

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



<b>Name of facility:</b> Cape Vincent Correctional Facility	
<b>Physical address:</b> 36560 State Route 12E Cape Vincent, New York 13618-0599	
<b>Date report submitted:</b> October 10, 2016	
<b>Auditor Information American Correctional Association Jeffrey B. Noble</b>	
<b>Address:</b>	206 North Washington Street, Suite 200, Alexandria, Virginia 22314
<b>Email:</b>	<a href="mailto:ashleymatthew2000@yahoo.com">ashleymatthew2000@yahoo.com</a>
<b>Telephone number:</b>	703-224-0000
<b>Date of facility visit:</b> September 19-21, 2016	
<b>Facility Information</b>	
<b>Facility mailing address: (if different from above)</b>	Same as above
<b>Telephone number:</b>	(315)654-4100
<b>The facility is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
<b>Name of PREA Compliance Manager:</b> Scott Hanson	
<b>Title:</b> Captain/PREA Point Person	
<b>Email address:</b> Scott.Hanson@doccs.ny.gov	<b>Telephone number:</b> (315)654-4100, Ext. 5550
<b>Agency Information</b>	
<b>Name of agency:</b>	New York State Department of Corrections and Community Supervision
<b>Governing authority or parent agency: (if applicable)</b>	N/A
<b>Physical address:</b>	1220 Washington Avenue Albany, New York 12226-2050
<b>Mailing address: (if different from above)</b>	Same

<b>Telephone number:</b>	(518)457-8134		
<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:

On, September 19-21, 2016, an audit was conducted at Cape Vincent Correctional Facility in Cape Vincent, New York to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted September 19, 2015. The following areas of the operation were visited and observed for PREA compliance: Visiting Room, Infirmary, SHU Unit, Horticulture Educational Area, Facility Maintenance Area, Reception Area, Inside Recreation Area, Outside Recreation Area, Commissary, Education Building, Institution Storeroom, Activities Building, Library, Legal Library, Food Service Area, Power plant, Outside Lawn Crew Area, and Units (A1, A2, B1, B2, C1, C2, D1, D2, E1, E2, F1, F2). I 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, 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/departamental), three medical staff, one human resources staff member, ten corrections officers (10 1<sup>st</sup>/6 2<sup>nd</sup>/ 2 3<sup>rd</sup> 2 ), three correctional supervisors, six first responders, two investigative staff, three intake staff, one volunteer, two incident review team members, one retaliation monitors, two segregation supervisors, and two segregation staff. Fifty three staff members were met during the tour of the facility. Interviews were conducted with twenty three randomly selected inmates and two inmates deemed vulnerable at intake. Two LGBTI identified inmates were interviewed. Forty seven 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. 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> shifts were visited.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Cape Vincent Correctional Facility is located within the town of Cape Vincent, New York. It was built in the 1980's. The physical address of the facility is 36560 State Route 12E Cape Vincent, New York 13618-0599.

Cape Vincent Correctional Facility is an all-male, adult facility. The facility consists of 58 buildings. The facility has 14 housing areas in an open dormitory format.

The facility has a design capacity of 882 offenders and currently houses 856 offenders. Offenders range in age from 19 to 77. The average length of stay is 336 days. Offenders arrive at the facility from reception centers and other facilities within the New York Correctional System. Cape Vincent houses inmates of medium security level.

Cape Vincent Correctional Facility employs 353 staff members to include security, non-security, medical, and treatment providers. The facility didn't employ mental health staff.

### **SUMMARY OF AUDIT FINDINGS:**

During the visit, the auditor interviewed twenty three random inmates, two inmates who identified past victimization during the screening process, four limited english proficient inmates, with assistance of a Spanish speaking teacher at the facility, two inmates identified as gay, lesbian, or bisexual, and all specialized staff. All 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 taken seriously at this facility. All inmates indicated that PREA information was received in writing and via video orientation. All staff were knowledgeable of PREA requirements and reporting responsibilities. Each staff member questioned was aware of evidence preservation and medical considerations required by PREA protocol. Informational posters were posted throughout the facility in English and Spanish. The State of New York Department of Corrections and Community Supervision had policies and procedures in place to report, investigate, and complete corrective action on PREA related incidents.

Number of standards exceeded: **5**

Number of standards met: **36**

Number of standards not met: **0**

Number of Non-Applicable Standards **2**

**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)

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 7/15/2014 (Re: Assistant Deputy Superintendent/PREA Compliance Manager Appointment with Duties Description), Facility Operations Manual #0111-Organizational Chart, and Memo from Superintendent dated 6/21/2016 (PREA Point Person Designation). I was accompanied on the site visit by the Associate Commissioner and it was apparent throughout the site visit that the Commissioner's office and institution have been working very closely to implement PREA requirements thoughtfully throughout the agency.

The agency had a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly (Directive 4027A/4028A). The institution had a process to implement the department PREA related directives into the facility day to day operation. The facility had an identified PREA Point Person 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 strategies to reduce sexual abuse in the New York prison system. This was written 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, Captain Hansen, who assisted me with the PREA audit throughout the visit and prior to the visit. I interviewed the PREA Coordinator at Cape Vincent Correctional Facility and was provided with an interview of the Agency PREA coordinator on prior audits. Both agency coordinator and institution coordinator conversed on issues throughout the audit.

**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 meets 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), Cape Vincent Correctional Facility Annual Security Chart/Staffing Review Report with Recommended Changes to Facility Plot Plan, Cape Vincent 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 Officer of the day supervisory rounds schedule. The facility was toured with every building being walked through. Each buildings log books were reviewed for announced and unannounced rounds. It was obvious rounds were being made 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. The facility had Executive staff assigned as Officer of the Day on a weekly rotating schedule to provide increased rounds in the various areas. I was provide 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. The closed post were record and occurred periodically for medical or mental transports. These closing were made in non-housing areas. 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 Cape Vincent Correctional Facility at the time of the audit was 860 inmates, with a capacity of 882. The PREA staffing plan was written to accommodate 882 inmates. The New York Department of Corrections and Community Supervision reviewed staffing plans with Cape Vincent Correctional Facility on a yearly basis. I was provided the yearly review.

**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. Cocksackie, 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), Memo-from Associate Commissioner dated 5/14/2014 (Control and Search for Contraband), KHRT (Course #35029 PRV Sexual Abuse), and Memo from Superintendent dated 10/13/2015 (Transgender and Intersex Inmate Shower Policy). Cape Vincent Correctional Facility is an all-male facility. Training records were provided by the

facility showing all staff had been trained on the proper shakedown procedures for cross gender inmates. The interviews with staff at the facility demonstrated their knowledge of that training.

Cape Vincent 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 had dividers by each urinal and shower curtains in each shower.

<b>115.16</b> 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 4 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. It was 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. The agency prohibits the use of inmate translators in the investigation and reporting of sexual abuse. I interviewed both staff and inmate to confirm this.

**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, Directive #2012 (Release of Employee Personnel and Payroll Information. The Human Resources Supervisor was interviewed and provided a complete example of the hiring process from start to finish. 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. These questions are ask in the initial hiring or promotion process and a criminal background check is completed to substantiate their responses. Cape Vincent Correctional Facility has hired no staff in the last 12 months that violate this requirement.

**115.18** Upgrades to Facilities and Technology

- 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). Cape Vincent Correctional Facility has not installed or updated any video monitoring systems, electronic systems or monitoring technology during the PREA audit year.

The facility has not had any new construction or modifications since August 2012. To date, no additional video modifications have been made since August 2012.

**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)

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. I interviewed the medical administrator and he explained this process. Investigators were interviewed and confirmed training on responses to inmate on inmate and staff on inmate investigative techniques.

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. Cape Vincent Correctional Facility have had no forensic examinations in this audit cycle. A victim advocate is available on a contractual basis, if needed.

**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)

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), 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 me and discuss how PREA related investigations are handled and processed if reported. Both OSI staff were very knowledgeable of the PREA requirements and proactive in their approach to their jobs.

The agency has assigned the Office of Special Investigations (OSI) the responsibility to investigate PREA related sexual abuse and sexual harassment allegations (4026A, 4027B, 4028A/B).

<b>115.31</b>	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 exceeds 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 (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 substantiated all employees have been trained on a yearly basis on Sexual Abuse Prevention and Response. I interviewed thirty-eight staff formally and it was apparent that they had received training on sexual abuse prevention and response. The facility also provided 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 best I have seen as it relates to the correctional 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 and orientation of newly transferred employees. The training records were provided for my review and confirmed yearly training on this issue.

**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 one volunteer and they indicated that they had received the volunteer training on reporting of sexual abuse and the zero tolerance against sexual abuse. Two other examples of training records for volunteers were provided for review and were satisfactory.

The agency training curriculum was provided to me and reviewed. It contained information on the zero tolerance mandate involving sexual abuse of inmates. The records of volunteers were also reviewed.

**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)

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 Cape Vincent Facility Orientation Packet/signed acknowledgement of receipt. I toured the reception areas and talked to several staff in the area and it was obvious that they were familiar with the PREA training requirements for inmates. The reception area had pamphlets prepared for incoming transfers and the officers were very versed on the requirements. I attended inmate orientation to observe the PREA presentation. It was very informative and very

professionally done. Several inmates were interviewed formally and informally concerning their education related to the prevention of sexual abuse and the reporting process and most recalled the orientation. Several inmates complained that they had watch the video several times in the department, which supported the availability of the educational material. This was the best presentation of educational material related to prevention and reporting of sexual abuse that I have seen. 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 856 inmates and all had been provided PREA orientation. This was confirmed by the review of inmate records, interviews of inmates, and interview with the reception coordinators. All inmates I had interviewed informally and formally confirmed they had PREA related orientation.

<b>115.34</b> 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. I reviewed training documentation to support compliance with this standard during my visit to the facility. I also had a comprehensive interview with the OSI investigator assigned to this facility and his supervisor. 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.

**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 meets 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, Mental Health Training), OMH Staff RTF03 for Medical/Mental Health Training, and Facility Specific Example (Division of Health Service Form for Directive #4750). Cape Vincent Correctional Facility doesn't employ mental health professionals on site. The initial assessment for PREA related incidents are completed by the medical department. I interviewed three medical professionals at the facility and all were aware of PREA requirements as it relates to patient care. The doctor at the facility was very well versed on PREA requirements. The training records for medical staff was provided and reviewed with no concerns noted.

The facility provided training records to confirm training in PREA related medical care. I interviewed three medical personnel to confirm this training.

**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)

The facility meets this standard. The standard is addressed in the following policies and procedures: 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. I reviewed the process for risk screening at the facility and interviewed the Sergeant who generally screened inmates for risk of victimization and abusiveness. The screening process was generally completed within hours of the inmate getting to the facility. Two inmates arrived during the audit who indicated they had experienced past abusive behavior. I interviewed them and they indicated that the Sergeant who processed them was very professional and explained the reporting avenues in detail. Several inmates interviewed throughout the facility identified the

Sergeant who completed the screening process and indicated that he was very informative and helpful.

The agency has a process in place to screen every inmate arriving at the facility within 72 hours. All inmates were screened immediately upon arrival at the facility by the reception sergeants. Most inmates interviewed indicated that they had received their initial PREA informational brochure and interview on the day of arrival.

<b>115.42</b> 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)

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), Directive #4009 (Minimum Provisions for Health and Morale), Cape Vincent C.F. Facility Operations Manual, and Memo from Superintendent (Showers and Bathroom Areas). I interviewed two inmates who identified themselves as gay, both indicated that their concerns were being taken into consideration at the facility. Both inmates felt comfortable and safe at the facility.

I interview two inmates who were identified as gay and both indicated that they were interviewed upon arrival and experienced no discipline or adverse treatment. Both indicated they did not want any specialized treatment and had not received it. Both indicated that staff were cooperative and professional in the interview process.

<b>115.43</b> 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). Cape Vincent Correctional Facility reported had not placed an inmate in involuntary or voluntary protective custody solely due to being a high risk for sexual victimization. I interviewed the Supervisor over SHU and two officers assigned to SHU and they indicated that no placement meeting these standards have been placed in SHU in the last year.

**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)

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 and feel it was very professionally done. It provide methods of reporting internally and externally. Inmates interviewed formally and informally were aware of receiving the pamphlet or showed me their copies on several occasions.

The agency has policies in place for inmate reporting of sexual abuse and sexual harassment (#4027A, 4028A, Employee Manual 2.20). Several inmates and staff were interviewed both formally and informally. All were aware of the reporting processes in place.

**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.

**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. Cape Vincent Correctional facility had Victim Assistance pamphlets available in the library along with a resource manual from Just Detention. Safe Harbors of the Finger Lakes, Inc. was their 1<sup>st</sup> choice for victim support.

Inmates are provided a list of victim support agencies throughout the state in the library. 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.

<b>115.54</b> 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, and Facility Specific Example of third party report. The DOCCS website has a mechanism for third party reporting. An example was provided of a third party reporting a PREA related issue about an incident that happened at Cape Vincent Correctional Facility in the past. Their third party reporting system was functional in this incident.

The agency provides a mechanism for third party reporting through the Office of Special Investigations. The agency provides third party reporting information on their website and through brochures available throughout the facility.

<b>115.61</b> 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 (PREA Coordinated Response Plan). 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 to complete.

The Office of Special Investigations has a Sexual Crimes Unit that responded to PREA related incidents with trained investigators in sexual abuse cases.

All staff are informed through initial training and annual in-service of their requirement to report PREA violations immediately. I interviewed several staff and they were aware of this requirement. All staff interviewed were aware of the penalties involved in retaliation against inmates or staff for reporting PREA related issues (#4027A/4028A).

<b>115.62</b> 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)

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. Cape Vincent Correctional Facility had no incident of involuntary protective custody placement within the last year. The SHU supervisor was interviewed and he was aware of the process to place an inmate into involuntary protective custody.

Each employee interviewed was aware that immediate action must take place to protect an inmate who faced an imminent threat of sexual abuse. Cape Vincent had no incident within the last twelve months.

<b>115.63</b> 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 (Report of Sexual Abuse). Cape Vincent Correctional Facility has not received any reports of an inmate at their facility being sexually abused at another facility. The Warden, PREA Point Person, and Sergeant over Reception was interviewed and were aware of the process to follow if such a report were to occur. The reporting process was discussed and examples of the reporting forms were provided.

**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 exceeds 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), Sexual Abuse Prevention and Response Lesson Plan, Sample KHRT for Course # 35029, Cape Vincent Coordinated Response Plan to an Incident of Inmate Sexual Abuse. All First Responders interviewed were very versed in how to process a claim of sexual abuse or assault. There is a checklist required to follow if this process were to occur. All random officers interviewed were very versed in the actions to take to protect the victim, separate the inmates involved, notifying their supervisor, and protecting the physical evidence.

**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), and Cape Vincent 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 was very detailed. I interviewed First Responders, nurses, supervisors and random staff and all were very knowledgeable of their responsibilities in an allegation of inmate sexual abuse. I also talked to the Physician and Nursing Administrator, who were aware of their responsibilities in a PREA alleged incident.

**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 abusers. A staff member can be removed from their post until completion of an investigation is completed.

**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). Cape Vincent Correctional Facility has had no reported incidents of Sexual Abuse or Sexual Harassment on inmates. No staff member has reported any incidents of Sexual Abuse or Sexual Harassment of an inmate. The facility had processes in place to monitor retaliation if an incident should occur. 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). Cape Vincent Correctional Facility has not utilized Voluntary or Involuntary Protective placement solely for the purpose of protecting an inmate who is alleged to have been a victim of sexual abuse. I interviewed the SHU supervisor and they were aware the requirements to avoid involuntary segregation of a sexual abuse victim.

**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 Cape Vincent Correctional Facility. An agreement and understanding was in place for the Office of Investigations, the New York State Police, and Cape Vincent Correctional Facility to work cooperatively in PREA related investigations. Policy was in place to maintain records involving investigations until the investigation was completed. I interviewed the Office of Special Investigations Regional Investigator and his Supervisor during the audit visit. They were well 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.

**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.

**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, Office of Special Investigations (Sex Crimes Division Close Out Procedures), Sample of Notification. The Office of Special Investigations has a process in place to notify the inmate upon close out of a case, which will indicate 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 cases decisions are sent to the inmate's facility and provided to the inmate via legal mail process. I interviewed the Warden, PREA Point Person, and OSI investigators and they were aware of this process and had been trained on the process.

**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 given to all employees explains that process to employees. Cape Vincent Correctional Facility has had no incidents of Staff Sexual Abuse or Sexual Harassment incidents involving employees. The Superintendent, Deputy Superintendent, Watch Commander, and Human Resources Manager were aware of the disciplinary process for employees who commit sexual abuse or sexual harassment of inmates. I also interviewed several employees who acknowledgeable the zero tolerance level for staff sexual use and sexual harassment of inmates.

**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)

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), Division of Ministerial, Family and Volunteer Services (Volunteer Information Packet), and Sample Acknowledgement of Orientation for new volunteer or contractor. The DOCCS policies address zero tolerance involving sexual abuse and sexual harassment of inmate by contractors and volunteer. I was provided examples of volunteer training acknowledging receipt of this information. I interviewed one volunteer and he indicated that he had received initial volunteer training on the DOCCS policy against sexual abuse and sexual harassment of inmates and the duty to report allegations. The volunteer also explained the process he had learned to report any inmate allegation of sexual abuse and sexual harassment made to him by an inmate. I reviewed this volunteer's training records and it substantiated that he had attended training. The policy outlined criminal actions taken in the event of a volunteer or contractor.

**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. The institution did not have a case where sex offender counseling and treatment were implemented.

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.

**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. Cape Vincent Correctional Facility has protocol in place to respond to a mental health need. It is set up in institution catchment region in conjunction with the Department of Mental Health. Each inmate is screened by medical staff upon arrival at the facility from other facilities. An example of a completed review form was 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. I discussed the screening process with medical staff and all were aware of the screening process.

**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. 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 services were provided free of charge to the inmate. All interviewed staff 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.

**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. The Physician and Nursing Administrator was interviewed and were versed in the emergency protocol to follow with sexual abuse victims. The facility did not have mental health staff on site but had memorandums of understanding with the New York Department of Mental Health and Victim Crisis Providers for services. Cape Vincent currently had no inmates in their population identified as Sexual Abuse Victims or Abusers.

The agency had protocol in place to offer tests for sexually transmitted infections if a sexual assault were to occur at the facility.

**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. One case was reviewed by Cape Vincent staff in the audit cycle. The case initially began as a consensual act, but one of the inmates reported coercion at a later date. The case was unsubstantiated, but the review process was followed. No recommendations were recommended on review. The Superintendent, Deputy Superintendent, PREA Point Person, and Shift Supervisors were aware of the review process and expectations in the review. The process reporting requirements, report, and review process exceeds standard. It is a very detailed process.

**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, Directive #4027B (Sexual Abuse Reporting and Investigation-Inmate on Inmate), Directive 4028B (Sexual Abuse Reporting and Investigation-Staff on Inmate), and Facility Specific Examples. The State of New York Department of Corrections and Community Supervision have 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. Cape Vincent Correctional Facility had no cases to report in this audit cycle. 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.

**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. 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.

**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)

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

10/010/2016

Date