

**PREA AUDIT REPORT     Interim     Final**  
**ADULT PRISONS & JAILS**

**Date of report: 06/21/2017**

<b>Auditor Information</b>			
<b>Auditor name:</b> Chris Sweney			
<b>Address:</b> P.O. Box 8840 Omaha, NE 68108			
<b>Email:</b> csweney.prea@gmail.com			
<b>Telephone number:</b> (402) 658-0344			
<b>Date of facility visit:</b> April 26 <sup>th</sup> – 28 <sup>th</sup> 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Bare Hill Correctional Facility			
<b>Facility physical address:</b> 181 Brand Rd Malone, NY, 12959			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (518) 483-8411			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Bruce Yelich			
<b>Number of staff assigned to the facility in the last 12 months:</b> 548			
<b>Designed facility capacity:</b> 1714			
<b>Current population of facility:</b> 1424			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 20-75			
<b>Name of PREA Compliance Mngr:</b> Denise Sauther/David Gallagher		<b>Title:</b> Asst. Dep.Supt. PREA/PREA Point Person	
<b>Email address:</b> Denise.Sauther@doccs.ny.gov david.gallagher@doccs.ny.gov		<b>Telephone number:</b> (518) 483-8411	
<b>Agency Information</b>			
<b>Name of agency:</b> New York State Department of Corrections and Community Supervision			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 1220 Washington Avenue, Albany, NY 12226-2050			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (518) 457-8126			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Anthony J. Annucci		<b>Title:</b> Acting Commissioner	
<b>Email address:</b> commissioner@doccs.ny.gov		<b>Telephone number:</b> (518) 457-8134	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jason D. Effman		<b>Title:</b> Associate Commissioner	
<b>Email address:</b> jason.effman@doccs.ny.gov		<b>Telephone number:</b> (518) 457-3955	

## **AUDIT FINDINGS**

### **NARRATIVE**

A PREA audit of the Bare Hill Correctional Facility was conducted April 26<sup>th</sup> – 28<sup>th</sup>, 2017 by Chris Sweney, Certified PREA auditor. The audit of Bare Hill CF was conducted in conjunction with their American Correctional Association accreditation audit. As part of the accreditation audit a full tour of the facility was conducted along with three days of file reviews and staff and inmate interviews. The tour included all area of the main and annex facilities including inmate housing, segregation, intake (draft), kitchen, laundry, recreation, control, all program areas, medical and administration. Pre Audit posters were observed in all housing units and common areas. No inmates specifically requested to speak with this auditor nor had this auditor received any written correspondence from inmates or staff prior to the onsite visit.

On the first and second day of the audit the PREA Point Person provided the auditor with a roster of staff assigned to each shift. A total of ten (10) random staff interviews from the day and evening shift were conducted. Specialized staff interviews included the Deputy Superintendent/PREA Compliance Manager, the PREA Point Person (Captain), the Draft (intake) Sergeant who also does the initial screening of inmates when arriving at the facility; Investigators from the Office of Special Investigations (OSI) who are responsible for PREA related investigations as well as medical staff, program staff and volunteers.

On the last day of the audit the PREA Point Person provided the auditor with a roster of all (1424) inmates at the facility. Inmates were randomly selected by the auditor. At least one inmate from each housing unit was interviewed. There was one inmate who spoke limited English interviewed. No inmates were identified that had hearing or visual impairments. Four inmates who identified as either gay or transgendered were also interviewed. Additionally, one inmate that reported sexual abuse at a previous facility during the intake process was interviewed. A total of 25 random inmate interviews were completed. Bare Hill Correctional Facility reported zero instances of either sexual abuse or harassment for the audit period. The PREA response and investigative process was thoroughly reviewed and found to be well above standard.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Bare Hill Correctional Facility is a male, medium security facility located in Malone, New York which was originally constructed in 1988 and has expanded to a current capacity of 1,724. The facility sets on 205 acres which is made up of the original main facility and the Annex which was added in 1991. The facility includes 14 Units, each with two dorms and a common area. There is also a 32-bed Special Housing Unit (SHU) for inmate in protective custody and disciplinary segregation and multiple building for dining, medical services, laundry, recreation, programs, and administrative space. The facility has a total of seventy-five (75) buildings surrounded by a 1.7 mile double perimeter fence with two tower posts.

## **SUMMARY OF AUDIT FINDINGS**

Number of standards exceeded: 6

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

**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.**

The New York State Department of Corrections and Community Supervision (DOCCS) has a zero tolerance policy towards all forms of sexual abuse and harassment. This policy outlines how the department prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The policy also includes definitions of prohibited behaviors and sanctions for those who participated in those behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The NYSDOCCS has 54 facilities and has designated an agency wide PREA Coordinator to oversee the development and implementation of their PREA program. An Assistant Deputy Superintendent/PREA Compliance Manager is assigned to oversee Bare Hill as well as two other nearby correctional facilities. Each facility including Bare Hill has a designated PREA Point Person. The PREA Point Person indicated during his interview that he has sufficient time and authority to develop, implement, and oversee the facilities efforts to comply with the PREA standards.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Directive 4027A Sexual Abuse Prevention & Intervention Inmate-on-Inmate
- Directive 4028A Sexual Abuse Prevention & Intervention Staff-on-Inmate
- New York State Department of Corrections and Community Supervision Employee Manual
- Memorandum – Appointment of PREA Coordinator for DOCCS
- New York-DOCCS Organizational Chart
- PREA Point Person Interview
- PREA Compliance Manager Interview

**Corrective Action**

No corrective action needed

**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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New York State contracts with a number of organizations to provide residential programs for parolees and others subject to community supervision upon release. These include Residential Stabilization Programs (RSP) and Community Based Residential Programs (CBRP). When new contracts are executed or, in the event that existing contracts are renewed, all programs providing similar services will be required to adopt and comply with the PREA Community Confinement Facilities Standards, including conducting PREA audits, and shall be subject to agency contract monitoring to ensure that the contractor is complying with the standards. The Bare Hill Correctional Facility does not independently contract for the confinement of its inmates.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Statement of Non-Applicability

#### **Corrective Action**

No corrective action needed

### **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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The Bare Hill Correctional Facility is a direct supervision facility and has a staffing plan which accounts for generally accepted detention and correctional practices; DOCCS follows applicable State and local laws, regulations and standards to determine staffing levels. Bare Hill Correctional Facility has no Judicial, Federal or other internal or external findings of inadequate staffing. All components of the facility's physical plant, composition of the inmate population and placement of supervisory staff are also considered.

Deviations from the staffing plan are documented and reported to the Superintendent. Staffing requirements are assessed annually and adjustments are made if necessary.

Unannounced rounds are completed by supervisors on each shift and documented in a permanent log book. Bare Hill provided a copy of their tour logs with the pre-audit documentation which shows this as a regular practice. During the onsite visit, supervisors demonstrate how unannounced rounds are documented. Inmate interviews also indicated that supervisors made regular rounds. Policy prohibits staff from alerting other staff members that supervisory rounds are occurring.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

New York-DOCCS Employee Manual

Directive #4001, Facility Administrative Coverage & Supervisory Rounds

Bare Hill Correctional Facility Post Closure Report

Staffing Plan Review

Example Log Book Entries; Executive Team and Security Supervisor announced / unannounced rounds.

Examples of Weekly Administrative Activity Report

Examples of Security Supervisor Reports

Supervisory Staff interviews  
Random Staff Interviews  
Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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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This standard does not apply. Bare Hill Correctional Facility does not house youthful offenders under the age of 18.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #0089 Bare Hill Correctional Facility

**Corrective Action**

No corrective action needed

**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)

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Bare Hill Correctional Facility policy prohibits cross-gender pat searches, strip searches or cross-gender visual body cavity searches. All strip searches are authorized by a supervisor and documented. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except when such viewing is incidental to routine checks. Staff is trained to conduct cross-gender pat-down searches, in case of an emergency, and searches of transgender and intersex inmates using the least intrusive method possible. Staff interviews showed a thorough understanding of the inmate search policy. Random inmate interviews revealed that appropriate staff is conducting searches.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #2230 Guidelines for Assignment of Male and Female Correction Officers  
Directive #4001 Facility Administrative Coverage & Supervisory Rounds  
Directive #4910 Control & Search for Contraband  
HSPM 1.37 Body Cavity Search  
HSPM 1.19 Health Appraisal  
Contraband & Frisk Training Report  
Random Staff interviews  
Random Inmate interviews

**Corrective Action**

No corrective action needed

**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.**

Bare Hill Correctional Facility takes steps and has a policy which ensures inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Bare Hill provides inmates with materials which are available in English and Spanish as well as several other languages. Additionally, the facility has Spanish translators available if needed. They also have access to a translation hotline. PREA posters and educational materials are provided in English and Spanish. Inmates who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Inmate who are blind or sight are provided an audio version in either English or spanis. PREA Videos are available with subtitles. Bare Hill does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate’s safety, the performance of first-responder duties, or the investigation of an inmate’s allegations.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #2612, Inmates with Sensorial Disabilities  
Directive #4490, Cultural and Language Access Services  
Associate Commissioner Memo – RE: “Ending Sexual Abuse Behind the Walls: An Orientation”  
DVD and time-coded transcripts in English and Polish  
Sample pamphlet translations: What Inmates Need to Know  
Language Access Plan for LEP Individuals  
Form 4021A – Bare Hill Correctional Facility Draft Receipt  
Form 115.33 Report of Inmate Training: “Ending Sexual Abuse Behind the Walls with Spanish Subtitles  
Draft (Intake) Sergeant Interview  
Random Staff Interviews

Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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)

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The New York State Department of Corrections and Community Supervision (NY-DOCCS) prohibits hiring and/or promoting anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. NY-DOCCS completes criminal background checks on all new employees, contract staff and volunteers before they are allowed to have contact with inmates. NY-DOCCS policy requires that all new employees be asked whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or been civilly or administratively adjudicated to have engaged in the activity described above.

NY-DOCCS has an agreement with the New York State Division of Criminal Justice Services to notify the agency of any arrest of an employee, contract staff or volunteer unless the Division is prohibited by State statute to do so. This process is immediate and continuous and exceeds the standard requiring background checks at least every five years. Additionally, policy requires staff to report any criminal charges immediately.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #2216, Fingerprinting/Criminal History Inquiry – New Employee and Contractors  
Directive #2112, Report of Criminal Charge  
Directive #2012, Release of Employee Personnel and Payroll Information  
NYS Department of Correctional Services Personnel Procedure Manual  
Director of Personnel Memo – RE: Personnel Procedure #407 – Civilian Promotions, Personnel Procedure Manual #407A – Security Promotions  
Director of Personnel Memo – RE: Fair Chance Hiring Application Revisions and Statewide Employment Application  
Deputy Commissioner and Counsel – RE: Prison Rape Elimination Act – Background Checks Employment Application  
Form 1253 – Personal History and Interview Record  
Availability Inquiry Correction Sergeant  
Availability Inquiry Correction Sergeant  
Form EIU23 – Personal History Questionnaire  
Bare Hill Correctional Facility Form 1253, Personal History and Interview Record Sample Derogatory Denial or Approval on Background Check  
Superintendent interview  
Investigative Staff Interview

Random Staff Interviews

**Corrective Action**

No corrective action needed

**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)

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The New York State Department of Corrections and Community Supervision (NY-DOCCS) considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect inmates from sexual abuse. Bare Hill Correctional Facility opened in November of 1988. There have been no additions or major modifications to the facility since the PREA standards were adopted.

Protection of inmates from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated. Modifications to the floor plan were made in the “State Shop/Laundry” area. Driers were moved to allow for better visibility and safer working conditions for staff.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #3053, Alterations and Construction Request  
Bare Hill Correctional Facility Form #1612 Alteration/Construction Request, RE: PREA Compliance for Standard 115.18  
Facility Tour  
Pre-Audit Questionnaire  
Facility Diagrams (Camera Placement)

**Corrective Action**

No corrective action needed

**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)

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The New York Department of Corrections and Community Supervision (NY-DOCCS) is responsible for criminal and administrative investigations. The Department's Office of Special Investigations Sex Crimes Division conducts the investigations. The Department works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. Directives for Sexual Abuse Reporting and Investigation and the Inmate on Inmate Sexual Abuse Dispatch and Operational Guidelines outline evidence protocols for administrative investigations and criminal prosecutions. NY-DOCCS utilizes the New York Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Abuse for evidence protocols and forensic medical examinations. Interviews were conducted with investigators from the Office of Special Investigations. Interviews confirmed that PREA investigations are completed as outlined by the standards and both investigators were very knowledgeable of the investigation process, evidence collection protocols, and the use of the Sexual Abuse Checklist.

Emergency healthcare as well as forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. An advocate is provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. There were no forensic medical exams performed by SANE/SAFE staff during the last twelve months.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate

HSPM 1.60 – Sexual Assault

Operational Guidelines – Office of Special Investigations, Immediate Dispatch: Inmate – on – Inmate/Staff – on – Inmate

Department of Health Protocol for the Acute Care of Adult Patient Reporting Sexual Assault

New York State Police Superintendent Letter - RE: Implementation of the PREA Standards

Power Point Presentation Excerpt: PREA Specialized Training: Investigations

Investigative Staff Interview

Medical Staff Interview

#### **Corrective Action**

No corrective action needed

### **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)

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NY-DOCCS Directives, Sexual Abuse Reporting and Investigations Inmate on Inmate, Sexual Abuse Reporting and Investigations Staff on Inmate and Office of Sexual Investigations Sex Crimes Unit, require that all allegations of sexual abuse and sexual harassment be referred for investigation. The Office of Special Investigations Sex Crimes Division conducts these investigations. The Department works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. All allegations are investigated and reported with findings as

required by this standard. Documentation of the administrative investigation is maintained by the Office of Special Investigations Sex Crimes Division and outcomes are shared with the Superintendent. Interviews conducted with investigators from the Office of Special Investigations demonstrated a significant understanding of their responsibilities and the responsibilities of the New York State Police Bureau of Criminal Investigation in an investigation. The roles and responsibilities of each agency are clearly defined in policy. The agency's policy is available on the agency's website.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #0700 – Office of Special Investigations

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate

Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate

Superintendent Interview

Investigative Staff Interview

Random Staff Interviews

Inmate Interviews

#### **Corrective Action**

No corrective action needed

### **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)

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NY-DOCCS training for staff pertaining to sexual abuse prevention and reporting predates the PREA requirements. In 2015, NY-DOCCS expanded the training to a three hour course which replaced the previous two hour class. The expanded training addresses all PREA requirements including their zero tolerance policy, the agency's policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. This training course is required for all employees once during their career. A refresher, covering Sexual Abuse Prevention and Response, is required every two years during in-service training. Additionally, training is provided to staff during line up (roll call) and staff meetings. During interviews, officers were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Each officer is provided a pocket card identifying the steps to take as a first responder and how to report to the Office of Special Investigations.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Training Manual Subject: 0.100 – Frequency Training Chart and Training Bulletins

Training Bulletin #7, PREA: Sexual Abuse Prevention and Response  
Training Manual Subject: 6.500 – Facility Familiarization  
Training Manual Subject: 6.600 – Initial Employee Training 40 hour Orientation  
Acting Commissioner Memo – RE: Policies and Standards Generally Applicable to all Employees  
Deputy and Associate Commissioner Memo – RE: Sexual Abuse Prevention and Response  
Training  
Sexual Abuse Prevention and Response Lesson Plan  
Bare Hill Correctional Facility Training Completion Report – Sexual Abuse Prevention and Response  
Bare Hill Correctional Facility Training Completion Report – Sexual Abuse Prevention and Response (Refresher)  
Random Staff Interviews

**Corrective Action**

No corrective action needed

**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)

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All contractors and volunteers who have contact with inmates at the Bare Hill Correctional Facility receive PREA training prior to working in the facility. Orientation includes the agency’s policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. Upon completion of orientation, the volunteer/contractor signs the Division of Ministerial, Family and Volunteer Services Acknowledgment Form. Signed forms are maintained at the facility.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate  
Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate  
Directive #4071 – Guidelines for Construction Projects  
Directive #4750 – Volunteer Services Program  
Acting Commissioner Memo – RE: Policy on the Prevention of Sexual Abuse of Offenders to all Employees, Contractors, Volunteers and Interns  
PREA Point Person Interview  
Contract Staff Interview  
Volunteer Interview

**Corrective Action**

No corrective action needed

**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)

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The State of New York Department of Corrections and Community Supervision (NY-DOCCS) provides PREA education to all inmates beginning at intake into the agency. At reception, inmates are provided a PREA pamphlet and inmate handbook which explains the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving inmates at the facility, the Draft Sergeant covers the PREA information with the inmate. The inmate also receives an Inmate Orientation Manual that includes PREA information and a pamphlet “The Prevention of Sexual Abuse in Prison.” These materials cover the agency’s zero tolerance policy and how to report incidents. Within a week of arrival, inmates receive a peer led comprehensive education in a classroom setting. Inmates also view the PREA video “Ending Sexual Abuse Behind the Walls: An Orientation.” Inmate education is documented for each inmate and maintained in the inmates file. An orientation session was attended by the auditor and an interview was conducted of the inmate leading the class. Random inmate interviews confirm they have received PREA information at intake and during orientation at the facility. Additionally, PREA information is posted in all housing and common areas.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Directive #4021 – Offender Reception/Classification
- Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate
- Deputy Commissioner for Program Services Memo – RE: PREA: Inmate Orientation Film Implementation
- Associate Commissioner Memo – RE: New and Updated PREA Material
- Associate Commissioner Memo – RE: Reasonable Accommodations
- Inmate Orientation Outline
- Bare Hill Correctional Facility: Inmate Orientation Sign-in Sheets
- PREA Posters and Pamphlets
- Superintendent Interview
- Draft Sergeant Interview
- Random Staff Interviews
- Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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)

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**Report, accompanied by information on specific corrective actions taken by the facility.**

(NY-DOCCS) investigators receive specialized training to conduct sexual abuse investigations in confinement settings. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Investigators are required to complete annual mandatory training for investigations. Specialized training was verified through the investigator interviews and training records.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Office of Special Investigations Policy and Procedures – Training Requirements for Sex Crime Investigators

Power Point Presentation: PREA Specialized Training for Investigators

Investigating Physical and Sexual Abuse in an Institutional Setting

National Institute of Corrections Training – PREA: Investigating Sexual Abuse in Confinement Settings

Report of Training Form for Sexual Abuse Investigations and PREA

Investigator Interview

**Corrective Action**

No corrective action needed

**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.**

The State of New York Department of Corrections and Community Supervision (NY-DOCCS) require that all full and part-time medical and mental health care practitioners complete specialized training. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The facility’s healthcare practitioners do not conduct forensic medical exams. Emergency medical healthcare, along with forensic examinations by SANE/SAFE staff, are provided at an outside hospital facility with no cost to the inmate.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4750 – Volunteer Service Program, Division of Health Services

Power Point Training Manual – 7.100, 40 Hour Orientation Program for Full-time, Non-security staff at Facilities

Training Manual Subject 6.600, Mandatory Initial Training, Non-security staff at Facilities  
Office of Mental Health Memorandum of Understanding  
Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA  
Standards  
Telemed: Inmate Sexual Assault Post Exposure Protocol PREA  
Bare Hill Correctional Facility KHRT Code #17083 – Medical/Mental Health Training  
OMH/Medical Staff RTF for Medical/Mental Health Training  
Medical/Mental Health Staff Interviews

#### **Corrective Action**

No corrective action needed

### **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.**

The New York Department of Corrections and Community Supervision (NY-DOCCS) screens all inmates for risk of victimization and abusiveness upon arrival. The screening is completed by the Draft Sergeant within the first couple hours of arrival. The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previously incarceration history, whether the inmate’s criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status.

Within the first thirty (30) days of arrival at the facility, staff reassesses the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Inmates are not disciplined for refusing answer questions during the screening process. Information obtained during the initial assessment and reassessment is placed in the inmate’s classification file. Only authorized staff has access to these files.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Bare Hill Correctional Facility Form # 8.07 PREA Risk Screening  
Bare Hill Correctional Facility examples of form 115.41M  
Bare Hill Correctional Facility KHRT Training report for #17085 – PREA Risk Screening  
Draft Staff Interview  
Random Staff Interviews  
Random Inmate Interviews

#### **Corrective Action**

No Corrective Action Needed

### **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.**

The New York Department of Corrections and Community Supervision (NY-DOCCS) uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Bare Hill Correctional Facility makes individualized determinations about how to ensure the safety of each inmate.

Transgender or intersex inmate's housing is considered on a case-by-case basis, placement considers the inmate’s health and safety, and whether the placement would present management or security problems. Transgender or intersex inmate's placement is reassessed as needed.

Transgender or intersex inmate’s own view with respect to his or her own safety is given consideration.

Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

Bare Hill does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated unit based solely on identification or status.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Directive #4027A – Sexual Abuse Prevention & Intervention, Inmate – on – Inmate
- Directive #4401 – Guidance & Counseling Services
- Directive #4009 – Minimum Provisions for Health and Morale
- Deputy Commissioner Memo – RE: Ne Procedure Necessitated by Directive #4027A, Sexual Abuse Prevention & Intervention, Inmate – on – Inmate
- Associate Commissioner Memo – RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity
- Bare Hill Correctional Facility Operations Manual #11.21 Housing Unit Procedures
- Bare Hill Correctional Facility Sexual Orientation and Gender Identity Form
- LGBTI Inmate Interviews
- Inmate Detention Files
- Draft Sergeant Interview
- Random Staff Interviews
- Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS policy on protective custody prohibits the placement of inmates at high risk for sexual victimization in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing placement is made the placement is review on a weekly basis until other housing can be found. Segregated housing assignment will not exceed a period of thirty (30) days. Inmates placed in protective custody shall have access to programs privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. Bare Hill Correction facility had one inmate on protective custody status that had reported sexual abuse during the intake process which occurred at a prior facility. The inmate’s placement was for his protection. He was scheduled to move to another facility the last day of the onsite visit. The total amount of time in protective custody was less than one week. An interview with the inmate was conducted, he was aware of why he was being separated and understood his rights and what services were available.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Directive #4948 – Protective Custody Status
- Inmate Detention File
- PREA Point Person Interview
- Draft Sergeant Interview
- Inmate Interview (Reported abuse at prior facility during intake screening)

**Corrective Action**

No corrective action needed

**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)

**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.**

NY-DOCCS has procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with inmates at intake, during orientation, in the PREA brochure, and on posters throughout the facility. The PREA Brochure, The Prevention of Sexual Abuse in Prison What Inmates Need to Know, informs inmates they can report verbally and in writing to staff, write the PREA Point Person, write the Office of Special Investigations, and report to an outside agency to the New York State Commission of Correction. Inmates may also report allegations through a third party or send an anonymous report. The inmates may also use a toll free hotline ( #77). Although, the hotline is primarily used for crisis counseling, the outside agency that operates the hotline does forward any reported incidents to NY-DOCCS when requested to do so by the inmate. Inmate interviews indicated they were comfortable reporting sexual abuse or sexual harassment and they

knew the different methods available for reporting. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of inmates.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate

Employee Manual Section – 2.20

Sexual Abuse Prevention and Response (SAPR) Lesson Plan

General Confinement: The Prevention of Sexual Abuse in Prison: “What Inmates Need to Know” Pamphlet

Bare Hill Correctional Facility Specific examples of third party reporting from Commission of Corrections/Family Member

PREA Point Person

Random Staff Interviews

Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS does not use their grievance process to address incidents of sexual abuse or harassment. If a sexual abuse or sexual harassment allegation is received through a grievance, it is removed from the grievance process and immediately submitted to the PREA Point Person and investigate as a PREA occurrence. This standard is non-applicable

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4040 – Inmate Grievance Program

PREA Point Person Interview

**Corrective Action**

No corrective action needed

**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)

**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.**

NY-DOCCS provides access to victim advocates for emotional support services through a hotline and mailing addresses. Inmates can write the New York State Commission of Correction confidentially and remain anonymous upon request. Inmates are allowed to write rape crisis programs free of charge. Correspondence to rape crisis programs is processed as privileged mail. The NY-DOCCS has a contract with the Crime Victims Treatment Center for victim advocate services. This information is posted in all housing areas near the inmate phones. Staff and inmates were aware of available services.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4423 – Inmate Telephone Calls

Directive #4404 – Inmate Legal Visits

Directive #4421 – Privileged Correspondence

Associate Commissioner Memo – RE: Just Detention International Resource Guide

NY-DOCCS “Help for Victims of Sexual Abuse in Prison” Pamphlet

Sexual Abuse Hotline #77 Poster (English/Spanish)

Random Staff Interviews

Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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.**

The NY-DOCCS website provides a link to the DOCCS Office of Special Investigations as a method for third party reporting of sexual abuse and sexual harassment. The website encourages family members and the public to report allegations of sexual abuse to the facility immediately. Third party reporting information is provided on the website and in inmate brochures, pamphlets, and handouts.

**Policy, Materials, Interviews and Other Evidence Reviewed**

NY-DOCCS PREA Policy Web Page (<http://www.doccs.ny.gov/PREA/PREAinfo.html>)

Random Staff Interviews

Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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)

**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.**

NY-DOCCS policy requires all staff to immediately report and document sexual abuse and sexual harassment, including third-party and anonymous reports. Staff is prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved. Medical staff is required to report sexual abuse and harassment. During the initial medical screening, medical staff notifies inmates of their duty to report and limits to confidentiality.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate
- Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate
- Directive #0700 – Office of Special Investigations
- Employee Manual Section – 2.20
- Office of Mental Health Memorandum of Understanding
- Associate Commissioner Memo – RE: PREA Coordinated Response Plan; PREA Standard 115.65/265 and Sexual Abuse Response and Containment Checklist
- Medical Staff Interview
- Random Staff Interviews
- Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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)

**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.**

NY-DOCCS policy requires staff to take immediate action to protect any inmate subject to substantial risk of sexual abuse. Policies outline the immediate steps that are to be taken to protect inmates with a substantial risk of sexual abuse. Inmates at risk are immediately removed from the area and placed in a safe location. Staff interviews showed a thorough understanding of the steps needed to protect an inmate at risk for sexual abuse. Bare Hill Correctional Facility has not had any reports of an inmate who was at substantial risk of imminent sexual abuse during the 12 months prior to the audit.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4040 – Inmate Grievance Program  
Directive #4948 – Protective Custody Status  
PREA Point Person Interview  
Random Staff Interviews  
Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS policy require upon receiving an allegation that an inmate was sexually abused while confined at another facility, that the Superintendent of the facility that received the inmate must notify the head of the facility where the sexual abuse is alleged to have occurred within 72 hours. The facility must also notify the Office of Special Investigations. During the onsite audit one inmate reported being sexually assaulted at their previous facility. All proper notifications were completed and documented within the acceptable time frame. Bare Hill Correctional Facility has not received any reports of sexual abuse from other facilities regarding incidents at Bare Hill during the past 12 months.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Associate Commissioner Memo – RE: PREA Standard 115.63/263 Report of Sexual Abuse Jail Administrator Contact Information  
Report of Sexual Abuse Notification made from Bare Hill Correctional Facility to Midstate Correctional Facility  
Investigative Staff Interview  
PREA Point Person Interview

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS has a policy and provides training to all first responders which include the separation of the alleged victim and abuser; preservation and protection of the crime scene until appropriate steps can be taken to collect evidence; the collection of physical evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff is very knowledgeable of their responsibilities when responding to reports of sexual abuse.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate  
Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate  
Associate Commissioner Memo – RE: PREA Coordinated Response Plan Sexual Abuse Response and Containment Checklist  
Deputy Commissioner Memo – RE: Response to Inmate Sexual Activity  
Sexual Abuse Prevention and Response (SAPR) Lesson Plan  
Random Staff Interviews

**Corrective Action**

No corrective action needed

**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.**

Bare Hill Correctional Facility has a written coordinated response plan to address Incident of inmate sexual abuse. The plan coordinates actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, Office of Special Investigations, facility administration, and victim advocates. A checklist is utilized to ensure all process steps are completed and notifications are made.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Associate Commissioner Memo – RE: PREA Coordinated Response Plan and Sexual Abuse Response and Containment Checklist  
Medical Staff Interview  
Investigative Staff Interview  
Random Staff Interviews

**Corrective Action**

No corrective action needed

### 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.**

NY-DOCCS union contracts allow for the removal of staff accused of sexual abuse from contact with inmates pending the outcome of an investigation. The facility may remove alleged staff sexual abusers from contact with any inmates or place an employee on administrative leave pending the outcome of an investigation.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #2110 – Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings  
Directive #2114 – Function of the Bureau of Labor Relations  
New York State Employee Union Contracts  
Superintendent Interview  
Investigative Staff Interview

#### **Corrective Action**

No corrective action needed

### 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)

**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.**

NY-DOCCS has policies and processes in place to protect inmates and staff that report sexual abuse and harassment. The PREA Point Person/Compliance Manager is responsible for this process. Those that report are monitored for at least ninety (90) days. Monitoring includes any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. NY-DOCCS policy allows the monitoring period to be continued as needed. There was one inmate being monitored at the time of the onsite visit. Monitoring does continue upon transfer to another facility.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Employee Manual – 2.19  
Associate Commissioner Memo – RE: Agency Protection against Retaliation, PREA Standard

115.67/267, and Retaliation Monitoring Form-115.67/115.67A  
Bare Hill Correctional Facility example: Retaliation Monitoring Form 115.67  
Bare Hill Correctional Facility example: Monitoring Form 115.67A Staff

**Corrective Action**

No corrective action needed

**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)

**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.**

Bare Hill Correctional Facility may use segregated housing to protect those that report sexual abuse. Victims placed in protective custody are monitored and seen by medical and mental health. Placement is reviewed within twenty-four hours and again within thirty days. Alternative housing is generally found within thirty days of placement. Bare Hill documents any restriction or loss of privileges due to being placed in protective custody. Bare Hill Correction facility had one inmate on protective custody status that had reported sexual abuse during the intake process which occurred at a prior facility. The inmate’s placement was for his protection. He was scheduled to move to another facility the last day of the onsite visit. The total amount of time in protective custody was less than one week. An interview with the inmate was conducted, he was aware of why he was being separated and understood his rights and what services were available.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4948 – Protective Custody Status  
PREA Point Person Interview  
Random Staff Interviews  
Inmate Interview (Reported sexual abuse during intake process at a prior facility)

**Corrective Action**

No corrective action 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)

**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.**

NY-DOCCS has a special Sex Crimes Unit in the Office of Special Investigations (OSI) which conducts investigations as outlined in the PREA Standards. Investigators receive specialized training in sexual abuse investigations pursuant to Standard 115.34. When evidence appears to support criminal prosecution, the OSI conducts interviews only after consulting with prosecutors whether interviews may hinder subsequent criminal prosecution. Administrative investigations include an effort to determine whether staff actions or failures contributed to the abuse and are documented in written reports. Criminal investigations are also documented in a written report that contains a description of all evidence. Substantiated allegations of conduct that appears to be criminal are referred for prosecution and written reports are saved for a minimum of 7 years. Electronic case file, which includes, at a minimum, a copy of the signed written investigative report and any other critical documents (e.g., medical reports, depositions, etc.) are permanently maintained.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #0700 – Office of Special Investigations

Directive #2011 – Disposition of Departmental Records

OSI Policy & Procedure: Training Requirements for Sex Crimes Investigators

OSI Policy and Procedure: Intake and Case Management Unit – Complaint Process and Case File Management

Office of Special Investigations Sex Crimes Unit: Inmate on Inmate Dispatch and Operational Guidelines

Office of Special Investigations Sex Crimes Unit: Staff on Inmate Dispatch and Operational Guidelines

Power Point Presentation: PREA Specialized Training: Investigations

New York State Police Superintendent Letter RE: Implementation of the PREA Standards

Investigative Staff Interview

#### **Corrective Action**

No corrective action needed.

#### **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)

**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.**

Interviews with investigative staff indicate that NY-DOCCS imposes a standard of preponderance of evidence for proof, or a lower standard, when determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigation reports provided additional support further demonstrating compliance with this PREA standard.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Deputy Chief of Investigations - Memo RE: Sex Crimes Division Close Out Procedures

Sexual Abuse Prevention and Response Lesson Plan

Investigative Staff Interview

#### **Corrective Action**

No corrective action needed

**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.**

NY-DOCCS Office of Special Investigations (OSI) has a process in place to notify the inmate upon close out of an investigation, which will indicated substantiated, unsubstantiated, or unfounded. The OSI investigator will notify the inmate directly in cases of substantiated or unsubstantiated cases and record it in the case file. Unfounded investigations are sent to the inmate’s facility and provided to the inmate via the legal mail process.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Office of Special Investigations Chief – Memo RE: Notification of Investigative Determination  
Office of Special Investigations Deputy Chief – Memo RE: Sex Crimes Division Close Out Procedures  
Investigative Staff Interview  
PREA Point Person Interview

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS policy addresses disciplinary sanctions of employees up to removal for PREA related issues. The employee manual provided to all employees explains the disciplinary process to them. Bare Hill Correctional has had no incidents of employee suspensions, or termination for issues of sexual abuse or sexual harassment. Staff interviews revealed an awareness of the departments zero tolerance policy as it pertains to sexual abuse and sexual harassment.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate  
Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate

Directive #2110 – Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings  
Employee Manual  
PREA Point Person Interview  
Random Staff Interviews

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS has a zero tolerance involving sexual abuse and sexual harassment of inmate by contractors and volunteer. The policy outlines criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. Interviews of contract staff and volunteers showed an awareness of this policy. Bare Hill Correctional Facility has not had any reported incidents of a contractor or volunteer who has engaged in sexual abuse of an inmate.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4750 – Volunteer Service Program  
Directive #2605 – Sexual Harassment in the Workplace  
Office of Special Investigations: Reporting of Misconduct to Outside Agencies  
Division of Ministerial, Family and Volunteer Services  
Bare Hill Correctional Facility example of: Acknowledgment of Orientation for new volunteers and contractors  
Contract Medical Staff Interview  
Volunteer Interviews

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS policy outlines disciplinary sanctions that may be imposed on inmates who engage in sexual abuse and sexual harassment. Inmates are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate

Directive #4932 – Standards Behavior & Allowances

Random Staff Interviews

Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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.**

Bare Hill Correctional Facility medical staff conducts medical screenings upon intake which are followed up by medical staff within fourteen days of the offender’s arrival at the facility. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other select staff, informed consent is obtained before information is shared with additional staff.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4301 – Mental Health Satellite Services and Commitments to CNYPC – Mental Health

HSPM 1.12B – Inmate Bloodborne Pathogens Significant Exposure

HSPM 1.44 – Health Screening of Inmates

Bare Hill Correctional Facility Example Health Screening

Medical Staff interview

Random Inmate Interviews

**Corrective Action**

No corrective action needed

**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.**

Bare Hill Correctional facility had protocol in place to transport a victim of sexual abuse to an outside hospital with SANE/SAFE certified staff for medical examined if required. The Bare Hill also has processes in place to provide emergency prophylactic medications if deemed appropriate by medical staff in consultation with the inmate. Bare Hill 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.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate  
Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate  
HSPM 1.60 - Sexual Assault – SAFE/SANE Hospitals  
Medical Staff interview  
Director of Corrections Interview  
Random Staff Interviews

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS had protocol in place to provide ongoing medical examination of inmates who claim sexual abuse. Medical staff interviewed was well versed in the emergency protocol to follow with sexual abuse victims. Bare Hill does not have mental health staff on site but may make arrangements for inmates to be seen at Franklin Correctional Facility nearby. Bare Hill Correctional Facility has not a need for ongoing medical or mental health care for sexual abuse victims and abusers within the twelve months prior to the audit.

**Policy, Materials, Interviews and Other Evidence Reviewed**

HSPM 1.60 - Sexual Assault  
HSPM 1.12B – Inmate Bloodborne Pathogens Significant Exposure  
HSPM 1.44 – Health Screening of Inmates  
Medical Staff interview  
PREA Point Person Interview  
Random Staff Interviews

**Corrective Action**

No corrective action needed

### 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.**

NY-DOCCS procedures require a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. The review team consists of the PREA Compliance Manager, security staff (Captain/ Point Person) and a third member designated by the Superintendent. The incident review team reviews the circumstances of the incident; the inmates and staff involved, whether actions taken were consistent with agency policies and procedures, if allegation or investigation indicates a need for policy changes and whether the incident or allegation were motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction. The report is completed and submitted to the Superintendent, Facility PREA Compliance Manager, and PREA Point Person for review. Bare Hill Correctional Facility did not have any Sexual Abuse Incident Reviews for the previous twelve months.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

Deputy Commissioner/Associate Commissioner –Memo RE: Prison Rape Elimination Act Procedural Enhancements Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits  
PREA Compliance Manager Interview

#### **Corrective Action**

No corrective action needed

### 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.**

Bare Hill Correctional Facility collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The data collected is based on the most recent version

of the Survey of Sexual Violence conducted by the Department of Justice. NY-DOCCS reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. Bare Hill Correctional Facility does not contract its inmates to other facilities. NY-DOCCS provides all data from the previous calendar year to the Department of Justice upon request.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate

Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate

Bare Hill Correctional Facility Form 2103SAII and 2103SASI

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS PREA Data Collection, Review, Retention, and Publication Manual states the PREA Analyst will prepare and aggregate data collected throughout the agency. An annual report is prepared which includes identification of problem areas, corrective action for each facility, and the agency as a whole. The annual report includes a comparison of the current year’s data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. Before publishing the annual report, the agency removes all personal identifiers. The annual report is made available to the public through the agency’s website. NY-DOCCS Annual Report on Sexual Victimization is available for review on the agency’s website.

**Policy, Materials, Interviews and Other Evidence Reviewed**

Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual

NY-DOCCS PREA Web Page (<http://www.doccs.ny.gov/PREA/PREAinfo.html>)

**Corrective Action**

No corrective action needed

**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.**

NY-DOCCS PREA Data Collection, Review, Retention, and Publication Manual states the agency will prepare an annual report. The annual report includes: identification of problem areas, corrective action for each facility, and the agency as a whole, a comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. NY-DOCCS data is retained and secured by Office of Special Investigations and PREA Analyst. All personal identifiers are removed before the report is published. The annual report is made available to the public through the NY-DOCCS website. (<http://www.doccs.ny.gov/PREA/PREAinfo.html>)

**Policy, Materials, Interviews and Other Evidence Reviewed**

Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual  
NY-DOCCS PREA Web Page (<http://www.doccs.ny.gov/PREA/PREAinfo.html>)

**Corrective Action**

No corrective action needed

**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.

Chris Sweney, Certified PREA Auditor

\_\_\_\_\_  
Auditor Signature



6/21/17  
\_\_\_\_\_  
Date