed in the following policies and procedures: Directive #4021 (Offender Reception/Classification), Directive #4027A (Sexual Abuse Prevention and Intervention: Inmate on Inmate), Memo from Deputy Commissioner and Associate Commissioner (PREA: Inmate Orientation Film Implementation-General Population and Special Housing Units), Memo from Associate Commissioner (New and Updated PREA Materials), Memo from Associate Commissioner (Reasonable Accommodations PREA Information), Inmate Orientation Outline (Report of Inmate Training Participation and Report of Inmate Participation), Inmate Orientation Handbooks Inserts, and Auburn Facility Orientation Packet/signed acknowledgement of receipt. We toured the reception/intake areas and talked to the assigned staff. All were familiar with the PREA training requirements for inmates. The reception area had pamphlets prepared for incoming transfers. The reception officers were aware of PREA requirements. Multiple inmates were interviewed formally and informally concerning the initial PREA related orientation and most recalled the process. The reception area issued copies of their PREA brochure and several inmates showed the copies to me while making rounds, which supported the availability of the educational material. I reviewed documentation of the educational component and verification is logged in their reception computer program, a signed class list, and an individual orientation form.

The institution had 1601 inmates and all reviewed had been provided PREA orientation. This was confirmed by the review of inmate records, interviews of inmates, and interview with the reception coordinators. Most inmates I had interviewed informally and formally confirmed they had PREA related orientation. Social service staff provided additional PREA information during their initial interview.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Office of Special Investigations Policy and Procedure (Training Requirements for Sex Crimes Investigators), National Institute of Corrections Training (PREA: Investigating Sexual Abuse in Confinement Settings), Power Point Presentation (PREA Specialized Training), Power Point Presentation (Sexual Abuse Investigations and PREA), KHRT Training Report for Course #17072 National Institute of Corrections Training (PREA: Investigating Sexual Abuse in Confinement Settings), Report of Training Form for PREA Specialized Training (Investigations), and Report of Training Form for Sexual Abuse Investigations and PREA Update. We reviewed training documentation to support compliance with this standard prior and during our visit to the facility. The auditors also had an interview with the OSI investigator assigned to this facility and his supervisor during the Audit. They discussed the specialized training they had received related to PREA investigations and provided documentation of their training.

The facility provided documentation confirming investigator training in the National Institute of Corrections training in "Investigating Sexual Abuse in Confinement Settings". OSI investigators were also interviewed to confirm the training. The investigators indicated that they had received training on proper techniques to interview sexual abuse victims.

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)

The facility exceeds this standard. The standard is addressed in the following policies and procedures: PowerPoint Presentation (PREA: Medical and Mental Health Care), Training Manual (Mandatory Initial Training: Non-Security Staff at Facilities), Office of Mental Health Memorandum of Understanding, Directive #4750 (Volunteer Services Program-Division of Health Services acknowledgement form), Training Manual Subject (40 Hour Orientation Program for Full-time Non-Security Staff at Facilities), Facility Specific KHRT (Medical), OMH Staff RTF03 for Medical/Mental Health Training, and Facility Specific Example (Division of Health Service Form for Directive #4750). The Auburn Correctional Facility has mental health professionals on site. All were provided the specialized PREA training. The initial assessment for PREA related incidents are completed by the medical department. We interviewed five medical professionals at the facility and all were aware of PREA requirements

as it relates to patient care. The training records for medical and mental health staff were provided and reviewed with no concerns noted.

The facility provided training records to confirm training in PREA related medical and mental health care. We interviewed five medical personnel to confirm this training. We toured the medical/mental health facility, which had PREA informational signs posted and the nursing staff were knowledgeable of their responsibilities in a PREA related incident.

115.41	Screening for Risk of Victimization and Abusiveness
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- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive 4027A-Sexual Abuse Prevention and Intervention (Inmate on inmate), Memo from Deputy Commissioner for Correctional Facilities, Deputy Commissioner of Program Services, and Associate Commissioner (Prison Rape Elimination Act Risk Screening), Memo from Associate Commissioner and Assistant Commissioner (New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity), PREA Risk Screening, Facility Specific Example. We reviewed the process for risk screening at the facility and interviewed the staff who screen inmates for risk of victimization and abusiveness. The screening process was completed upon arrival at the facility. We discussed PREA related information with many inmates throughout the facility and the majority of them recalled being interviewed for victimization upon arrival.

The agency has a process in place to screen every inmate arriving at the facility within 72 hours. All inmates were screened upon arrival at the facility by the reception staff. Most inmates interviewed indicated that they had received their initial PREA informational brochure and interview on the day of arrival. The Counselors reviewed information again within seven days. Many inmates noted that the ORC staff asked additional question upon their scheduled interview.

115.42	Use of Screening Information
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- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4027A (Sexual Abuse Prevention and Intervention-Inmate on Inmate), Memo from Deputy Commissioners (New Procedure Necessitated by Directive 4027A), Memo from Associate Commissioner and Assistant Commissioner (New/Revised

Other Security Characteristics Regarding Sexual Orientation and Gender Identity), Directive #4401 (Guidance and Counseling Services), Auburn Policy on Accommodations, and Directive #4009 (Minimum Provisions for Health and Morale). We interviewed seven inmates who identified themselves as members of the LGBTI community. They all recalled the initial screening process and recalled discussion concerning their safety at the facility.

We interviewed seven inmates who identified themselves as members of the LGBTI community and they indicated that they received adequate treatment at the facility.

115.43	Protective Custody
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- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4948 (Protective Custody Status). Auburn Correctional Facility reported it had not placed an inmate in involuntary or voluntary protective custody solely due to being a high risk for sexual victimization. The Supervisor over SHU and two officers assigned to SHU. All staff interviewed indicated that no inmate had been assigned to protective control solely based on their risk of victimization. Several staff were interviewed formally and informally and no staff member indicated that any inmate was placed in protective control based on his victimization risk. SHU unit was toured and three inmates were interviewed formally. All were aware of the PREA requirements and a handbooks had the PREA reporting information in it.

115.51	Inmate Reporting
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- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4027A (Sexual Intervention-Inmate on Inmate), Directive #4028A (Sexual Abuse and Intervention), Employee Manual Section-2.20), Letter to Acting Commissioner from State Commission of Correction (Inmate and Resident Reporting), Sexual Abuse Prevention and Response Lesson Plan, General Confinement: The Prevention of Sexual Abuse in Prison: "What inmates Need to Know" pamphlet, and Facility Specific Example of third party reporting from Office of Mental Health. I reviewed the pamphlet provided to inmates statewide and feel it was very professionally done. It provide methods of reporting internally and externally. Inmates interviewed formally and informally were aware of the reporting options.

The agency has policies in place for inmate reporting of sexual abuse and sexual harassment (#4027A, 4028A, Employee Manual 2.20). We reviewed training records, spoke to staff, and spoke to inmates during my visit to the facility. It was very clear that staff and inmates were aware of the reporting process at the facility.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4040 (Inmate Grievance Program). The State of New York Department of Corrections and Community Supervision has an inmate grievance system in place. PREA related complaints submitted in this manner are handled immediately. It is clear in policy that an inmate is not required to file a grievance involving a PREA related charge for it to be investigated. A grievance process was another mechanism in place to prevent sexual abuse and harassment of inmates. Inmates were provided training that immediate reporting was the best method to report PREA related issues. Multiple reporting methods are provided to inmates on this concern. (Report to staff, phone access, 3rd party reporting, etc.)

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4423 (Inmate Telephone Calls), Directive #4404 (Inmate Legal Visits), Directive #4421 (Privileged Correspondence), Memo from Associate Commissioner to All Superintendents (Just Detention Resource Guide), Contract extension between DOCCS and designated rape crisis program, and NYS DOCCS Help for Victims of Sexual Abuse in Prison Pamphlet. Auburn Correctional facility had Victim Assistance pamphlets available in the library and law library along with a resource manual from Just Detention. Safe Harbors of the Finger Lakes, Inc. provided victim support for Auburn Correctional Facility by calling #77 from inmate pay phones. The inmate legal visit policy mandated that Rape Crisis Center Personnel were to be treated as a legal visit if requested. Confidentiality in the legal visit area was to be provided. The privileged correspondence policy also mandated that outgoing mail addressed to a rape crisis center could not be opened and read without approval from the Superintendent.

Inmates are provided a list of victim support agencies throughout the state in the libraries. Contact information for outside support agencies are posted in the housing units. A resource guide published by Just Detention is also available in the library. The agency has a policy flagging this type of correspondence as confidential (#4421). Inmates are provided the limits to confidentiality. Inmates may add a Rape Crisis Center to their call list at any time. Posters identifying Safe Harbors of the Finger Lakes, Inc. as the emergency confidential contact were posted throughout the institution. Several inmates noted their awareness of the #77 option.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: DOCCS PREA Policy Web Page. The DOCCS website has a mechanism for third party reporting. The third party, Safe Harbors of the Finger lakes, Inc. is contracted to respond to 3rd party notifications. The DOCCS website had departmental policies, links to memos to employees, links to posters provided to the facilities, and links to pamphlets provided to inmates for the public to access and view. There was a mechanism in place for third party advocates to submit concerns in writing, via phone call, and via email.

The agency provides a mechanism for third party reporting through the Office of Special Investigations, also. The agency provides third party reporting information throughout the facility. Several staff and inmates mentioned posters, and pamphlets that were available throughout the facility with third party reporting information.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4027A (Sexual Prevention and Intervention-Inmate on Inmate), Directive #4028A (Sexual Abuse Prevention and Intervention-Staff on Inmate), Employee Manual (2.20), Email: PREA-Office of Mental Health Memorandum of Understanding to All Superintendents, Directive #0700 (Office of Special Investigations), and Memo from Associate Commissioner (Sexual Abuse Response and Containment Checklist). The DOCCS has a process in place to provide a coordinated response to a PREA related incident. There is a required report in place that must be completed with a checklist of required functions. The

Office of Special Investigations has a Sexual Crimes Unit that responded to PREA related incidents with trained investigators in sexual abuse cases. The investigator and his supervisor were interviewed for the audit.

All staff internally and externally were informed through initial training and annual in-service of their requirement to report PREA violations immediately. We interviewed several staff ranging in experience from 4 months to 34 years and all were aware of reporting requirements. All staff interviewed were aware of the need to report an allegation immediately while being aware of the sensitive nature of a PREA related allegation.

115.62 Agency Protection Duties
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- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4040 (Inmate Grievance Program), and Directive #4948 (Protective Custody Status). The New Department of Corrections and Community Supervision has a process in place to document involuntary segregation. A form (2168A) must be completed to place an inmate into involuntary protective custody. Auburn Correctional Facility had no incident of involuntary protective custody placement within the last year. The SHU supervisor and some shift supervisors were interviewed. All were aware of the process to place an inmate into involuntary protective custody. The facility staff interviewed were aware of the requirement to find alternative solutions to involuntary segregation of a victimized inmate. Several ORC counselors were interviewed and were aware of the use of SHU as a last resort in placing PREA identified victims.

All employees interviewed were aware that immediate action must take place to protect an inmate who faced an imminent threat of sexual abuse. Auburn had no incident within the last twelve months. The facility provided pocket cards to all staff which provided step by step instructions on handling PREA related allegations.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Memo from Associate Commissioner (Reporting to Other Confinement Facilities), Report of Sexual Abuse (Form 115.63), Sexual Abuse Threat Incident Log books. Auburn Correctional Facility had no incidents to report to other facilities during this review cycle. The

Warden, PREA Point Person, and Reception staff were interviewed on this process. The reporting process was reviewed, discussed, and staff were familiar with the expectations of this standard.

115.64 Staff 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4027B (Sexual Abuse Reporting and Investigation-Inmate on Inmate), Directive #4028B (Sexual Abuse Reporting and Investigation-Staff on Inmate), Memo from Deputy Commissioner, Deputy Commissioner Chief Medical Officer, Associate Commissioner PREA Coordinator (Response to Inmate Sexual Activity), Memo from Associate Commissioner (PREA Coordinated Response Plan), Sexual Abuse Prevention and Response Lesson Plan, Auburn Coordinated Response Plan to an Incident of Inmate Sexual Abuse. First Responders were familiar with the evidence preservation process. There is a checklist required to follow if an incident were to occur and shift supervisors were trained to utilize it. Most interviewed staff were aware of 1st responder requirements and evidence collection protocol.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Memo from Associate Commissioner (PREA Coordinated Response Plan), Sexual Abuse Response and Containment Checklist, and Auburn Coordinated Response Plan to an Incident of Inmate Sexual Abuse. The DOCCS has a protocol in place to provide a coordinated response to incident of inmate sexual abuse. It directed initial responders to advise participants to cease activity, assess situation for need for on-site medical care, and need to notify the supervisor, instruct participants to avoid destroying evidence, and complete reports in detail. We interviewed various staff and they were aware of their responsibilities in an allegation of inmate sexual abuse. We interviewed medical staff, who were aware of their responsibilities in a PREA alleged incident. First responders interviewed were familiar with DOCCS coordinated response expectations and could demonstrate such.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #2110 (Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings), Directive #2114 (Functions of the Bureau of Labor Relations), New York State Governors Office of Employee Relations (Administrative Services Unit, Operations Service Unit, Institutional Services Unit, Professional, Scientific and Technical Services Unit, Security Services Unit, Security Supervisors Unit), and Union Contracts continuation after expiration (Taylor Law Triborough Amendment). New York has a process in place through their various union contract agreements that allow them to suspend institutional staff from contact with victimized inmates. A staff member can't be removed from their post until completion of an investigation is completed. These rules apply throughout the DOCCS.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Employee Manual (2.19), Memo from Associate Commissioner (Agency Protection Against Retaliation), Retaliation Monitoring Form (115.67A). Auburn Correctional Facility provided the process by which they oversee cases that involve monitoring. The department/facility has processes in place to monitor retaliation. The monitoring period is ninety days.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #4948 (Protective Custody Status). Auburn Correctional Facility has not utilized Involuntary Protective placement for the purpose of protecting an inmate who has alleged to have been a victim of sexual abuse. One SHU supervisor and one segregation

officer was interviewed and they were aware of the requirements to avoid involuntary segregation of a sexual abuse victim. Various Supervisors assigned to different areas interviewed, were aware of the requirements against involuntary protective control.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Directive #0700 (Office of Special Investigations), OSI Policy and Procedure (Training Requirements for Sex Crimes Investigators), Office of Special Investigations Sex Crime Unit-Inmate on Inmate Dispatch and Operational Guidelines), Office of Special Investigations-Staff on Inmate Dispatch and Operational Guidelines), Letter to Superintendent of New York State Police (Implementation of the PREA Standards), New York Criminal Procedural Law (160.45 Polygraph Tests-Prohibition Against), Directive #2011 (Disposition of Departmental Records), OSI Policy and Procedure (Intake and Case Management Unit-Entire Complaint Process and Case File Management), and Power Point Presentation (PREA Specialized Training Investigations). The Coordinated Response Plan procedure was in place to contact the Office of Special Investigations if a PREA related concern were to take place at Auburn Correctional Facility. An agreement and understanding was in place for the Office of Investigations, the New York State Police, and Auburn Correctional Facility to work cooperatively in PREA related investigations. Departmental policy was in place to maintain physical records involving investigations until the investigation was completed and state records retention timelines were reached (7 years). Files were maintained electronically permanently. We interviewed the Office of Special Investigations Regional Investigator and his Supervisor during the audit visit. They were aware of the requirements involving PREA investigations and provided their training records to allow them to investigate PREA related cases. Both investigators were aware that a polygraph could not be made mandatory by the victim for a case to proceed. Cases were presented at the time of audit and discussed related to PREA compliance issues. It was obvious both investigative staff were competent in this area of investigation.

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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Memo from Deputy Chief of Investigations (Sex Crimes Division-Close Out Procedures), and Sexual Abuse Prevention and Response Lesson Plan. The DOCCS has policies in place for evidentiary standards for PREA related cases. There were notification requirements for substantiated, unsubstantiated, and unfounded cases. The lesson plan provided a definition for preponderance of the evidence and beyond a reasonable doubt. There is a statewide process in place for all facilities to follow.

115.73 Reporting to Inmate

- 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)

The facility meets this standard. The standard is addressed in the following policies and procedures: Memorandum from Chief, Office of Special Investigations (Notification of Investigative Determination), Memo from Deputy Chief, and Office of Special Investigations (Sex Crimes Division Close Out Procedures). The Office of Special Investigations has a process in place to notify the inmate upon close out of a case, which will indicated substantiated, unsubstantiated, or unfounded. The OSI investigator will notify the inmate directly in cases of substantiated or unsubstantiated cases and record in the case file. Unfounded case decisions are sent to the inmate's facility and provided to the inmate via legal mail process. We discussed this process with institutional staff and the OSI investigators during the site visit. Most were aware the statewide procedures and provided examples of this process being followed at this facility. The reporting process was in place at Auburn Correctional Facility.

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)
- The facility meets this standard.

The standard is addressed in the following policies and procedures: Directive #4028A (Sexual Abuse Prevention and Intervention (Inmate on Inmate)), Directive #4028B (Sexual Abuse Reporting and Investigation (Staff on Inmate)), Directive #2110 (Employee Discipline

(Suspension from Duty During the Continuation of Disciplinary Proceedings), Employee Manual (2.19), Directive #2605 (Sexual Harassment in the Workplace), Memo Deputy Commissioner for Administrative Services (Prison Rape Elimination Act/Presumptive Disciplinary Sanction for Staff Sexual Misconduct), and Directive #2111 (Report of Employee Misconduct). The DOCCS has policies in place for disciplinary sanctions of employees up to removal for PREA related convictions. The employee manual provided to all employees explains the disciplinary process to them. Auburn Correctional Facility has had no incidents of employee suspensions, or termination for issues of sexual abuse or sexual harassment. Various supervisors, human resource personnel, and upper management staff were interviewed during the audit. All were aware of the zero tolerance level for correctional staff in inmate sexual abuse and sexual harassment cases and the presumptive loss of job for violating PREA related.

115.77	Corrective Action for Contractors and Volunteers
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- 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)

The standard is addressed in the following policies and procedures: Directive #4750 (Volunteer Services Program), Office of Special Investigations (Reporting of Misconduct to Outside Agencies), Directive #2605 (Sexual Harassment in the Workplace), Memo from Acting Commissioner (Policy on the Prevention of Sexual Abuse of Offenders), and Division of Ministerial, Family and Volunteer Services (Volunteer Information Packet). The DOCCS policies address zero tolerance involving sexual abuse and sexual harassment of inmate by contractors and volunteer. I reviewed the Volunteer Information Packet and it indicated that there was zero tolerance for sexual abuse or sexual harassment by volunteers. We interviewed two volunteers and they were aware of the zero tolerance against sexual abuse and harassment. Both explained the process they would use to report an allegation of sexual abuse to the DOCCS authorities. The volunteers training records were reviewed they substantiated that both had attended training. The policy outlined criminal actions taken in the event of a volunteer or contractor sexual abuse or sexual harassment. The supervisor over volunteers was interviewed and she was familiar with the expectations that there was zero tolerance for sexual abuse or sexual harassment. She explained the process for coordinating training for volunteers and the expectations for entrance into the facility.

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)

The standard is addressed in the following policies and procedures: Memo from Deputy Commissioner (Disciplinary Disposition Guidelines), Directive #4932 (Chapter V, Standards Behavior and Allowances), Sex Offender Counseling and Treatment Program Guidelines, Directive #4028A (Sexual Abuse Prevention and Intervention-Staff on Inmate), and Directive #4027A (Sexual Abuse Prevention and Intervention-Inmate on Inmate). The DOCCS policy clearly outlines disciplinary sanctions that can be implemented on inmates who violate PREA related violations.

Inmates are subject to discipline internally for inmate on inmate sexual abuse (#4932). The inmate disciplinary process prohibits any sexual activity between inmates. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. We discussed this standard with multiple supervisors, all were aware of the inmate hearing process and the need to handle PREA related cases in a thorough and detailed manner. Several inmates were interviewed and no concerns were evident.

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)

The standard is addressed in the following policies and procedures: Memo from Deputy Commissioner/Chief Medical Officer (Health Screening Forms), Directive #4301 (Mental Health Satellite Services and Commitments to CNYPC (Mental Health Referral), HSPM 1.12B (Inmate Blood borne Pathogens Significant Exposure Protocols), PREA-Office of Mental Health-Memorandum of Understanding, and HSPM 1.44 (Health Screening of Inmates). The DOCCS had a protocol in place for medical and mental health screenings related to PREA requirements. Auburn Correctional Facility has protocol in place to respond to mental health needs of inmates. The institution employs mental health staff on-site and it had a sizable population of inmates needing mental health care. Each inmate is screened by medical staff upon arrival at the facility from other facilities. The inmates are asked three PREA related questions upon arrival. Examples of a completed review forms were provided for review. The DOCCS has protocol in place to provide inmates medical and mental health treatment for sexual abuse victims within their correctional system. We reviewed and discussed the screening process with medical and mental health staff. All were aware of the screening

process. Staff at this facility were knowledgeable in the professional handling of mentally ill inmates and their understanding of their responsibilities was evident.

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)

The standard is addressed in the following policies and procedures: Directive #4027B (Sexual Abuse Reporting and Investigation-Inmate on Inmate), Directive #4028B (Sexual Abuse Reporting and Investigation-Staff on Inmate), and HSPM 1.60 (Sexual Assault-SANE/Safe Hospitals). The DOCCS had protocol in place to transport a victim of sexual abuse to a predetermined hospital with SANE/SAFE certified nurses for medical examined if required. A current list was provided in the audit documentation. The DOCCS also have procedural protocol in place to provide emergency prophylactic medications if deemed appropriate by medical staff in consultation with the victimized inmate. All staff interviewed at the facility understood the need for immediate action to protect evidence and the health of the inmate if a sexual assault were to occur. Ambulatory care was provided to and from a certified hospital for treatment, if needed. Auburn Correctional Facility had no incidents that required an inmate being transported to a SANE/SAFE certified hospital for a medical examination in the past year.

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)

The standard is addressed in the following policies and procedures: HSPM 1.60, PREA-Office of Mental Health Memorandum of Understanding to all Superintendents), HSPM 1.12B (Inmate Blood borne Pathogens Significant Exposure Protocol), and HSPM 1.44 (Health Screening of Inmates). The DOCCS had protocol in place to provide immediate medical examination of inmates who claim sexual abuse. Medical staff were interviewed and were versed in the emergency protocol. The facility did have mental health staff on site and all that were interviewed were versed in the DOCCS mandates on the treatment of Sexual Abuse Victims and Abusers. Auburn currently had no incidents in the audit cycle.

The agency had protocol in place to offer tests for sexually transmitted infections if a sexual assault were to occur at the facility. A multi-discipline approach to dealing with inmates who are victimized was evident throughout DOCCS policy. Auburn Correctional Facility has a multi-discipline staff to handle PREA related cases, if they occur.

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)

The standard is addressed in the following policies and procedures: Memo from Deputy Commissioner and Associate Commissioner (Prison Rape Elimination Act Procedural Enhancements Sexual Abuse Response and Containment Checklist-Sexual Abuse Incident Reviews and Security Staffing Audits/Sexual Abuse Incident Checklist). There is a process in place to complete incident reviews of Sexual abuse cases. This process is utilized throughout the DOCCS. All cases at Auburn Correctional Facility that required incident review in this audit cycle were provided to both auditors and a review was complete. The Superintendent, Deputy Superintendent, PREA Point Person, and Shift Supervisors were aware of the review process that the DOCCS had placed in departmental protocol. The process reporting requirements, report, and review process exceeds standard. It is a very detailed and thorough process. An example was provided of a case that was found to be unsubstantiated. The procedure established was followed by the staff involved in the investigation.

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)

The standard is addressed in the following policies and procedures: Office of Program Planning and Evaluation (PREA Data Collection, Review, Retention and Publication Manual, Data Dictionary, and Facility Specific Examples. The State of New York Department of Corrections and Community Supervision has a centralized method of reporting PREA related accusations, investigations, and cases. The Deputy Superintendent of Security is required to submit reports monthly containing data related to PREA related investigations. Examples were provided of monthly reports being filed with the Superintendents signature. The DOCCS had a method of tracking incidents statewide as they are investigated also for review of trends, commonalities, etc.

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)

The standard is addressed in the following policies and procedures: Office of Program Planning Research and Evaluation (PREA Data Collection, Review, Retention and Publication Manual), PREA Page with the link to Annual Report on the Department of Corrections and Community Supervision Website (Link to Annual Report on Sexual Victimization), and Copy of the Annual Report. The agency has a centralized reporting mechanism in place for reporting, review, and corrective action. The agency utilizes this report to make enhancements to reduce sexual victimization throughout the New York prison system. A copy of the 2013-2014 Annual Report on Sexual Victimization was provided to me. I also viewed it on the State of New York Department of Corrections and Community Supervision website, where it was available for public review. The website was very easy to navigate and find PREA related information.

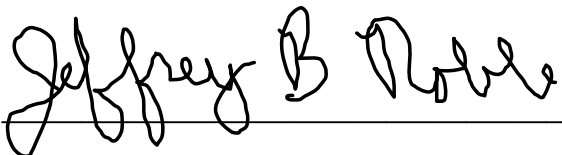
115.89 Data Storage, Publication, and Destruction
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not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

The standard is addressed in the following policies and procedures: Office of Program Planning Research and Evaluation (PREA Data Collection, Review, Retention and Publication Manual). The DOCCS removes all personal identifiers prior to posting them publicly. Records are maintained for 10 years after completion of cases.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature Jeffrey B. Noble

4/10/2017

Date