

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 2016

Auditor Information			
Auditor name: Cathy Slack			
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Telephone number: 1-800-222-5645			
Date of facility visit: April 6-8, 2016			
Facility Information			
Facility name: Five Points Correctional Facility			
Facility physical address: 6600 State Route 96, Romulus, NY 14541			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (607) 869-5500			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: John Colvin, Superintendent			
Number of staff assigned to the facility in the last 12 months: 625			
Designed facility capacity: 1587			
Current population of facility: 1259			
Facility security levels/inmate custody levels: Maximum-GP/Residential Mental Health Unit-Maximum//1S through 6			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Charles P. Coventry/Captain Robert Shields		Title: Assistant Deputy Superintendent/PREA Point	
Email address: charles.coventry@doccs.ny.gov		Telephone number: (607) 869-5111 Ext. 6000	
Agency Information			
Name of agency: New York State Department of Corrections and Community Supervision			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1220 Washington Avenue, Albany, NU 12226-2050			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (518) 457-8126			
Agency Chief Executive Officer			
Name: Anthony J. Annucci		Title: Acting Commissioner	
Email address: commissioner@doccs.ny.gov		Telephone number: (518) 457-8134	
Agency-Wide PREA Coordinator			
Name: Jason D. Effman		Title: Associate Commissioner	
Email address: Jason.effman@doccs.ny.gov		Telephone number: (518) 457-3955	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for Five Points Correctional Facility Facility (FPCF) began on December 2015 with the notice that the New York Department of Corrections and Community Supervision (DOCCS) through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of April 6-8, 2016 of the Five Points Correctional Facility located in Romulus, New York. PREA Certified Auditor Cathy Slack (lead) was notified by ACA e-mail of her appointment and schedule.

The audit process started with contact from Associate Commissioner and State-wide PREA Coordinator, New York Department of Corrections and Community Supervision, Albany, New York. The Five Points Correctional Facility PREA Compliance Manager/Point Person mailed a USB thumb drive to the auditor which was received on March 21, 2016. The thumb drive contained the following information: The PREA Pre-Audit Questionnaire, Agency Mission Statement, Directives/Policies regarding Sexual Abuse Prevention and Interventions; DOCCS Web Page Home Screen, Annual Report, DOH Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault dated November 2004-DNA Evidence Collection revised 10/2008, OSI Investigator's Training, Staff Training, Facility Plot Plans and the ACA final report as well as documentation for each of the 43 PREA standards. The Agency Head Interview which had been conducted at a previous audit was forwarded to the auditor for review with this USB.

Some of the information provided in advance on the USB drive required a hard copy and was requested in advance to be available for the first briefing meeting at the beginning of the facility audit. The ACA Standards Compliance Reaccreditation Report provided valuable information on facility description, condition of confinement, medical, mental health and programs that could be confirmed with observation, review of documentation and interviews. The Pre-audit Questionnaire which was a stand-alone folder provided valuable information for the auditor to use in completing the PREA Compliance Audit Instrument. The PAQ provided comprehensive, specific material that could be verified by the auditor on site with review of documentation, interviews and observations during the tour of the facility.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by New York Department of Corrections and Community Supervision; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. These instruments were used for guidance during the tour, interviews with staff and inmates and recommendations for review of documentation.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association and the facility, Five Points Correctional Facility) the auditor began review of the Pre-Audit Questionnaire and the documentation sent prior to the audit visit. The Pre-Audit Questionnaire was completed by the facility PREA Compliance Manager/Point Person and the PREA Coordinator on March 5, 2016. The information from the standard files and the PAQ were used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other Documents in advance to identify any additional information that might be required and could be collected prior and during the audit visit.

The PREA Audit of the Five Points Correctional Facility started with an informal briefing at 12:30 p.m. on Wednesday, April 6, 2016. During this meeting the audit schedule and additional documentation requested was discussed. Attending the brief meeting were the PREA Auditor, PREA Agency Coordinator, Five Points Correctional Facility Superintendent and FPCF PREA Compliance Manager/PREA Point Person and PREA Captain. The weekly audit schedule for DOCCS included PREA and ACA Reaccreditation audits at FPCF. There were three ACA reaccreditation auditors that had conducted the audit during the first part of the week Monday, Tuesday and Wednesday and had closed out prior to the PREA audit beginning on Wednesday afternoon. The facility prepared meals for 2 days of the PREA audit and the facility arranged meals for the PREA Auditor to eat together with management at FPCF during that time. The PREA audit was scheduled for April 6-8, 2016.

The auditor stayed in Geneva, New York and commuted a short distance each way each day to Five Points Correctional Facility with the Department's agency-wide PREA Compliance Manager/Point Person. The Auditor PREA Audit Report

and PREA Compliance Manager proceeded to the Administration Building where a brief meeting was held with the auditor, Superintendent, PREA Coordinator, PREA Compliance Manager and facility PREA Captain. During the brief meeting the PREA Auditor was given hard copies of significant information that was on the flash drive sent to the auditor in advance of the site visit. Included in this information was the inmate count list for random selection of inmates to be interviewed. Also provided were; list of employees, population reports, Five Points Correctional Facility information packet with facility data important to the audit, interoffice memorandums and various reports confirming FPCF staffing.

At this time, a review of the inmate population was made and random inmates were selected from each housing unit for interview by the auditor. Random selection resulted in 17 random inmates selected to be interviewed including 2 non-English inmates with interpreters, 1 handicapped inmate who was also transgender and 1 other transgender inmate. Random selection of 15 random staff, and 14 specialized staff were also selected to be interviewed.

The auditor sent a daily audit activity schedule for the 3 days of the audit prior to arriving at the facility. This schedule was discussed during the initial briefing and revised based on the needs of individuals involved in the audit process. The first audit briefing discussed tour protocols and points of interest for the following two days and prior to beginning the facility tour. The following six staff accompanied the auditor on the tour: Superintendent, Deputy Superintendent for Security, Assistant Deputy Superintendent for PREA, Captain, Associate Commissioner and the Correctional Facility Operations Specialist. The tour included the Visiting Room, Medical, Infirmary, Mental Health, Regional Mental Health Unit, Intake, Maintenance, Food Service, Dining Hall, Storehouse, Laundry, State Shop, Commissary, Academic and Vocational Education, Library, Law Library, Gym, 8 Block, 9 Block, 10 Block, 11 Block and 12 Block which was (Special Housing). During the tour of the facility, the "hot line" was tested and found to be working per agency policy and PREA Standards.

The facility provided the auditors an office to hold staff interviews. The visiting room was used for random inmate interviews and other office/areas for specialized inmate interviews. Facility staff provided excellent service making sure the individuals selected were available for the auditor to interview them. The auditors used the PREA Audit Instrument for: random sample of inmates; special class of inmates; random sample of staff (security and non-security); specialized staff; Superintendent; and PREA Compliance Manager. While the recommended questions were asked the auditors also added questions that would help in deciding compliance of the various parts of the standards.

Review of documentation, observations during the tour, interviews with staff and inmates and comparing the information with the total requirements of the PREA audit was enhanced by the extreme cooperation of all staff at FPCF in providing additional information as requested. Staff is completely knowledgeable of the PREA standards and enforces the standards to ensure the safety of inmates and staff at FPCF.

The facility is accredited by the American Correctional Association (ACA) and the reaccreditation audit was scheduled for April 4-6, 2015 the same week as the PREA audit. The previous ACA Reaccreditation Report was dated April 29-May 1, 2013 and was provided and reviewed by the PREA auditor.

According to the Annual Report for FPCF there were 38 allegations of sexual abuse and 1 substantiated for the period of January 1-December 31, 2014.

DESCRIPTION OF FACILITY CHARACTERISTICS

Five Points Correctional Facility (FPCF) is a non-smoking, maximum security facility located in the Finger Lakes in scenic Romulus, New York. The facility security level is considered Maximum-GP/Residential Mental Health Unit-Maximum//1S through 6. The facility has a designed capacity of 1587 and the current population on the first day of the audit was 1259. It is located 25 miles south of the New York State thruway on State Road 96 in rural Seneca County. FPCF is a double-celled adult male maximum security facility constructed in year 2000. The facility is situated on 673 acres outside the secure perimeter and 72 acres within.

There is approximately 625 staff employed at the Five Points Correctional Facility. There are three designated shifts for security staff; Tour 1 which 10:30 p.m. to 6:30 p.m.; Tour II which is 6:30 a.m. to 2:30 p.m. and Tour III which is 2:30 p.m. to 10:30 p.m. There are four count times during the day; 6:30 a.m.; 11:10 a.m.; 3:15 a.m.; and 10:00 p.m. There are four counts times during the night; 11:00 p.m.; 1:00 a.m.; 3:00 a.m.; and 5:00 a.m. Two armed mobile patrols encircle the facility 24 hours a day. Razor ribbon wire is generously stacked on the 18 foot fence with electronic microwave systems protecting the fence line. Five Points Correctional Facility consists of a mixed fence system of razor ribbon, microwave, infra-red, and taut wire systems. The cell doors are remotely operated. There is multiple security gates in the corridors all controlled from the central control.

Five Points Correctional Facility has four general population housing units. Each of the units has two floors with three wings. These housing units are double-occupancy for a total capacity of 1,200 with 60 cells designated as handicapped accessible. The fifth unit, known as building twelve, is broken down into Special Housing Unit/Restricted Housing Unit (single-occupancy) with a capacity of 25; one Protective Custody Unit (double occupancy) with a capacity of 50; one Residential Mental Health Unit (RMHU) (single occupancy) with a capacity 60; one unit dedicated to the Willard Drug Treatment Program refusals (double occupancy) with a capacity 76; one Intermediate Care Program Unit (ICP) which is (single occupancy) with a capacity 22; OMH Satellite Unit (dorm setting-10, RCTP-6) with a capacity 16. The facility hospital has (single occupancy) with a capacity of 12.

Offender movement is controlled and the housing units are configured so that one housing unit never comes into contact with other housing units, except in program assignments and religious services. Every cell has its own shower and a small outside recreational space that can be opened electronically by staff from the central control consoles in each housing unit. One thousand two hundred and six cameras are located throughout the facility. There is an additional 30 cameras covering the perimeter fence. There are two mobile patrols providing perimeter security 24 hours, seven days per week. Every hallway, gate, door activity area, and housing area is under surveillance.

The facility mission for Five Points Correctional Facility is to maintain the security of the community without becoming isolated from its human and material resources. Provide a safe, clean, humane efficient environment for everyone living and working in the facility. Provide and promote meaningful program opportunities which can lead to the successful re-entry of inmates into the community. Provide career advancement opportunities for our staff, while fostering pride and purpose in their daily routine duties. The agency mission for the New York Department of Correctional Services and Community Supervision is to improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where offenders' needs are addressed and they are prepared for release, followed by supportive services under community supervision to facilitate a successful completion of their sentence.

The program day at Five Points Correctional Facility consists of four modules of approximately three hours. Each offender is assigned to two paid modules. In addition to maintenance and food service assignments, the facility offers academic classes. Academic education is mandatory for anyone without a verified High School or General Equivalency Diploma. The academic program is complemented by ten vocational shops.

Presently, Five Points Correctional Facility has 20 on the Academic and Vocational staff. There are ten academic instructors; six are ABE instructors and four are GED instructors. Instruction includes: Adult Basic Education I, Adult Basic Education II, Pre-GED, General Educational Development (GED), Special Education, English as a Second Language and Bilingual classes. Academic education is compulsory for any offender without a GED or High School Diploma. The Academic Outreach (cell study) Program has 30 students enrolled in special housing units. Academic Education staff provides basic educational skills and high school equivalency instruction in English and Spanish to offenders in General Population. Outreach instruction is provided to men in restricted

housing or assigned to the Residential Mental Health Unit (RMHU). Inmates at Five Points Correctional Facility may sign up for college courses.

Vocational Education key elements are career preparedness and reentry into the work force. The Vocational Education enables offenders to develop a variety of trade skills good basic work habits and understanding of the work environment. Vocational Education provides hands-on competency based instruction in trades such as Building Maintenance, Cabinet Making, Custodial Maintenance, Electrical Trades, Small Engine Repair, Masonry, Plumbing & Heating and General Business. In addition to classroom instruction, the Vocational Education programs perform guided “live work” projects throughout the facility at a significant savings over the cost of private contractors. There are 306 enrolled in the vocational programs. The combination of instruction and live work experience allows offenders in some trades to enroll in the New York State Labor Department’s Apprenticeship Program. These programs may last from three to five years depending on the trade. Apprenticeship completion provides evidence of employable skills recognized in the trade after release.

The recreational department consists of a gym, weight room, main yard, and five smaller block yards. Each block yard has a weight pen, two pull-up bars, basketball court, handball court, and a television. Activities on the big yard include softball, flag football, and soccer leagues. Card games, chess, checkers, and domino tournaments are held monthly. Recreation department employs 5 full-time staff and 45 offender workers. There is a handicap weight machine for handicapped offenders. Offenders have pickup games as well as intramural activities.

The Chaplaincy program is supervised by a Supervising staff chaplain. He is assisted by four chaplains and approximately 10 regular weekly volunteers. There are a total of 31 volunteers for religious services. Weekly services and classes are provided for Protestant, Catholic, Muslim, Jehovah Witness, Rastafarian, Odinist, Native American, Santeria, National of Islam; Nation of Gods & Earth and Jewish offenders. The weekly average attendance to the services is approximately 260. Chaplaincy services are involved in the notification of offenders and families in the event of deaths or serious illness or injury. The Chaplains conduct regular rounds in every area of the facility, including the infirmary, RMHU and the special housing unit.

Volunteer programs include Alcoholics Anonymous, Protestant Bible Study, Catholic Bible Study, Jehovah Witness, and Children’s Playroom. Volunteer programs are available several days a week. In addition to the regularly scheduled services, the facility seeks to accommodate other religious groups. Authorized clergy or religious leaders of faiths not represented by a facility chaplain may conduct services or studies or visit with the prior approval of the Superintendent.

There are Substance Abuse Treatment Programs which provides assessment, education, counseling, relapse prevention and discharge planning. These programs also provide the offender with the foundation for positive change and help him prepare for a successful return to the community.

Five Points Correctional Facility has added to their services a new Residential Mental Health Unit (RMHU). Construction on the site of the new unit started in October of 2009. The approximate cost of the project was 7.5 million and was completed in 2011. With the planning and building of the new unit, the Department of Corrections strived to be as environmental friendly as possible. The building meets the criteria for the Leadership in Energy and Environmental Design (LEED) green building rating system Gold Certification, while barely missing Platinum Certification. LEED measures and ranks a building’s environmental performance in terms of six general categories: Sustainable Sites, Water Efficiency, Energy & Atmosphere, Materials & Resources, Indoor Environmental Quality, and Innovation & Design. Just a few of the decisions that were made based on LEED’s standards were the layout of the building, along with using energy efficient windows and recycled steel.

The RMHU is the outcome of the 2007 court-approved private settlement agreement the State reached with the non-profit advocacy organization Disability Advocates Inc. It is a 60-bed unit, for male offenders with serious mental illness and disciplinary confinement sanctions. The new program initiative, developed collaboratively by the two agencies, offers a variety of treatment interventions and strategies that have demonstrated effectiveness in addressing the unique and difficult issues of this offender population.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 7 (115.11, 115.13, 115.16, 115.31, 115.33, 115.64, 115.65)

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 3, (115.12, 115.14, 115.52)

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.

Standard 115.11 requires the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate dated 8/16/11 – I,II, (A), (B), VI; Directive #4028A, Sexual Abuse Prevention & Intervention – Staff-on-Inmate-II dated 8/17/11; Employee Manual, Rev. 2013 – 2.19 & 2.20 references Sexual Abuse and Harassment confirm policies are in place mandating zero tolerance toward all forms of sexual abuse and sexual harassment.

The audit reviewed several memos regarding this standard. A memo from DOCCS Commissioner dated 3/14/12, RE: Appointment of Agency Wide PREA Coordinator with Duty Description RE: Associate Counsel, PREA Coordinator for DOCCS. A Memo from Deputy Commissioner and PREA Coordinator dated 4/4/14, RE: Facility Prison Rape Elimination Act (PREA) Point person/PREA Compliance Manager assigning Assistant Deputy Superintendents as the PREA Compliance Manager. A memo from Commissioner dated 4/23/13 RE: Promotion from Associate Counsel to Associate Commissioner (PREA Coordinator.) These memos all addressed standard 115.11.

Duties Description for the Assistant Deputy Superintendent/SG-25 (PREA) addressed this standard. During interviews the PREA Compliance Manager/Point Person when interviewed indicated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. There are weekly conference calls with the Associate Commissioner and PREA Compliance Manager/Point Person to discuss policy updates, new initiatives and any other PREA issues that arise. There is constant communication between emails, phone calls and weekly conference calls.

Agency and facility organizational charts were provided and reviewed confirming the PREA Coordinators is an upper-level manager (Associate Commissioner), PREA Compliance Manager/Point Person is a Deputy Superintendent and the facility PREA Captain with direct reporting to the Superintendent.

Assistant Deputy Superintendents/PREA Compliance Manager Appointments addressed this standard. Statewide Facility PREA Point Person and Certificates of completed PREA Training for Assistant Deputy Superintendent addressed this standard.

Through discussions and interviews with staff and inmates during the facility tour, observation of bulletin boards, posters, handouts and materials, review of inmate and staff handbooks and personnel policies, it is clear that Five Points Correctional Facility is committed to Zero Tolerance of Sexual Abuse and Sexual Harassment. The facility has trained security and civilian staff, volunteers and contractors and educated the inmate population in regards to zero tolerance of sexual harassment and sexual abuse. The agency is committed to PREA and it is evident throughout the organization. The auditor finds the facility exceeds the requirement for standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment.

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)

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.

This Standard 115.12 is **Non- Applicable** since Five Points Correctional Facility does not contract with any private agencies or other entities.

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). Contracts currently in place were initiated before August 19, 2012. Therefore the Programs are not currently required to participate in PREA Audits. The contracts terminate on April 30, 2017. These programs are working to become compliant with the PREA Community Confinement Facilities Standards.

In accordance with the PREA standards, 115.12 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 the contractor is complying with standards.

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)

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 Directive #4001, Facility Administrative Coverage & Supervisory Rounds dated 8/26/15-VI A, C, Form 4001 A, and Form 4001 B (8/15) requires supervisory staff to document rounds in red ink and indicate if rounds were announced or unannounced. The Five Points Correctional Facility Employee Manual-2.44 Rev. 2013 Prohibits employees at FPCF from alerting other employees that supervisor rounds are occurring unless such announcement is related to the legitimate operational functions of the facility

Facility Plot Plans (staffing plans) dated 5/11/2015 indicates any staffing revisions were reviewed by the auditor.

The auditor reviewed a completed annual staffing review of Five Points Correctional Facility. The facility provided an example of a Post Closure Report dated 6/12/2015 which was reviewed by the auditor to see how FPCF indicates coverage of staffing posts. There is a Staffing review checklist form which indicates any requests for PREA Audit Report

additional staff or monitoring technology enhancements for preceding 12- months, page 12 the form references posts closed in reference to a contributing factor of multiple factors of sexual abuse.

Sample of completed rounds sheet of executive team members showing “Unannounced Rounds” and Daily Security Supervisor Reports showing “Unannounced Rounds” were reviewed by the auditor. The auditor reviewed Log Book entries of all three tours indicating (unannounced rounds) where staff discussed counts, rounds, etc.

The Associate Commissioner and PREA Coordinator is consulted regarding assessments of, or adjustments to, the staffing plan. On a minimum of an annual basis, a formal written assessment is done by the facility Superintendent and submitted for the Associate Commissioner and PREA Coordinator’s consideration. The Associate Commission and PREA Coordinator reviews the assessment, provides feedback or asks follow-up questions as necessary and when satisfied shares the assessment and comment with the Deputy Commissioner for correctional facilities and the Director of Security Staffing. The Associate Commissioner and PREA Coordinator is notified of all staffing plan adjustments made by the facility through the Office of Security Staffing. The PREA Compliance Manager is involved in staffing reviews. The staffing plan is premised upon the physical plant, make-up of the inmate population and programs. Staffing needs vary by shift based upon what programs are running and anticipated inmate movement. The need for video monitoring is considered in addition to staffing needs. A wide range of factors, including security level, physical plant and the frequency of past incidents are all considered when evaluating the need for video monitoring.

Staffing review of FPCF which was conducted January 2016 addressed this standard. This staffing review is forwarded to the Deputy Commissioner and Director of Staffing for review of adding additional staff if needed. If additional staffing is required it will be reviewed at the next staffing audit for the possibility of adding additional staff. There are 1273 interior cameras for video monitoring and 30 exterior cameras throughout Five Points Correctional Facility.

Interviews with the Superintendent, PREA Compliance Manager/Point Person and facility PREA Captain confirm policies are in place and enforced to ensure FPCF has developed, documented and makes its best efforts to comply on a regular basis with a facility plot plan (staffing plan) to provide adequate levels of staffing, and where applicable video monitoring. Interviews with the Superintendent, intermediate-level and higher level supervisors confirm unannounced rounds are being done on all three shifts on a regular basis. The facility **exceeds** requirements with Standard 115.13 Supervision and Monitoring.

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)

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.

This Standard 115.14 is **Non- Applicable** since Willard Drug Treatment Facility does not house youthful offenders.

Five Points Correctional Facility does not house youthful offenders who are under the age of 18: Specialty programs for youthful offenders (16-17 years old) are at Cossackie Correctional Facility, Woodbourne Correctional Facility and Greene Correctional Facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Review of Directive #2230 –Guidelines for Assignment of Male and Female Correction Officers dated 3/13/15, section 1C: and II E; III. Review of Documentation: Agency Directive #4910, Control and Search for Contraband dated 5/14/14 & Rev. Notice dated 2/24/15 - III B 3 b (3) Note; III G 1 b, 5; Attachment’s A, G; Revision Notice 3/7/16 III E 1. These directives confirm the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Memo from Associate Commissioner dated 5/14/14 RE: Revisions to Directive #4910 “Control of Search for Contraband” memo was sent to All Superintendents/All Staff verify the facility documents all cross-gender strip searches and cross-gender visual body cavity searches, and documents all cross-gender pat-down searches of female inmates. Directive #4910, page 1 states “The facility (Administration/Security) shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, a medical provider may determine the inmate’s genital status during conversations with the inmate, by reviewing medical records, or, if necessary , by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” Effective August 20, 2015 facilities shall not permit cross gender pat-down searches of female inmates, absent exigent circumstances. Exigent circumstances mean any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Review of Directive #4001, 8/26/15 – Facility Administrative Coverage & Supervisory Rounds, VI B addressed this standard.

Health Services Policy Management 1.37-Body Cavity search dated 9/20/95 addressed this standard. Health Services Policy Management 1.19 Health Appraisal dated 3/19/16 -2A addressed this standard.

The facility’s Sexual Abuse Prevention and Response (SAPR) Lesson Plan, page 27 dated March 2015 confirms the policy is in place to prohibit search or physically examine a transgender or intersex inmate of the sole purpose of determining the inmate’s genital status. The SAPR lesson plan objective is to train security staff in how to conduct cross-gender pat-down searches. However, the agency does not allow cross-gender searches. The PREA Audit Questionnaire indicates 100% of all security staff received training on conducting cross gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Interview with random and higher level staff confirm they have been trained not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The facility had zero (0) cross-gender strip or cross-gender visual body cavity searches of inmates in the last 12 months.

Interviews with staff and inmates and observations during the tour of housing units confirm the opposite gender is announcing their presence when entering an inmate housing unit. Inmate and staff felt there was a good sense of privacy in the housing units and within the facility.

FPCF houses only males inmates and interviews with random staff and inmates found the facility does not allow cross-gender viewing and searches except in exigent circumstances or when performed by medical practitioners per agency policy. There were zero (0) cross-gender searches or cross-gender visual body cavity searches at

FPCF.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was zero (0). In the past 12 months, the number of cross gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances.

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.

Review of Directive #2612 Inmates with Sensorial Disabilities dated 4/30/2015, section 1. Title II (Subtitle A) of the Americans with Disabilities Act (ADA) prohibits State and local entities from discriminating against any qualified individual with a disability in their programs, services and activities. Therefore, the programs and services provided to inmates by this Agency, or those that may be contracted to other entities, must ensure accessibility and usability by qualified inmates in the most integrated setting. The Department is required to make “reasonable accommodations” or modifications to existing policies and procedures in order to allow qualified inmates with disabilities the same opportunity as non-disabled inmates unless to do so would be an undue burden to the Department, cause a fundamental alteration to a program, or compromise the security of the facility. This directive addresses inmates with sensorial disabilities that are impairments to hearing and seeing.

Review of Directive #4490, Cultural and Language Access Services dated 1/15/16-document VB1. These agency policies/directives prohibit use of inmate interpreters or other types of inmate assistants except in limited circumstances where there may be an extended delay in obtaining an effective interpreter. The agency is required to provide interpreters who can interpret effectively, accurately, and impartially both receptively and expressively using any necessary specialized vocabulary.

Memo: from Associate Commissioner dated 10/26/15, RE: “Ending Sexual Abuse Behind the Walls: An Orientation”. In keeping with State language access policies, DOCCS makes vital documents available in English, Spanish, Mandarin, Chinese, Haitian Creole, Italian, Korean, Polish and Russian. Memo from Associate Commissioner dated 12/28/15, RE: “New and Updated PREA Materials” addressed this standard. This includes the agency’s PREA informational brochures and inmate education film. Pamphlets are available in English, Spanish, Chinese, Haitian Creole, Italian, Korean, Polish and Russian. The auditor observed these pamphlets in other languages at the facility.

The Language Access Plan for LEP dated 4/15/15 addressed this standard. The agency has a system-wide language access policy that ensures that individuals who require assistance with language can still fully participate in critical functions. This includes using the Language Line Service individuals can access the agency’s programs, services and benefits. The Language Access Plan ensures persons with limited English proficiency have meaningful access to agency services, programs, and activities.

Pamphlet DC0555EC addressed this standard. The Prevention of Sexual Abuse in Prison “What Inmates Need to Know” is both in English and Spanish addressed this standard.

Interview with the Agency Head indicated DOCCS has a system-wide language access policy that ensures that

individuals who require assistance with language can still fully participate in critical functions. This includes using the Language Line services for translation of written documents or interpretation of spoken language. The Office of Cultural and Language Access Services is responsible for implementation DOCCS Language Access Plan and ensuring that Limited English Proficient (LEP) individuals can access the Department's programs, services and benefits. In keeping with State language access policies, DOCCS make vital documents available in English, Spanish, Italian, Simplified Chinese, Russian, Korean, Polish and Haitian Creole. This includes the Department's PREA informational brochures and an inmate education film.

During the last twelve month zero (0) inmate interpreters, readers, or other types of inmate assistants were used. Based on interviews with inmates and staff this standard was verified.

At Five Points Correctional Facility there were two offenders interviewed were limited English proficient (1 Russian and 1 Spanish) and were assisted by facility staff interpreters. These two offenders interviewed indicated they understood the PREA information and read the pamphlet in their language. The interview went well and the inmates were able to respond to all of the questions. Interviews with staff and inmates and observations during the tour resulted in the auditor finding all elements of this standard to meet compliance at Five Points Correctional Facility. One inmate who was disabled/transgender inmate was interviewed as well. All inmates understood the PREA information and indicated they felt safe at Five Points Correctional Facility.

Based on interviews with staff and inmates, policies, procedures, observation of posters and pamphlets this facility **exceeds** in Standard 115.16 Inmates with Disabilities and inmates who are limited English Proficient.

Standard 115.17 Hiring and promotion decisions

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

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

Review of Directive #2012 Release of Employment Personnel & Payroll Information 8/7/15 -2C 6, 7, Directive #2112, Report of Criminal Charges, 5/5/15 – I; E-mail from Director Personnel RE: Fair Chance Hiring Application and Revisions and Statewide Employee Application; Employee Investigation Unit Personal History – Cover 35, 36, IX 25 9a), 20 (a), (b), 21; and Directive 2216 Fingerprinting/Criminal, New Employees & Contractors, 1/25/12 – I, V, Attachment A & B; Memo from Deputy Commissioner & Counsel, 8/18/15 RE: PREA Background Check with attachment A; confirms before hiring new employees who may have contact with inmates, the agency performs a criminal background records check.

A review of memo from Deputy Commissioner and Counsel dated 8/18/15 RE: Prison Rape Elimination Act (PREA) Background Checks, Appendix A; memo from Director of Personnel to all Superintendents and Regional Directors, 4/30/14 RE: Personnel Procedure #407 – Civilian Promotions Personnel Procedure Manual #407A- Security Promotions; and review of an electronic mail memo from Director of Personnel dated 7/15/15 RE: Fair Chance Hiring Application Revisions and Statewide Employment Application addressed this standard. Based on review of the directives, memos and e-mails the auditor found all of elements of Standard 115.17 are documented and enforced at UCF

Form EIU23 Personal History Questionnaire- (Rev. 8/14) Cover 20a & b, 21, 22, 25a, 35 and 36 and Form 1253- Personal History and Interview Record-4/13 Cover, 7a, Eb addressed this standard.

Availability Inquiry Correctional Sergeant-Cover, 3 and Availability Inquiry Correction Lieutenant-Cover 3 both documents addressed this standard.

The agency does not process five year background checks on employees and contractors. Department of Corrections and Community Service (DOCCS) has an agreement with NYS Division of Criminal Justice Services where background checks pursuant to state the Division notifies DOCCS of subsequent arrests of the subject individual unless the Division is prohibited by State statute to do so.

The agency has the required policies in place pertaining to criminal background checks, promotions, hiring of employees and contractors, and policy concerning criminal background checks of current employees and contractors that were reviewed by the auditor. There were zero (0) staff hired in the past 12 months who may have contact with inmates. There were 26 contracts for services where criminal background record checks were conducted on staff covered in the contract that might have contact with inmates. Sample copies of personal history and interview records were reviewed for this standard.

Personnel files were reviewed and based on interviews with the Superintendent and Human Resource Manager this standard has been addressed.

Standard 115.18 Upgrades to facilities and technologies

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

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

In accordance with Department Policy Directive #3053, Alterations and Construction Request dated 4/27/15 II, Form 1612 addressed this standard. This directive requires staff to consider the effect of the design, acquisition, expansion, or modification of facilities and installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology upon the agency's ability to protect inmates from sexual abuse. The facility Superintendent is required to evaluate the scope of the alteration and consider the effect of the design, acquisition, or modification upon the ability to protect inmates from sexual abuse. The Superintendent indicates on the form whether the alteration's impact will enhance, be neutral, or have a negative impact on the ability to protect inmates from sexual abuse. The agency's Office of Facilities Planning reviews the requests and obtains comments from Associate Commissioner/PREA Coordinator, in addition to the Deputy Commissioner for Correctional Facilities before approving any request. During the last 12 months there was no Form 1612 request. The agency has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

Based on the Agency Head interview it is becoming increasingly frequent that DOCCS OSI, Sexual Abuse Prevention & Education Office, and Operations review areas of concern for possible adjustment of existing camera systems or to make recommendations for augmentation of the system. Regrettably, technical limitations do prevent rapid adjustments to the surveillance system.

The FPCF facility plot plan (staffing plan) considers video monitoring for the facility. Review of the documentation provided, interviews with staff and observation of the camera and mirrors during the tour of the facility confirms the agency is compliant and considers video monitoring in the staffing plan. FPCF has 1273 Interior Cameras and 30

exterior cameras. Interior cameras are located in hallways and common areas of the facility. Mirrors are placed in work areas and common areas.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Review of Directive #4027B Sexual Abuse Reporting Investigation – Inmate-on-Inmate, 8/16/11- attachment B – appendix 1-5; Operational Guidelines – Office of Special Investigations (OSI) Immediate Dispatch, Inmate-on-Inmate/Staff-on-Inmate document addressed this standard. Victim advocates are available to victims per these Operational Guidelines.

Review of HSPM 1.60 – Sexual Assault, 5/2014 – II, III A 1 c confirm policies are in place for forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault – Revised October 2008 addressed this standard.

Letter to Superintendent New York State Police dated 5/2/14 RE: Implementation of the PREA Standards addressed this standard. The advocate by policy is available to accompany and support the victim through the medical process and provide emotional support, crisis intervention, information and referrals

A review of a Power Point Presentation Excerpt: PREA Specialized Training: Investigations dated 8/4/2015 addressed this standard.

Statement of Non-Applicability regarding section a and b of this standard dated 5/14/2015 addressed this standard.

The agency makes a victim advocate from a Rape Crisis Center available to the inmate at the hospital where the forensic medical exam is conducted. This advocate will explain the examination process to the victim and may assist in gaining his or her cooperation. The facility also provides inmates with access to outside victim advocates which is Safe Harbors Rape Crisis Center for emotional support services related to sexual abuse. The Department uses SAFE/SANE hospitals with victim advocacy services. Such services are regulated by the New York State Department of Health.

There were one (1) incidents requiring forensic medical examinations by SANE/SAFE staff during the past 12 months. New York DOCCS, Office of Inspector General (IG), Sex Crimes Unit (SCU) and New York State Police (NYSP) Bureau of Criminal Investigation (BCI) work cooperatively in the investigation of reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal conduct. The agency policies assure PREA trained investigators follow a uniform evidence protocol through the use of the Sexual Abuse Checklist operating memorandum. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff under the

New York Department of Health agreement with DOCCS are procured. Forensic medical examinations are offered without financial cost to the victim. Information from observations, review of policy, procedures, directives and reports, and interviews with staff and inmates confirm that requirements of this standard are being met at FPCF.

The agency is responsible for administrative and criminal investigations and works cooperatively with NY State Police (NYSP).

Interviews with PREA Compliance Manager/Point Person, facility medical/mental health staff and SAFE/SANE staff confirmed policies are in place to meet this standard. Forensic medical exams are conducted at Cayuga Medical Center.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Standard 115.22 requiring the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment is confirmed in:

Review of Directive #0700, Office of Special Investigations, 10/23/14, I, III D & IV A; Directive #4027 A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, II; dated 8/16/11; Directive #4027B, Sexual Abuse Reporting & Investigation – Inmate-on-Inmate, 8/16/11 – VII B; Attachment A; Directive #4028 A, Sexual Abuse Prevention & Intervention – Staff –on-Inmate and Sexual Abuse, II; Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate, 8/16/11 – VI B; Attachment A; Directive #4027B and #4028B, Sexual Abuse Reporting & Investigation indicates the immediacy of reporting these incidents and crimes to the Office of the Special Investigations.

New York policies, procedures and directives ensure referral of all allegations of sexual abuse and sexual harassment for investigation. Documentation is made of all reports of sexual abuse and sexual harassment. These reports are investigated and reported with findings; documentation is maintained.

In according with the authority under Section 112 of the New York State Correction Law the Commissioner has designated the Department's Office of Special Investigations (OSI) as the Department's investigative branch to investigate allegations of serious misconduct in the facilities. The Office of Special Investigations conducts criminal and administrative investigations of all allegations of sexual abuse. Allegations of sexual harassment are reviewed by OSI and may either be investigated by OSI or by the facility subject to OSI's review

All allegations of sexual abuse and sexual harassment are referred to the DOCCS Office of Special Investigation per and are reported and documented. New York DOCCS, Office of Inspector General (IG), Sex Crimes Unit (SCU) coordinates with the New York State Police (NYSP) Bureau of Criminal Investigation (BCI) and the pertinent District Attorney's Office to ensure that any appropriate criminal charges are pursued.

During the last twelve months at Five Points Correctional Facility there were fifteen (15) allegations of sexual abuse and sexual harassment with two (2) resulting in administrative investigations and thirteen (13) referred for

criminal investigation.

The PREA Plan also outlines sexual abuse response and investigation and offender protection investigations, all of which are also outlined for inmates in the offender orientation.

Interviews with the investigative staff, random staff and inmates indicate knowledge, familiarity and responsibility with these policies. Review of documents including files, observation during tour, and interviews with staff and inmates verifies this facility is in compliance with 115.22.

Standard 115.31 Employee training

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

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

The DOCCS Training Manual Subject 0.100 – Frequency Training Chart and Training Bulletins dated 2/9/15 addressed this standard. This policy addressed the schedule for required training for staff on Sexual Abuse Prevention and Response and Sexual Abuse/Assault Intervention. Refresher PREA training is available every year in the in-service training and required by employees with contact with inmates at least every year for security staff and every two years other staff.

Training Manual Subject 6.500-Facility Familiarization dated 8/25/12 addressed this standard. This section of the training manual requires all staff transferred from one facility to another must receive additional PREA training.

A review of Memo: from Acting Commissioner dated 7/11/2014 RE: Policies and Standards Generally Applicable to all Employees addressed this standard relates to required training by law of all employees. A Memo: from Deputy Commissioner dated 4/8/15 addressed the changes of the PREA training from 2 to 3 hour class which addressed this standard which replaced the June 2013 lesson plan. This documentation addresses all ten points of the PREA employee training requirements.

Sexual Abuse Prevention and Response Lesson Plan dated March 2015 and Report of Training Form: Sexual Abuse Prevention and Response (PREA) RTF-PREA dated 2/2015 addressed this standard. This section of the Lesson Plan provided specific gender related training which addressed this standard.

Training records, staff interviews and review of curriculum indicated that staff at the FPCF was well-trained. Staff is knowledgeable about the PREA Zero Tolerance Policy for sexual abuse and sexual harassment and was clear on how to perform their responsibilities in prevention, detection, reporting and responding. A laminated card identifying the Department's policy on PREA and the other side identifies the requirement of coordinated response to an incident of sexual abuse for first responder and supervisory staff. This PREA tool was designed for each staff member to be carried with them at all times. The employee training covers information and notices detailing PREA Zero Tolerance Policy for sexual assault/abuse, red flags, suicide prevention and response techniques all emphasize and support the training efforts for FPCF correctional staff. Ongoing in-service PREA training is given to employees who may have contact with inmates and staff sign an acknowledge form showing they have received and understand the PREA training. The facility reported 1078 as the number of staff employed by FPCF, who may have contact with inmates who were trained or retrained on the PREA requirements.

Random staff interview and random inmate interviews also clearly indicated a thorough and consistent PREA training program. This facility places an emphasis and exceeds standards on Employee Training based on documentation of the excellent training curriculum used for employee training (trainers, videos, power points and instruction with questions), in-service training, laminated card carried by all staff and the priority placed on training by the Department and completed by the facility. The auditor considers this Standard 115.31 to “**exceed standards**”.

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates are required to have PREA training.

Directive #4027A, Sexual Abuse Prevention and Intervention, Inmate-on-Inmate, 8/16/11 – IV A 2 addressed this standard.

Directive #4028A, Sexual abuse Prevention & Intervention, Staff-on-Inmate – 8/17/11 – V A 2. Addressed this standard.

During the last twelve months 75 volunteers and contractors at FPCF have been trained in PREA policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates per

Directive #4750, Volunteer Services Program – 3/7/13 – IV C 4 addressed this standard which outlines the requirements and restrictions of volunteers.

Memo: from Acting Commissioner, 9/4/13, RE: Policy on the Prevention of Sexual Abuse of Offenders (revised) to all Employees, contractors, Volunteers and Interns addressed this standard which reminded all employees of PREA requirements on Sexual Abuse and Sexual Harassment.

Documentation confirming that volunteers and contractors understand the training they have received is per the Division of Ministerial, Family, and Volunteer Services 2015-Form REV: 1/28/16 addressed this standard. This was in regards to sexual abuse of inmates and sexual harassment in the workplace.

All DOCCS staff, contract staff, non-departmental offender work crew supervisors, volunteers and interns with contact with inmates are trained and understand the agency’s PREA Zero Tolerance for sexual abuse or sexual harassment and retaliation against an offender or employee in any form as a result of reporting an allegation of sexual abuse/harassment. Each volunteer and contractor signs a PREA Training Acknowledgement regarding policy on the prevention of sexual abuse of offenders.

The auditor reviewed policies and procedures, interviewed a random selection of individuals in all categories of volunteers and contractors, and found they have been trained in their responsibilities and requirement of the Zero Tolerance policy.

Standard 115.33 Inmate education

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

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

Review of Directive #4021, Offender Reception/Classification, 3/20/13 – II, B 11 requires every inmate received the PREA Pamphlet during orientation; Review of Directive #4027A, Sexual Abuse Prevention & Intervention, Inmate-on-inmate, 8/16/11 – IV A 2 addressed this standard. This policy requires that each inmate receive PREA information orally and in writing, English or Spanish or a language clearly understood by the inmates. This information will address prevention, self-protection (situation avoidance), reporting sexual abuse and the availability of treatment and counseling.

Review of a Memo: from Deputy Commissioner for Program Services and PREA Coordinator, 6/18/15, RE: PREA: Inmate Orientation Implementation indicating that Inmates in general population are given orientation including a video “Ending Sexual Abuse Behind the Walls”, available in eight (8) languages and with close captions. The facility provides inmate education in formats accessible to all inmates per The agency’s “catch up” date for inmates in the facility and not previously receiving the PREA orientation was August 11, 2015 and now all inmates at FPCF have received the mandatory PREA training and have completed Form 115.33L showing acknowledgement of receiving and understanding the PREA training.

Review of a Memo: from Associate Commissioner dated 12/28/15 RE: New and Updated PREA Materials confirm policy is in place and enforced to ensure within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents; Review of a Memo from Associate Commissioner dated 10/27/14 RE: Reasonable Accommodations PREA Information addressed this standard.

Inmate Orientation Outline dated 6/9/15 Form: 115.33L-Report of Inmate Training Participation and Form: 115.33-Report of Inmate Participation addressed this standard.

The number of inmates admitted during the last 12 months who were given information at intake was 1,300 inmates.

Interview with intake staff confirm inmates are provided with information about the Department’s zero tolerance policy and how to report incident or suspicions of sexual abuse or sexual harassment immediately when they arrive at the facility intake. During the interview with intake staff the Sergeant advised he meets every inmate privately on the day of their arrival to the facility and addresses their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents. Interview with random sample of inmates confirm they receive the PREA information verbally and in writing. There were 1,300 inmates admitted during the past 12 months who were given PREA information at intake.

Observations during the tour of the facility found PREA posters, telling inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse and were placed throughout the facility. Each inmate received

an Inmate Orientation Handbook and The Prevention of Sexual Abuse in Prison: What Inmates Need to Know pamphlets. Inmates sign and acknowledge they have received training. PREA materials and pamphlets are available in a variety of languages and there are staff translators in the facility. The agency developed a new male and female PREA inmate orientation films, "Ending Sexual Abuse Behind the Walls: An Orientation". The film is available in 8 languages. The videos were sent to the auditor prior to the audit and were also available on the NYDOCCS website. The inmates related well with the PREA video as it was produced with several inmate perspective and was an honest perception of Sexual Abuse and Sexual Harassment in a correctional facility. There is also reasonable accommodations PREA information for inmates with Sensorial Disabilities which provides equal access to all information provided to the general population.

The auditor finds the facility **exceeds** requirement of Standard 115.33.

Standard 115.34 Specialized training: Investigations

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

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

Review of Office of Special Investigations (OSI) Policy and Procedure – Training Requirements for Sex Crimes Investigations 9/1/15 ensures that the 18 investigators receive training in conducting investigations in confinement settings, specialized training including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Review of National Institute of Corrections Training (Section Overview) – PREA Investigating Sexual Abuse in Confinement Settings (DOCCS Course Code #17072),

Review of Power Point Presentation Excerpt: PREA Specialized Training: Investigations August 5, 2015 meets the required elements of PREA standard 115.34; Review of Power Point Presentation Excerpt: Sexual Abuse Investigations and PREA – 2014 Update, June 19, 2014 confirms the special training for investigators is in place and a priority of the agency. This confirms policies are in place and enforced to ensure specialized training including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

KHRT Training Report for Course #17072, National Institute of Corrections Training – PREA: Investigating Sexual Abuse in Confinement Settings addressed this standard.

Report of Training Form for PREA Specialized Training: Investigations August 5, 2015 and Report of Training Form for Sexual Abuse Investigations and PREA – 2014 Update, June 19, 2014 addressed this standard.

The New York State Police assist DOCCS with criminal investigations. Review of Electronic mail from Major New York State Police, RE: Bureau of Criminal Investigation (Bureau of Criminal Investigation-BCI) training dated 5/13/14 addressed this standard.

Interview with investigative staff found they received training specific to conducting sexual abuse investigations in
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confinement settings beginning with a three week investigations school and the NIC course "Investigating Sexual Abuse in a Confinement Setting" a course interview, interrogation and evidence collection. The investigative staff also attended the Reid Investigative Training in Interrogation tactics.

Review of training records verified the investigative staff received the proper training regarding this standard. There are 18 investigators currently employed by DOCCS that have completed the training.

Based on review of policies, procedures, training records and interviews with investigators this standard 115.34 meets compliance.

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.

This Standard requires the agency ensure that all full and part-time medical and mental health care practitioners who work regularly in facilities are trained in areas related to sexual abuse and sexual harassment and is covered by: DOCCS's Training Manual Subject 6.600, Mandatory Initial Training, Non-Security Staff at Facilities, 2/19/15 (mandatory); Email: PREA – Office of Mental Health Memorandum of Understanding to: all Superintendents (interim MOU between OMH and DOCCS) 6/18/14 confirm DOCCS ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Review of Directive #4750 – Volunteer Services Program, Division of Health Services acknowledgement form is an acknowledgement that the Division of Health Services staff have received the required PREA specialized training.

A review of the Training Manual Subject – 6.600 dated 2/19/15 Mandatory Initial Training for Non-Security staff at Facilities (Mandatory) addressed this standard; Training Manual Subject – 7.100, 40 Hour Orientation Program for Full-time Non-Security Staff at Facilities dated 8/25/15 (Mandatory) found the training addressed this standard.

Email: PREA-Office of Mental Health Memorandum of Understanding To: All Superintendents (Interim MOU between OMH and DOCCS) dated 6/18/14 addressed this standard indicating official guidelines for PREA for OMH staff.

Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA Standards. This power point is dated June 3, 2015 which addressed this standard. The power point presentation- PREA for Medical Services is part of the training requirement.

The New York State Office of Mental Health provides Mental Health services for DOCCS. Inmates requiring forensic medical examinations are taken to Cayuga Medical Center, Ithaca, NY. There is SAFE/SANE staff at Cayuga Medical Center.

Review of Policies, Procedures and Directives, interviews with medical and mental health staff and observations
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during tour of medical and mental health confirm mental health and medical staff are trained to detect and assess signs of sexual abuse, preserve evidence of sexual abuse, respond to sexual assault victims and how and to whom to report allegations or suspicions of sexual abuse/harassment.

There were 57 medical and mental health staff who works regularly with at this facility. Of those staff 86% have received training. Interviews with staff and inmates confirm FPCF is compliant with the PREA standard of specialized training for medical and mental health care staff.

Based on review of policies, procedures, training records, interviews with medical and mental health staff and observations during the tour of the medical and mental health area the facility meets the requirements of Standard 115.35.

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.

This standard requires all offenders receive a mental health screening and/or evaluation (using an objective screening instrument) during the initial reception and assessment within 24 hours of arrival, offenders at risk for sexual victimization are identified and monitored, sensitive information is not exploited, and housing assignment made ensuring safety and security.

Employee Manual sections 2.20 Duty to Report & 4.2 Confidentiality of Information and Security of Records (Revision 2013) addressed this standard.

Directive 4027A, Sexual Abuse Prevention & Intervention Inmate-on-Inmate, 8/16/11 – IV B 1, 2 is an explanation to new procedures which addressed this standard.

Memo Deputy Commissioner dated 8/4/05, RE: New Procedure Necessitated by Directive #4027A, “Sexual Abuse Prevention & Intervention – Inmate on-Inmate; EFORM: FORM 4027 DATED 12/16/05 addressed this standard.

Memo from Associate Commissioner and Assistant Commissioner dated 10/27/14, RE: New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity (SOGI), FORM: Interview Guide Regarding Sexual Orientation and Gender Identity which addressed this standard.

PREA Risk Screening-FOM 27.1, Risk Screening Form-Male and Female addressed this standard. An Offender Assessment Screening Form addresses all the elements of the standard

The auditor observed the intake process and found the screening/intake process to be thorough. All inmates entering the facility in the past 12 months were screened and reassessed within 30 days after their arrival to the facility.

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 agency is mandated to use information from the risk screening, making individualized determinations, to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of victimization from those at high risk of being abusive. The screening information is collected as data on an Assessment Form and is used for offender housing assignment. Information from these forms is used by the facility to make individualized determinations about how to ensure the safety of each inmate.

Review of Directive #4009-Minimum Provisions for Health and Morale dated 8/21/13 (Date Last revised 11/3/15) VII A; Review of Directive #4027A, Sexual Abuse Prevention & Intervention, Inmate-on-Inmate, 8/16/11 – IV B 1, 2 confirms policies are in place to ensure the agency makes individualized determinations to ensure inmate safety; Review of Directive #4401, Guidance & Counseling Services, 2/11/13 – IIIB 1a, b, c, d, 2a confirms the policy ensures placement and programming assignments for each transgender or intersex inmate be reassessed at least twice each year. Transgender and intersex inmates’ own views with respect to his/her safety are given serious consideration and they are given the opportunity to shower separately from other inmates.

Review of Memo from Deputy Commissioners dated 8/4/2005 RE: New Procedure Necessitated by Directive #4027A-Sexual abuse Prevention and Intervention-Inmate-on-Inmate addressed this standard. Review of Memo from Associate Commissioner and Assistant Commissioner, 10/27/14, RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity (SOGI) addressed this standard. Review of Memo from Superintendent dated 12/10/15 addressing transgender and intersex inmates being allowed to shower separately from all other inmates.

A copy of a completed PREA Risk screening Form was reviewed by the auditor.

Interview with the Agency PREA Coordinator and PREA Compliance Manager/Point Person indicates the New York State DOCCS does not have any facilities, units or wings dedicated to lesbian, gay bisexual, transgender or intersex inmates. Many of these inmates are housed in the general population, although their specific housing location will be influenced by their vulnerability. Other lesbian, gay, bisexual, transgender or intersex inmates will be housed in a unit that is appropriate based on other needs, including discipline chronic protective custody, mental health or treatment needs. Transgender and Intersex inmates at Five Points Correctional Facility are single celled and have their own showers.

During the interview with the Intake Sergeant responsible for screening and the PREA Compliance Manager/Point Person the agency information from the risk screening during intake is reviewed and assessed with the PREA Compliance Manager/Point Person, security and medical/mental health staff. Information is used to inform housing, bed, work, education and program assignments.

Interviews with intake, medical and mental health staff supported by interviews with inmates verified this standard. Staff interviews confirm they understand and are well trained in how to comply with the use of screening information per agency and facility policies and PREA Standard 115.42.

Based on policies, procedures, interviews with staff and inmates, the facility is compliant with Standard 115.42 Use of Screening Information.

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.

The agency's Directive #4948, Protective Custody Status, 3/13/15 –, Forms 2168A, 2170A and 4948A addresses all elements of this standard. During the last 12 months FPCF has not placed an inmate in involuntary or voluntary protective custody due to being a high risk for sexual victimization. The facility makes individualized determinations on housing and programs to ensure the safety of each inmate.

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.

This standard requires the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff and staff neglect or violation of responsibilities that may have contributed to such incidents and provide at least one way for inmates to report to a public or private entity or office that is not part of the agency. Staff per this standard must accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Staff must have a method to privately report sexual abuse and harassment of inmates.

Employee Manual – 2.20 were reviewed regarding duty to report and were found to address the standard requirements in detail.

Review of Directive # 4027A, Sexual Abuse & Intervention – Inmate-on Inmate, 8/16/11 – IV C Reporting and Investigation on Inmate-on- Inmate Sexual Abuse or Sexual Threats; Review of Directive #4028A, Sexual Abuse & Intervention – Staff-on-Inmate, 8/17/11 – V B Reporting and Investigation on Staff-on-Inmate Sexual Abuse or Sexual also provides a method for staff to privately report sexual abuse and sexual harassment. Sexual Abuse Prevention and Response (SAPR) Lesson Plan dated March 2015; pages 65-66 addressed this standard addressed third party and anonymous reporting. The Prevention of Sexual Abuse in Prison: What Inmates Need to Know” Pamphlet (English and Spanish) confirms the agency has policies in place which are enforced ensuring multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These policies also confirm the agency has policies directing staff to

accept reports made verbally, in writing, anonymously and from third parties and staff shall document verbal reports immediately.

Letter to DOCCS Acting Commissioner from Chairman of the State Commission of Correction, 4/8/14 - RE: Inmate and Resident Reporting supporting a public or private entity to receive inmate reports and a sample of Pamphlet (English/Spanish) The Prevention of Sexual Abuse in Prison identifying many ways for inmates to make reports. Samples of OMH Reported PREA allegation and Third Party Reporting were reviewed.

Interviews with the PREA Compliance Manager indicated Inmates may report in writing to: The New York State Commission of Correction (SCOC). Contact information is included in the Department's PREA brochure. Written or phone communication can also be made via the #77 Rape Crisis Hotline Pilot Project (where applicable), if the inmate consents to the provider notifying the Department of the incident.

Interviews with random sample of staff indicated when an inmate alleges sexual abuse or sexual harassment he/she can do so verbally, in writing, anonymously and from third parties. Staff may also privately report any suspicion of sexual abuse or sexual harassment of an inmate by contacting the Office of Special Investigation directly. Interviews with random sample of inmates confirm they have received, read and understand the pamphlet "The Prevention of Sexual Abuse in Prison: What Inmates Need to Know: and are aware of these opportunities to report sexual abuse or sexual harassment.

All written inmate and resident reports containing sexual abuse and sexual harassment allegations re immediately forwarded to the Office of Special Investigations. The N.Y.S. Commission of Corrections and any Rape Crisis Hotline Project participants (where applicable), will comply with any inmate or resident request to remain anonymous. All conversations between inmates and representatives of Rape Crisis Programs are confidential, unless the inmate consents to disclosure.

Based on policies, procedures, interviews with random sample of staff and inmates; observations and answers to questions regarding inmate reporting, the auditor finds the facility is compliant with Standard 115.51 Inmate Reporting.

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.

This Standard is **Non-Applicable**.

The agency is exempt from this standard in accordance with Departmental Directive# 4040, Inmate Grievance Program, 7/12/06 & Rev. Notice 5/15/14 - 702.2 (I) Correction Law, Section 139, 9 NYCRR. Part 7695.

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.

This standard requires the facility provide inmates with access to outside victim advocates for emotional support service, provide mailing addresses and telephone numbers including toll-free hotline numbers and provide reasonable communication between inmates and the organizations and agencies. The facility shall inform inmates, prior to giving them access, the extent to which such communications will be monitored and forwarded to authorities in accordance with mandatory reporting laws.

Review of Directive #4404, Inmate Legal Visits, 1/6/15 – II A, E, IV J indicates inmates have the right to visit with an attorney confidentially; Review of Directive #4421, Privileged Correspondence, 1/13/14 – II A4, III A2 defines a Rape Crisis Center as privileged correspondence. Outgoing mail to the Rape Crisis Center shall not be open inspected or read without the express authorization of the Superintendent which is specified in Section III-C Authorization to read privileged mail; Review of Directive #4423, Inmate Telephone Calls, 1/15/14 and Rev. Notice 5/21/15 – VIII C 2 confirm policies are in place to support the requirements of this standard. An inmate may add an attorney or an approved Rape Crisis program to his or her telephone list.

Memo: from PREA Coordinator to all Superintendents, 4/4/14, RE: Just Detention International Resource Guide. The New York JDI is a resource guide which is able to provide services to address needs related to sexual abuse.

The agency has received grants for PREA from the Bureau of Justice Assistance (BJA).

The DOCCS provides access to victim advocates for emotional support services through a hotline and mailing address. The library provides access to the Just Detention International New York Resource Guide which lists programs that are able to provide services to address needs related to sexual abuse. Safe Harbors of the Fingers Lake Incorporated 800-247-7273 is the toll free line for the Rape Crisis Center which is teamed up with the Five Points Correctional Facility. A Hot Line is available to inmates by dialing #77. Review of contract extension between DOCCS and Safe Harbors of the Finger Lakes contract period is December 16, 2015 through December 31, 2016 which confirms the agency maintains a MOU with community service providers to assist with emotional support.

The agency has a contract for inmate services for sexual assault and crime victims assistance program at Cayuga Medical Center, Ithaca, New York is where forensic exams are conducted.

Interviews with random sample of inmates indicated they are aware the facility informs them prior to giving them access to outside support services, the extent to which communications will be monitored and the mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates including any limits to confidentiality under relevant federal, state or local law.

The auditor reviewed the contract, tested the Hot Line, observed posters strategically placed in the housing units and other sites within the facility, interviewed staff and inmates and reviewed documents to conclude WDTF is compliant with this PREA Standard 115.53 inmate access to outside confidential support services standard.

Based on policies, procedures, interviews with random staff and inmates, interview with the Safe Harbors Rape Crisis Center concerning access to outside victim advocates for emotional support services the facility is compliant with Standard 115.53 Inmate Access to Outside Confidential Support Services.

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.

This standard requires the agency establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. New York DOCCS PREA Policy Web Page is found at www.doccs.ny.gov. This Web Page includes comprehensive information on the agency’s policies, procedures and directives, history and requirements of PREA, reporting opportunities. Additional documents on the Web Page are pamphlets of ‘What Inmates Need to Know’, training opportunities and requirements, inmate orientation manual, posters, PREA male and female videos.

Third-party reporting of sexual abuse and sexual harassment is covered in agency directives with a method to receive third-party reports of sexual abuse or sexual harassment and publicly distributes information on how to report resident sexual abuse/harassment on behalf of offenders. New York post advertisements with this in agency documents and information in the facility, developed curriculum used in mandatory PREA training, brochures, pamphlets, handouts and displays this PREA information on the agency’s website.

Third-party reporting is available with the Department’s OSI or the New York State Bureau of Investigation (SBI) who provides offenders with confidential reporting.

Based on review of policies, interviews with staff and observations during the tour of the facility, viewing of the website FPCF is in compliance with Standard 115.54.

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.

Standard 115.61 requires staff and agency reporting duties include: immediately reporting knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who report incidents; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation and not reveal any information related to the report other than to the extent necessary as specified in agency policy, to make treatment, investigation and other security and management decisions. Unless precluded by Federal, State, or local law, medical and mental health practitioners are required

to report sexual abuse and to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services. Review of agency documentations including:

A review of Directive #0700, Office of Special Investigations, 10/23/14 – III D identifies the Sex Crime Unit to handle FPCF reports of all allegations. The Sex Crime Unit investigates allegations of sexual misconduct between inmates and departmental staff as well as inmate-on-inmate sexual abuse and assists outside law enforcement agencies of development of cases for criminal prosecution; A review of Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, 8/16/11 – IV C addressed this standard; A review of Directive #4028A, Sexual Abuse Prevention & Intervention, - Staff-on-Inmate, 8/17/11 – V B addressed this standard. A review of these policies confirms policies are in place and enforced to ensure the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

A review of the Employee Manual – 2.20 provide the necessary agency policies for the standard. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency will, per the standard, report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The Duty to Report includes all allegations of sexual abuse and sexual harassment including third-party and anonymous reports.

A review of the following Memo: Associate Commissioner, 1/21/16 RE: Sexual Abuse Response and Containment Checklist indicate there is a coordinated response plan which addressed this standard; a review of an Email: PREA – Office of Mental Health Memorandum of Understanding To: all Superintendents (Interim MOU between OMH and DOCCS), 6/18/14. This addresses ongoing mental health treatment for victims of sexual abuse which addressed this standard.

Policy prohibits staff from revealing any information related to sexual abuse, report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews with staff and inmates verify staff is trained and aware of their reporting responsibilities of this standard.

According to interviews with the random sample of staff the agency requires all employees be aware of the sensitive nature of a situation where an inmate reports sexual abuse or sexual threats and reports are confidential and information, including but not limited to the identity of the victim is only to be shared with essential employees involved in the reporting investigation, discipline and treatment process or as otherwise required by law. Interviews with random sample of staff requires all staff, regardless of title, to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff is required to immediately notify his or her immediate supervisor, who immediately notifies the Watch Commander. The employee is required to report the specific details, in writing, to the Watch Commander immediately after verbal notification.

According to interviews with the facility Superintendent all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to designated facility investigators. The auditor reviewed inmate files with investigators and confirm all allegations are investigated.

According to interviews with medical and mental health staff they do disclose the limitations of confidentiality and their duty to report. They are also required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

There are no inmates at FPCF under the age of 18.

Based on review of policies; interviews with the staff the facility is compliant with Standard 115.61 Staff and Agency Reporting Duties.

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.

This standard requires when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

A review of Directive #4040, Inmate Grievance Program dated 1/20/15, 701.2 Definitions, (m) regarding emergency grievances addressed this standard. The agency No 4040 Inmate Grievance Program, 7/12/2003 requires that a supervisor refers any grievance of an emergency nature directly to the appropriate response level having authority to issue an immediate or expeditious and meaningful response. An emergency includes, but is not limited to, a situation, action, or condition in which an inmate's or an employee's health, safety, or welfare is in serious threat or danger. A review of Directive #4948, Protective Custody Status, 3/13/15 – II A, C, III D and Form #2168A – Sexual Victimization Protective Custody Recommendation that requires staff to take immediate action to protect the offender immediately when knowledge, suspicion, information is received regarding an incident of sexual abuse/harassment.

Standard 115.62 requires facility documentation if and when the facility learns that an inmate is at a substantial risk of imminent sexual abuse (i.e., there is a specific, identified and immediate threat). In the event that such an event has occurred during the 12-months preceding the audit, secondary documentation showing what protective measures were taken (e.g., notification to the Office of Special Investigations, bed change, housing unit change, admission to voluntary protective custody, etc.) and when those steps were taken must be included as secondary documentation.

An interview with the Agency Head Acting Commissioner, Superintendent and random sample of staff, when learning an inmate is subject to substantial risk of imminent sexual abuse each case is evaluated by the facility or Office of Special Investigations based upon the nature of the report and the potential harm. Supervisory rounds will be increased as appropriate. An inmate at risk of a potential predator may be moved to another housing unit or transferred. If no other options are available, a potential victim may be temporarily placed in protective custody until other steps can be taken.

During this audit period, there has been no inmate at the Five Points Correctional Facility who was identified as being substantial risk of imminent Sexual Abuse.

Based on interviews, review of training material and documentation verifies this standard is being addressed and FPCF is compliant with 115.62 Agency Protection Duties.

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)

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.

This standard requires the agency establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. New York DOCCS PREA Policy Web Page is found at www.doccs.ny.gov. This Web Page includes comprehensive information on the agency’s policies, procedures and directives, history and requirements of PREA, reporting opportunities. Additional documents on the Web Page are pamphlets of ‘What Inmates Need to Know’, training opportunities and requirements, inmate orientation manual, posters, PREA male and female videos.

Third-party reporting of sexual abuse and sexual harassment is covered in agency directives with a method to receive third-party reports of sexual abuse or sexual harassment and publicly distributes information on how to report resident sexual abuse/harassment on behalf of offenders. New York post advertisements with this in agency documents and information in the facility, developed curriculum used in mandatory PREA training, brochures, pamphlets, handouts and displays this PREA information on the agency’s website.

Third-party reporting is available with the Department’s OSI or the New York State Bureau of Investigation (SBI) who provides offenders with confidential reporting.

Interviews with staff and inmates and observations during the tour of the facility confirm FPCF is compliant with providing third-party reporting of sexual abuse, harassment and retaliation to offenders.

In the past 12 months, there were three (3) incidents of allegations of sexual abuse at FPCF that FPCF received from other facilities. There was one (1) incident of allegation of sexual abuse at FPCF that an inmate was abused while confined at another facility.

Based on review of policies, interviews with staff and observations during the tour of the facility, viewing of the website FPCF is in compliance with Standard 115.54.

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.

This standard requires upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if time period allows for collection of physical evidence request that the alleged victim not take any actions that could destroy physical evidence and if

first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Review of agency policies, procedures and directives included:

A review of Directive #4027B, Sexual Abuse Reporting & Investigation – Inmate-on-Inmate, 8/16/11 – V C 1, 4, 6, 7 (a) (c); a review of Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate, 8/17/11 –V C 1, 4, 6, 7 (a) ; A review of Memo: from Deputy Commissioner and Associate Commissioner to all Superintendents dated 1/12/16 RE: Inmate Sexual Activity addressed this standard; a review of a Memo from Deputy Commissioner and Deputy Commissioner/Chief Medical Officer and Associate Commissioner/PREA Coordinator dated 10/1/15 RE: Response to Inmate Sexual Activity confirms polices are in place and enforced so upon learning of an allegation that an inmate was sexually abused the first security staff member to respond to the report follows the guidelines of the standard 1115.64.

Sexual Abuse Prevention and Response (SAPR) Lesson Plan dated March 2015, page 61, 62, 64 addressed this standard.

In the past 12 months 13 inmates alleged said they were sexually abused. The number of times a non-security staff member was the first responder was 13. In the past 12 months, the number of times where staff were notified within a time period that still allowed for the collection of physical evidence was one (1) time.

The Agency and FPCF has further emphasized first responder duties by distributing laminated pocket cards and handouts on sexual assault/harassment to include steps to take if a sexual assault/harassment occurs. Each staff member carries a laminated card that has the PREA Policy on one side and the 1st responder requirements on the other side. This card constantly reminds staff of their responsibilities in meeting the PREA Standards. Interviewing staff members indicated staff were trained and informed of requirements as a first responder.

Based on review of policies, curriculum, documentation and interviews with staff, confirms the FPCF not only meets but “**exceeds**” in this standard.

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.

Five Points Correctional Facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

A review of HSPM 1.60 Sexual Assault dated 8/3/15 SAFE/SANE Hospital listing addressed this standard; a review of a Memo from Associate Commissioner dated 1/21/16 RE: PREA Coordinated Response Plan including Sexual Abuse Response and Containment Checklist; a review of an Email: PREA-Office of Mental Health Memorandum of Understanding To: All Superintendents (Interim MOU between OMH and DOCCS) dated 6/18/14 confirms policies are in place and enforced to ensure the facility develops a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility staff

Office of Special Investigations Sex Crimes Division – Inmate-on-Inmate Dispatch and Operational Guidelines, Office of Special Investigations Sex Crimes Division-Staff on-Inmate Dispatch and Operational Guidelines address this standard.

Sexual Abuse Prevention and Response (SAPR) Lesson plan dated March 2015 addressed this standard.

Facility Operational Manual 27.3- Coordinated Response Plan was reviewed by the auditor.

The Agency and FPCF has further emphasized first responder duties by distributing cards and handouts on sexual assault/harassment to include steps to take if a sexual assault/harassment occurs. These steps and duties were confirmed by random staff interviews, investigative staff interviews, higher and intermediate level supervisor interviews and through review of training curriculum and documents. Each staff member carries a laminated card that has the PREA Policy on one side and the 1st responder requirements on the other side. This card constantly reminds staff of their responsibilities in meeting the PREA Standards.

Based on the review of the facility Coordinated Response Plan to an incident of Inmate Sexual abuse; interview with the facility Superintendent, PREA Compliance Manager/Point Person and observations and tour of the facility this facility not only meets but **exceeds** compliance with Standard 115.65

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.

This standard requires neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. All new contracts are followed until the new contracts have been ratified.

A review of Directive #2110, Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings, 4/27/15; a review of Directive #2114, Functions of the Bureau of Labor Relations, 6/11/14 – IV 1 confirms policies are in place and enforced to ensure neither the agency or any other governmental entity responsible for collective bargaining on the agency’s behalf enters into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The state has state union contracts with: New York State Governor’s Office of Employee Relations (GOER); Administrative Services Unit (ASU); Operational Services Unit (OSU); Institutional Services Unit (ISU); Professional, Scientific and Technical Services Unit (PS&T); Security Services Unit (SSU) and Security Supervisors Unit (SSPU).

An interview with the Acting Commissioner of the agency indicated the agency, or any governmental entity

responsible for collective bargaining on the agency's behalf, has not entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. Requirements of the standard are covered by policy and enforced by the agency.

The state union contracts allow removing alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Based on review of policies, documents, and interviews with staff and inmates this facility meets compliance with Standard 115.66 Preservation of ability to Protect Inmates from Contact with Abusers.

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.

Review of Employee Manual 2.19 Rev. 2013 which covers sexual abuse and harassment confirms policy is in place and enforced to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and all designate which staff members or departments are charged with monitoring retaliation.

Review of Memo: from Associate Commissioner Re: Agency Protection against Retaliation, PREA Standard 115.67/267, dated 8/20/15 addressed this standard. The Retaliation Monitoring Form 115/67 dated 8/20/15 Form 115.67 A (8/20/15) addressed this standard. The form and log showed the inmate was checked at 30, 60 and 90 days as required by policy

2015 Inmate on Inmate Retaliation Tracking Sheet addressed this standard as it shows follow-up and reviews.

2015 Staff on Inmate Retaliation Tracking Sheet addressed this standard as it shows follow-up and reviews.

2015 Completed Retaliation Monitoring Forms addressed this standard.

Memorandum designated Assistant Deputy Superintendent with the responsibility of monitoring retaliation dated September 2015.

According to interview with the Acting Commissioner inmates and staff are protected from retaliation from sexual abuse or sexual harassment allegations based on decisions on protective measures. Decisions on protective measures are made on a case-by-case basis. Both the facility administration and the Office of Special Investigations consider whether the present housing placement is appropriate and, if not consider whether a move to another housing unit or a transfer to another facility is appropriate. In any case involving transportation to a hospital for a forensic examination by a SAFE/SANE provider, the inmate is returned either to the facility infirmary or the infirmary at a designated facility. This ensures both a proper medical follow-up and that the inmate is placed in a safe environment while options are considered. With respect to access to emotional support services, information on the Department's #77 Enhanced Victim services Pilot Project is widely distributed in the pilot facilities, and is provided by medical staff when appropriate following a medical assessment for a significant exposure. All facilities have information from Just Detention International on other available support services.

The Acting Commissioner also stated in the interview all inmates, parolees and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff. This includes housing changes or transfer for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Retaliation monitoring includes review of any inmate disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. In the case of inmates, monitoring includes periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident.

The Department's protocols for retaliation monitoring are initiated for any individual who cooperates with an investigation and expresses a fear of retaliation.

Monitoring for signs of retaliation is conducted by the Assistant Deputy Superintendent/PREA Compliance Manager or, where one is not assigned by a designated staff person such as the Captain who is designated as the PREA Point Person. Any complaint or evidence of retaliation is referred to the Office of Special Investigations, Sex Crimes Division for investigation and to be promptly remedied.

Retaliation monitoring includes review of any inmate disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. In the case of inmates, monitoring includes periodic in-person status checks approximately every 30 days. If initial monitoring indicates a continuing need the monitoring will be extended. In the case of offender monitoring periodic status checks are included as needed.

Based on review of policies, interviews with the staff and observations during the tour the facility is compliant with Standard 115.67 Agency Protection against Retaliation.

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.

Review of Directive #4948, Protective Custody Status, 3/13/15 –II C, III D, Form 2168A confirms policy is in place and enforced to ensure any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43.

According to the Directive inmates who allege sexual abuse and are placed in protective custody status are evaluated and recommended for transfer to facilities where they may be appropriately programed in general population.

The agency policies prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is not available alternative means of separation from likely abusers. If determined such housing is necessary, the FPCF would explore other alternatives such as a transfer.

During the last 12 months FPCF has had 0 numbers of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.

Based on review of policies, interviews with staff and inmates the facility is found compliant with Standard 115.68 Post-allegation Protective Custody.

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.

According to Standard 115.71 when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The DOCCS is responsible for all administrative and criminal investigations, with assistance from the State Police when required, who follow all the requirements of this standard.

New York Criminal Procedure Law 160.45 Polygraph tests; confirms prohibition against conducting polygraphs.

Directive #0700, Office of Special Investigations dated 10/23/14 addressed this standard. Indicating the agency has a special Sex Crimes Unit in the Office of Special Investigations confirms policies are in place and enforces to ensure when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Review of OSI Policy & Procedure, Training Requirement for Sex Crimes Investigators, 9/1/15; OSI Policy and Procedure: Intake and Case Management Unit dated 2/5/16 –Complaint Processing and Case File confirms policies are in place to ensure where sexual abuse is alleged; the agency uses investigators who have received special training in sexual abuse investigations pursuant to 115.34.

Review of Office of Special Investigations Sex Crimes Division Inmate on Inmate Sexual Abuse; Office of Special Investigations Sex Crimes Division Staff on Inmate Sexual Abuse confirm policies are in place to ensure administrative investigations: 1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2) shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Letter to Superintendent New York State Police dated 5/2/14 RE: Implementation of the PREA Standards to work cooperatively with other agencies confirms policy is in place to ensure any state entity or Department of Justice component that conducts such investigations shall do so pursuant to the standard requirements. This letter also confirms when outside agencies investigate sexual abuse; the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Power Point Presentation: PREA Specialized Training: Investigations August 4, 2015 addressed this standard.

Office of Special Investigations, Sex Crimes Division investigation files were made available during the on-site portion of the audit for review for the auditor.

The interviews with two investigators confirm they receive multiple training specific to conducting sexual abuse investigations in confinement setting. When joining the Office of Special Investigations they participate in a 3 week investigations school and the OJT with a seasoned investigator. They have had training conducted by the agency's PREA Coordinator around: PREA; a victim-centered approach to investigations; legal issues including Miranda, Garrity; and burdens of proof; DOCCS medical response policies; individualized credibility assessments; understanding trauma; working with the victim advocates; and other training. They have completed the NIC course "Investigating Sexual Abuse in a Confinement Setting" a course on interview and interrogation and evidence collection courses.

Investigators described direct and circumstantial evidence they are responsible for gathering in an investigation of an incident of sexual abuse including: clothing worn by the victim and the perpetrator at the time of the abuse; any trace DNA collected at the crime scene, interviews of alleged victims, suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Interviews with the investigators reported the efforts they make during an administrative investigation to determine whether staff actions or failure to act contributed to sexual abuse included, during the investigation they follow-up on any statements or documentary evidence that shows a staff member may have been on notice of the abuse and failed to act, took some action to facilitate the abuse or otherwise violated Department policy in connection with the incident.

Interviews with investigation and facility staff confirm the areas in this standard are being followed including retention of all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years.

There has been 1 substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 20, 2012. A review of prior closed investigations was conducted. The investigation files were properly documented and organized.

Based on review of policies and procedures; specialized training power point for investigators, specialized training rosters, incident notification checklist, request for investigations, comprehensive reports and sexual assault report forms, interviews with staff, observations during the tour confirms the facility meets the requirements for Standard 115.71 Criminal and Administrative Agency Investigations.

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.

According to Standard 115.72 the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated

Review of Memo: from Deputy Chief of Investigations dated 7/29/15 RE: Sex Crimes Division (SCD) Close Out Procedures addressed the preponderance of evidence for this standards and confirms policies are in place and enforced to ensure the agency imposes no standard higher than a preponderance of the evidence in determining

whether allegations of sexual abuse or sexual harassment are substantiated.

Power Point Presentation Excerpt: PREA Specialized Training: Investigations dated August 4, 2015 addressed the elements of this standard.

Based on interviews with specially trained investigators and the training on the power point presentation this facility is compliant with Standard 115.72 Evidentiary Standards for Administrative Investigations.

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.

According to Standard 115.73 following an investigation into an inmate's allegation that he suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Review of Memo: from Chief, Office of Special Investigations dated 9/14/15 RE: Notification of Investigative Determination addressed this standard. The agency policies, procedures and directives require that all inmates who make allegations of sexual abuse shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained) or unsubstantiated (administratively closed/not sustained) or unfounded.

Memo: from Deputy Chief, Office of Special Investigations dated 7/29/15 RE: Sex Crimes Division (SCD) Close Out Procedures verifies inmates are notified of the outcome of the investigation. This confirms policies are in place and enforced to ensure following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1) The staff member is no longer posted within the inmate's unit; 2) The staff member is no longer employed at the facility; 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This confirms policies are in place to ensure all notifications or attempted notifications are documented.

During the last twelve months there were twelve (12) investigations of alleged inmate sexual abuse that were completed by the agency with twelve (12) inmates notified of the results of the investigations.

Based on the memorandums, interviews with facility Superintendent and PREA Compliance Manager/Point Person and observations and questions answered during the tour, the facility is compliant with Standard 115.73 Reporting to Inmates.

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.

According to Standard 115.76 staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or harassment policies; termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Review of agency's documentation included:

The Employee Manual-Rev. 2013 -2.19 addressed sexual abuse and harassment and disciplinary action.

A Review of Directive #2110-Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings dated 4/27/15 –III Attachment A, Attachment B, and Attachment C addressed this standard in regards to appropriate action of removal of employee;

A Review of Directive #2111, Report of Employee Misconduct, 2/26/14 – I, II, III A 3, 4, 6, IV,V addressed this standard; Review of Directive #2605, Sexual Harassment in the workplace, 11/6/14 – I, IV confirms policies and procedures are in place to ensure disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses b other staff with similar histories.

A Review of Directive 4028A – Sexual Abuse Prevention & Intervention Staff-on-Inmate dated 8/17/11- 1, II confirms the policies and procedures are set for discipline and prosecution who commit such acts of sexual abuse, sexual threats, staff voyeurism or retaliation.

A Review of Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate, 8/17/11 – II addressed this standard confirms policies are in place and enforced to ensure staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment.

During the past 12 months zero (0) staff from the facility violated agency sexual abuse or sexual harassment policies. There are no Records of Terminations, resignations, or other sanctions for Violations of the Sexual Abuse or Sexual Harassment Policy for the past 12 months for FPCF.

Based on review of polices, Interviews with staff including Human Resources staff the facility is compliant with Standard 115.76.

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.

Corrective action for contractors and volunteers who engages in sexual abuse per Standard 115.77 shall result in prohibiting them from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Review of Directive #2605 Sexual Harassment in the Workplace dated 12/21/15 – VI A, B confirms employee misconduct or supervisory staff who allows sexual misconduct may also be subject to appropriate disciplinary action.

Review of Directive #4750, Volunteer Services Program dated 3/7/13 – IV C 4 a, confirms policies are in place and enforced to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Office of Special Investigations Reporting of Misconduct to Outside Agencies dated 2/3/16 – Policy II addressed this standard.

Memo: From Acting Commissioner to Employees, Contractors, Volunteers and Interns dated 9/4/13 Prevention of Sexual Abuse – Revised Office of Ministerial, Family and Volunteer Services 2015-Signature confirms policies are in place and enforced to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Division of Ministerial Family and Volunteer Services Volunteer Information Packet, Rev. 6/10/14 Page 20 confirms policies are in place and enforced to ensure the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer..

In the past 12 months, there were zero (0) number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Interviews with volunteers and contractors confirm they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per agency policy and procedure. They have confirmed they have attended PREA training; received written material and understand the agency’s zero tolerance policy and signed the forms acknowledging they have received and understand the PREA training.

Based on review of policies, procedures and forms and Interviews with volunteers and contractors the facility is compliant with Standard 115.77 Corrective Action for Contractors and Volunteers.

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.

Disciplinary sanctions for inmates per Standard 115.78 requires that inmates be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The standard requires sanctions be commensurate with the nature and circumstances of the abuse committed, inmate’s disciplinary history, and sanctions imposed for comparable offenses by other inmates with similar histories and disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his behavior and these requirements are placed in DOCCS.

A Review of Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate dated 8/16/11, II, III C1, and IV C confirms the policies are in place and enforced to ensure for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. This also confirms policies are in place to ensure that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it is determined the activity is not coerced. Disciplinary sanctions for inmates per Standard 115.78 requires that inmates be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. This requirement is found in DOCCS Directive #4027A, Sexual Abuse Prevention & Intervention –Inmate-on-Inmate, 8/16/11 –IV C 5. D and Directive #4932 Chapter V, Standards Behavior & Allowances, 1/20/16.

Review of Directive #4028A, Sexual Abuse Prevention & Intervention – Staff-on-Inmate dated 8/17/11 – V B 5 confirms for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Memo: from Deputy Commissioner to all Superintendents, 7/22/14, RE: Disciplinary Dispositions Guidelines. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits with this confirmed in a copies of actual inmate disciplinary activity in Sex Offender Counseling and Treatment Program Guidelines 2008.

Sex Offender Counseling and Treatment Program (SOCTP) Guidelines dated 11/2008. Inmates will be assigned to participate in the SOCTP if guilty per the standards of inmate behavior of a sex offense, threats to commit a sex offense, penal law offense of a sexual nature or attempt thereof.

In the past 12 months there have been zero (0) incidents of administrative finding of inmate-on-inmate and zero (0) incidents of criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at FPCF.

Based on review of policies, procedures, documentation and interviews with Superintendent and mental health staff and observations, the facility is compliant with Standard 115.78 Disciplinary Sanctions for Inmates.

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.

A Review of Directive #4301-Mental Health Satellite Services and commitments to CNYPC dated 8/18/15-IV, DOCCS-Mental Health Referral Form 3150 and Memo: from Deputy Commissioner/Chief Medical Officer, 3/16/15, RE: Health Screening Forms 3278RC/3278TR Attachments B and Attachment C and Email: PREA-Office of Mental Health Memorandum of Understanding To: All Superintendents (Interim MOU between OMH and DOCCS) dated 6/18/14 confirm that policies are in place and enforced to ensure if the screening pursuant of 115.41 indicates that a prison/jail inmate has experiences prior sexual victimization, whether it occurred in an instructional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

HSPM 1.12B Inmate Blood borne Pathogens Significant Exposure Protocols, II dated 1/26/16 –II which addressed this standard. All inmate participants require assessment whether or not participation, involved force, coercion or mutually agreed upon contact. HSPM 1.44-Health Screening of Inmates dated 2/19/15-IIB. Confirms any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and management decisions including housing, bed, work, education, and program assignments, or as otherwise required by Federal State, or local law. Medical and mental health practitioners shall obtain informed consent (HIPAA release) from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. As above, informed consent/HIPAA release is not required for a referral to the Office of Mental Health.

Mental Health Services for Sexual Abuse and Sexual Harassment FOM-27.2 confirms that DOCCS and the Mental Health Department must work as partners to prevent and respond to sexual abuse and sexual harassment.

All inmates at FPCF that disclosed prior sexual victimization during screening are offered follow-up with a medical or mental health staff within 7 days. The original screening of all inmates at FPCF is immediately upon arrival by a sergeant using written objective screening instrument. Medical and mental health practitioners obtained informed consent before reporting prior sexual victimization that did not occur in an institutional setting.

Interview with the Sergeant who is responsible for risk screening confirms that if a screening indicates that an inmate previously perpetrated sexual abuse, the facility offers a follow-up meeting with a mental health practitioner. In the past 12 months, all inmates who disclosed prior victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. There were zero (0) inmates, in the past 12 months who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner. In the past 12 months, 100 percent of the inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner.

Interview with PREA Compliance Manager/Point Person and medical and mental health staff confirm medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Interviews with medical and mental health staff confirmed they have received specialized training regarding sexual abuse and sexual harassment, are required to report any knowledge, suspicion or information regarding an incident to a designated supervisor or official immediately upon learning of it, ensure victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately.

Based on review of policies, procedures, documentation and Interviews with staff and inmates the facility is compliant with Standard 115.81 Medical and Mental Health Screenings; History of Sexual Abuse.

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.

Review of Directive 4027B-Sexual Abuse Reporting & Investigation-8/16/11 Inmate-on-Inmate, VC3 and HSPM 1.60 –Sexual Assault dated 8/3/15-II, III b, c, B SAFE/SANE Hospitals confirms that policies are in place and enforced to ensure inmate victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement.

Review of Directive #4028B –Sexual Abuse Reporting and Investigation dated 8/17/11 Staff-on-inmate, VC3 addressed this standard. The Watch Commander will notify the highest level health services staff on duty or on-call physician who shall initiate the procedures outlined in HSPM1.60.

HSPM 1.60 –Sexual Assault dated 8/3/15-II, III b, c, B SAFE/SANE Hospitals confirms policies are in place and enforced to ensure inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

SAFE/SANE hospitals for FPCF include the following: 1) Cayuga Medical Center in Tompkins County, 2) University Hospital SUNY Health Science Center in Onondaga County or 3) St. Joseph's Hospital Health Center in Onondaga County.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexual transmitted infections prophylaxis and treatment services by policy are provided to the victim without financial cost and whether the victim names the abuser or cooperates with any investigation arising out of the incident. The area that stores the active and inactive medical records is secured with only the medical record clerk and the nursing administrator having access.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Health care services are provided seven days per week, 24 hours a day providing inpatient and outpatient care for inmates. Emergency Care is available 24 hours a day at FPCF. There are 12 infirmary beds located at FPCF. SANE/SANE staff is available 24/7 and provides victim advocate service to the inmate for required crisis intervention services.

Interviews with medical and mental health staff confirm inmate victims of sexual abuse while incarcerated are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Interviews with medical and mental health staff confirm that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on review of policies, procedures, documentation, and interviews with medical and mental health staff verifies the facility is compliant with Standard 115.82 Access to Emergency Medical and Mental Health Services.

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.

According to Standard 115.83 the facility shall: offer medical and mental health evaluation and, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility; evaluate and offer treatment of victims to include follow-up services, treatment plans, and, when necessary, referrals for continued care following transfer to, or placement in, other facilities, or their release from custody; provide victims with medical and mental health services consistent with the community level of care; offer pregnancy test when required; If pregnancy results offer timely and comprehensive information about and timely access to all lawful pregnancy-related medical services; offer test for sexually transmitted infections as medically appropriate; provide treatment service without cost to victim; and conduct a mental health evaluation of all know inmate-on-inmate abusers within 60 days of learning of abuse history and offer treatment when deemed appropriate by mental health practitioners.

HSPM 1.44 – Health Screening of Inmates, 12/2/13, confirms that upon arrival all inmates are provided a health screening.

HSPM 1.12B Inmate Blood borne Pathogens Significant Exposure Protocol, 12/11/14 – I, II, III a pregnancy test will be included for females.

HSPM 1.60 Sexual Assault, 8/3/15 and Email: PREA – Office of Mental Health Memorandum of Understanding To: All Superintendents (Interim MOU between OMH and DOCCS) dated 6/18/14 confirm policies are in place and enforced to ensure the facility provides such victims with medical and mental health services consistent with the community level of care. This confirms policies are in place and enforced that ensure the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and , when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. This confirms polices are in place and enforced to enable offering medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Sexual assault awareness brochures and handout materials received at intake and other information along with the PREA orientation advise the inmate population of the offerings by medical and mental health department concerning evaluation, treatment and ongoing medical and mental health care as appropriate for the sexual abuse treatment of inmates, victims and abusers.

Based on review of policies, procedures, forms and files, interviews with staff and questions answered during the tour find the facility compliant with Standard 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

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.

According to this standard the facility shall: conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation is unfounded; conduct review within 30 days of the conclusion; and identify a review team including upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: consider allegation or investigation require a change of policy to better prevent, detect, or respond to sexual abuse; consider if report was motivated by race, ethnicity, gender identity or gang affiliation; examine the area where incident allegedly occurred to review physical barriers; assess staffing levels in area during different shifts and assess monitoring technology; and prepare a report of findings.

Review of Memo: from Deputy Commissioner and Association Commissioner To all Superintendents, 5/9/14, RE: PREA Procedural Enhancements – Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Review and Security Staffing Audits and Sexual Abuse Incident Review Checklist dated 8/15/14 confirms policies are in place and enforced to ensure the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Copies of all completed Sexual Abuse Incident Review for 12-months preceding the submission of the Pre-Audit Questionnaire (PAQ) which addressed this standard.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was four (4) incidents. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was four (4).

Based on review of policies, procedures, documentation, interviews with staff the facility is compliant with Standard 115.86 Sexual abuse Incident Reviews.

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.

According to Standard 115.87 agencies shall: collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions; aggregate the incident-based sexual abuse data at least annually; data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice; maintain, review, and collect data as needed from all available incident-based documents; and obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Also, per standard, upon request, the agency provides all data from the previous calendar year to the Department of Justice no later than June 30.

Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual 8/18/15 (revised). As a result of comprehensive data collection and review the PREA Analyst maintains separate incident based data from all available incident-based documents, including reports, investigation files and sexual abuse incidents reviews and ensures that the resulting data are securely retained. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The report is then made available to the public through the department website. PREA documents are retained for at least 10 years. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Review of Data Dictionary: Defines data elements collected by the Office of Program, Planning, Research and Evaluation from all available incident-based documents including reports, investigation files and sexual abuse incident reviews confirms policies are in place and enforced to ensure the Agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of it's inmates.

Interview with the Agency PREA Coordinator indicated that data is collected by a Program Research Specialist 3 in the Program Planning Research and Evaluation department who is dedicated to PREA matters. All of the raw data files and final reports are stored in restricted drives set up by the State Office of Information Technology services (ITS). The paper records are all stored in locked file cabinets. Copies of the final data reports and other ad hoc reports are stored in the Agency PREA Coordinator's office in locked file cabinets. The agency reviews all data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.

The agency's collects accurate information and data for every allegation of sexual abuse at facilities under its control. The Deputy Superintendent for Security at each facility is responsible for maintaining and providing a monthly sexual abuse/threat incident summary. At the end of the month the summary report is forwarded the Deputy Commissioner for Correctional Facilities.

The agency aggregates this incident-based sexual abuse data at least annually. The agency's annual report is approved by the commissioner and available on the agency website and updated annually corroborating this standard.

Based on review of policies, procedures, documentation and interviews with staff, the facility is compliant with Standard 115.87 Data Collection and Review.

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.

The standard requires the agency review data collected and aggregated pursuant to Standard 115.87 (a) The agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:(1) Identifying problem areas;(2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole (b) Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.(c) The agency’s report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted

Office of Program Planning Research and evaluation; PREA Data Collection, Review, Retention and Publication Manual dated 8/18/15 (revised) confirms policies are in place to ensure such report include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

A review of the Data Dictionary: Defines data elements collected by the Office of Program, Planning, Research and Evaluation from available incident-based documents including reports, investigation files and sexual abuse incident review confirms policies are in place and enforced to ensure the Agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

A review of the PREA Page, Department of Corrections and Community Supervision Website-Link to Annual Report is www.doccs.ny.gov/PREA/PREAinfo.html. A copy of the “Annual Report on Sexual Victimization 2013-2014” was reviewed by the auditor. According to the Annual Report for FPCF there were 38 allegations and 1 was substantiated for the period of January 1- December 31, 2014 with an average population of 1,350 inmates which is 0.7%. The agency’s annual report is approved by the commissioner and available on the agency website and updated annually corroborating this standard. Standard requires identifying problem areas and corrective action which is part of the annual report.

The agency’s collects accurate information and data for every allegation of sexual abuse at facilities under its control. The Deputy Superintendent for Security at each facility is responsible for maintaining and providing a monthly sexual abuse/threat incident summary. At the end of the month the summary report, is forwarded the Deputy Commissioner for Correctional Facilities. The agency aggregates this incident-based sexual abuse data at least annually.

Interviews with the Acting Commissioner and PREA Compliance Manager/Point Person confirm the Acting Commissioner approves the agency’s report and the agency makes it annual report readily available to the public at least annually through its website. Interviews also confirm before making aggregated sexual abuse data publicly available the agency removes all personal identifiers.

Based on review of policies, procedures, documentation and interviews with staff and review of the website the facility is compliant with Standard 115.88 Data Review for Corrective Action.

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.

(a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained.(b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.(d) The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

A review of the agency’s Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention, and Publication Manual dated 8/18/15 (revised) addresses all of the elements of this standard and is confirmed in the agency’s annual report comparing 2013 with 2014 now on the agency’s website. This confirms policy is in place and enforced so the agency ensures data collected is pursuant to 115.87 are securely retained. This policy confirms aggregated sexual abuse data publicly available, the agency removes all personal identifiers. This policy also confirms policy is in place and enforced to ensure the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the dare of the initial collection unless federal, state, or local law requires otherwise.

The agency Data Collection, Review, Retention, and Publication Manual ensures that the incident based information and aggregate data is collected and securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise, considered confidential information and is maintained by the Office of Special Investigations, Sex Crime Unit. The policy on records retention schedule and the report on records management were reviewed and confirm storage, publication, and destruction is per PREA Standard 115.89.

Based on review of policies, procedures, documentation and interviews the staff the facility is compliant with Standard 115.89 Data Storage, Publication and Destruction.

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.

Cathy Slack

May 5, 2016

Auditor Signature

Date