

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 17, 2017

Auditor Information			
Auditor name: James Curington			
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Telephone number: 352-538-2636			
Date of facility visit: April 5-7, 2017			
Facility Information			
Facility name: Greene Correctional Facility			
Facility physical address: 165 Plank Rd. PO Box 8, Cossackie, NY, 12051-0008			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 518-731-2741			
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: Brandon J. Smith			
Number of staff assigned to the facility in the last 12 months: 633			
Designed facility capacity: 1,755			
Current population of facility: 1,648			
Facility security levels/inmate custody levels: Maximum security/medium security			
Age range of the population: 18-78 years			
Name of PREA Compliance Manager: Antoinette Santos		Title: Assistant Deputy Superintendent PREA	
Email address: Antoinette.santos@doccs.ny.gov		Telephone number: 518-731-2781	
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, NY, 12226-2050			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 518-457-8126			
Agency Chief Executive Officer			
Name: Anthony J. Annucci		Title: Acting Commissioner	
Email address: commissioner@doccs.ny.gov		Telephone number: 518-457-8134	
Agency-Wide PREA Coordinator			
Name: Jason D. Effman		Title: Associate Commissioner	
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AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) audit for the New York State Department of Corrections and Community Supervision (NYSDOCCS) for Greene Correctional Facility (Greene C. F.) was the second of consecutive PREA audits, scheduled the week of April 2-7, 2017. This, being the second of consecutive audits, afforded the certified PREA auditor a very positive opportunity to review agency policy and procedures, PREA information, and begin the triangulation of 1) pre-audit review and study, 2) on-site tour, observation, interviews, and visits, 3) interim and summary follow-up, review, and compilation.

The audit process began with the notification and the assignment of the PREA auditor, James Curington by the American Correctional Association (ACA) to accomplish the audit of Greene C. F. in February 2016 (along with the neighboring Hudson Correctional Facility as the first facility alluded to in the above paragraph).

This report, dated May 17, 2017 is a final report of the auditor for Greene Correctional Facility New York State Department of Corrections and Community Supervision, developed by the auditor under the training/direction given by the National Prison Rape Elimination Act (PREA), and the PREA Resource Center (PRC), Bureau of Justice Administration, Department of Justice.

The methodology of the PREA auditor to accomplish the audit report, was to use a step-by-step process which includes the following:

- 1) scheduling through the American Correctional Association (ACA) with the New York State Department of Corrections and Community Supervision (NYSDOCCS);
- 2) making contacts with the agency/facility, sending a Pre-Audit Report form to the PRC, the posting of audit notices, and the sending of an agenda for the site visit;
- 3) obtaining information, documents, the facility Pre-Audit Questionnaire (PAQ), and other materials from the agency/facility and carefully reviewing such prior to the on-site visit (information was supplied via a USB flash drive);
- 4) making an on-site visit to the community and the facility to be audited (on-site April 5-7, 2017);
- 5) making an assessment of compliance/noncompliance prior, during, and after the site visit with follow-up review of documents and materials;
- 6) completing an interim/final Auditor's Summary Report, a triangulation of the pre--audit steps, on-site visit, and post-tour review, and assessment;
- 7) notifying the agency/facility of the summary report; and
- 8) sending a Post Audit Report form with the final Audit Summary Report attached to the PRC.

The Prison Rape Elimination Act, its' 43 standards, and the evaluation instrument supplied by PRC, was used to assess and complete the audit report. The evaluation instrument used by the auditor, is the PREA Audit Instrument, Adult Prisons and Jails supplied by the PRC, through its website, to conduct an audit of the Greene Correctional Facility. The PREA Audit Instrument and its seven sections, A-G is detailed as follows: A) the Pre-Audit Questionnaire (used throughout the report as documentation), B) the Auditor's Compliance Tool (used during pre-audit review, the on-site visit and the summary review), 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. Again, this instrument was used as the basis for the auditor's assessment process and was also used by the agency/facility to help prepare for the audit.

The auditor submitted a daily agenda (this agenda for Greene Correctional Facility was for the week and included Hudson Correctional Facility for the period April 2-7, 2017, only the Greene C. F, part is addressed here) to Greene Correctional Facility and is as follow us:

Sunday, April 2

Evening dinner/introductions/meet and greet with key facility staff and auditors. Greene and Hudson facilities were having ACA audits as well as PREA audits this week. Open discussions were held with ACA, the PREA auditor, and key staff from both facilities at this Sunday night dinner.

Wednesday, April 5

Afternoon, begin the PREA audit for Greene Correctional Facility. Meet the Warden and key staff and/or Department heads-discuss audit instrument from PREA Resource Center, review audit schedule to include scheduling interviews with staff and inmates. Facility staff input for the following two audit dates. Review schedules for investigative services, victim support

services, mental health, and health services. Tour the facility. Note: follow instructions for the PREA audit tour from the PRC. Drive the perimeter. Stay late in the evening for PREA standards review, inmate interviews and staff interviews. Note: review interview protocols listed from the PRC.

Thursday, April 6

8:30 AM leave for Greene Correctional Facility. Continue with visits and revisits to institutional areas. Review specialty areas including medical/mental health, and victim support services. Review safety, security, and investigations, interview offenders, review orientation/admission. Continue with standards compliance review. Thursday afternoon interview with the superintendent and key staff.

Friday, April 7

Visit and review outside areas and revisit the compound with Warden and key staff. Follow-up on PREA standards compliance, complete the on-site and interview process at Greene Correctional Facility. Review the auditor's summary procedures (interim/final report procedures). Depart Greene Correctional Facility Friday afternoon.

The above agenda was accomplished, making adjustments as necessary for visiting all areas of the facility, reviewing operations of the facility, and observing efforts for compliance with PREA. The agenda assisted with the scheduling of formal interviews of staff and inmates, specifically, there were 36 formal inmate interviews, and numerous informal inmate discussions; there were 38 formal interviews with staff, including 23 specialized staff, and 15 random staff and numerous informal staff discussions. It is the auditor's assessment that there was a thorough, comprehensive, professional, PREA on-site visit and tour and, with assistance from staff and inmates, there was significant insight into the operations of Greene Correctional Facility and the facility's efforts to obtain PREA compliance.

DESCRIPTION OF FACILITY CHARACTERISTICS

Greene Correctional Facility is located at 165 Plank Rd., Coxsackie, NY 12051-0008 about 25 miles south of the capital city of New York State, Albany. The facility was constructed in 1984, originally as a 525 bed facility. The institution has undergone subsequent construction and expansion and now Greene C. F. is a large, 1755 bed capacity, medium security correctional institution housing adult males 18 years of age and older. The facility is located in Greene County on 399 acres of land of which 74 acres is fenced compound. The compound itself consists of the main unit which includes housing, food service, maintenance, the visiting building, and multi-program services (Southside) with an attached Annex (Northside) consisting of dormitories, two program buildings, a large S block 100 cell double bunked Special Housing Unit (SHU), and a large recreational yard. Inmates move from Northside to Southside through a security posted fenced corridor. The compound is fenced and patrolled by armed mobile patrols. The first day of the audit, the total in-house inmate count was 1648 inmates.

There are 116 buildings inside the facility, including 27 general confinement dormitories (seven housing units containing 14 dormitories on the north side, and seven housing units containing 13 dormitories on the south side). Other buildings include some of the following: administration building, activities building, support services, reception/clinic/SHU, laundry/commissary, energy conservation building, gymnasium, program buildings, storage buildings, lawn and ground buildings, officers post/station buildings barn/storage, maintenance area buildings, and others.

Programs and services for the inmate population include, recreation, visitation, library services, healthcare services, dental services, mental health services, guidance and community supervision, transitional services program, alcohol substance abuse treatment programs, vocational education, academic education, commissary/state shop, food service, maintenance, recycling, fire and safety, ministerial services, training and orientation (including PREA training and orientation), New York Department of Motor Vehicles training program (call center training program), and volunteer services program.

Staffing of the facility consists of 490 security positions, 47 administrative positions, 16 healthcare positions, and 80 program positions for a total staffing of 633. Security schedules vary with 24/7 primary schedules 7 AM to 3 PM, 3 PM to 11 PM, and 11 PM to 7 AM with 15 minute relief. Nursing schedules 24/7, 6 AM to 2 PM, 2 PM to 10 PM, and 10 PM to 6 AM. And civilian schedules vary depending on work assignment running from 7:30 AM to 10:30 PM during activity hours

Staff and inmate morale was assessed by the auditor as good to very good at this medium security facility. Safety and security was assessed by the auditor as good with many expressions, by the inmate population, that the facility was safe. Often, one does not want to go out on a limb because of the very nature of corrections and incarceration, but in this auditor's opinion, Greene Correctional Facility is well managed and operated and there is a real emphasis on safety and security at this institution.

GREENE CORRECTIONAL FACILITY



The Mission of Greene Correctional Facility is as follows:

"To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where inmates' needs are addressed and they are prepared for release, followed by supportive services under community supervision, to facilitate a successful completion of their sentence."

Greene Correctional Facility is an accredited facility by the American Correctional Association. During the week of this PREA audit Greene C. F. was reviewed for reaccreditation by an ACA accreditation team and the team is recommending reaccreditation of this facility. Congratulations to the facility.

SUMMARY OF AUDIT FINDINGS

The Greene Correctional Facility is assessed as compliant with the PREA standards as documented and outlined in this auditor's summary final report. As listed below, of the 43 PREA standards, 36 are assessed as meeting substantial compliance in all material ways with the standard for the relevant review period. Also, please note that 7 standards were assessed as substantially exceeding the requirement of the standard and those standards are:

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
115.17 Hiring and promotion decisions (including background checks)
115.31 Employee training
115.33 Inmate education
115.64 Staff first responder duties
115.71 Criminal and administrative agency investigations
115.73 Reporting to inmates

Number of standards exceeded: 7

Number of standards met: 36

Number of standards not met: 0

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)

Beginning with the Pre-Audit Questionnaire, the review of policies and procedures of the New York State Department of Corrections and Community Supervision (NYSDOCCS), through the on-site visit and interviews at Greene Correctional Facility, and the summary review of organizational charts, facility Prison Rape Elimination Act (PREA) posters and notices for inmates, staff, visitors, and contractors; it was clear to the auditor that the NYSDOCCS and specifically Greene Correctional Facility are committed to a zero tolerance policy of sexual abuse and sexual harassment, and with the leadership of a PREA Coordinator for the agency, a PREA Compliance Manager, and a PREA Point Person for the facility, this substantially exceeds the compliance requirement required by the standard, 115.11. Subsections a, b and c are addressed by directives #'s 4027 A and B, 40728 A and B, Sexual Abuse Prevention and Intervention, Sexual Abuse Reporting and Investigation (A & B inmate on inmate, staff on inmate). Further, the agency policies provide strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Additionally, the Employee Manual clearly identifies the agency's zero tolerance for sexual abuse and sexual harassment, as well as the prevention of, detection of, and response to allegations of sexual abuse and sexual harassment, and the duty of all staff to report any allegation of sexual abuse and sexual harassment or retaliation for reporting sexual abuse and sexual harassment.

The Agency and Institutional Organizational Charts as well as duties descriptions, appointment memos of the agency PREA Coordinator, the Assistant Deputy Superintendent of PREA, and the facility PREA Point Person, further demonstrate the agency and institution's commitment to the development, implementation and oversight of the agency and institutional efforts for exceptional PREA compliance. The auditor worked closely with the agency Associate Commissioner PREA Coordinator, the Assistant Deputy Superintendent institutional PREA Manager, and the institutional PREA Point Person who assisted in insights, information, and the efforts that have been made to ensure compliance with PREA standards. These expert staff members have the authority, time and, in the auditor's opinion, personal commitment to accomplish the required PREA compliance and promote the safety and security of staff and inmates for the facility and agency.

Based on the scripted interviews with the Agency Head, and personal interviews with the above mentioned key staff, randomly selected staff and inmates, policies and directives, and based on the observation of posters, Inmate Handbooks, the orientation and screening processes, and daily operations of Greene C. F., the auditor assesses this standard as exceeds.

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)

The Greene Correctional Facility does not contract with other entities for the confinement of inmates/residents.

Based on the non-applicability of this standard to Greene C. F., this standard is assessed as meets compliance. It should be further noted that NYSDOCCS is committed to PREA compliance and requires "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...Standards, including conducting PREA audits and shall be subject to agency contract monitoring to ensure that the contractor is complying with the standards". This quote taken from May 4, 2015 memo Contracting, Anthony J. Annucci, Acting Commissioner.

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)

The Security Information Staffing Unit Plot Plan was carefully reviewed with the Warden and Chief Correctional Officer, including the number of correctional officers (441.30), correctional sergeants (32.0) and correctional lieutenants, (10.40). Also reviewed were the total number of five-day post, the total number of seven-day post, and additional services for each rank and assignment. The Annual Supervision and Monitoring Plan Review was discussed. The budgets and machinations for addition and/or abolishment of posts were also discussed and reviewed. Civilian support staffing, including administration, healthcare, and programs were also reviewed. Interviews with key administrative and supervisory staff confirmed adequate staffing, but, as with many correctional facilities, there seems to be an ongoing request for supplemental staffing. The auditor, in his review of daily operations, inmate schedules and movements, counts, supervision and monitoring, and the overall level of security, and mission of the facility, assessed this staffing standard as compliant. It is noted that there were a lot of knowledgeable and experienced staff which certainly assisted with the new hires and less experienced staff at the facility. In the auditor's opinion, the facility leadership in general and the security leadership in particular, are doing a very good job in managing staff. Inmates and staff all felt safe at this facility and this is indicative of the leadership mentioned.

Supervisory reviews, rounds, and unannounced rounds for security concerns and safety issues are made by higher-level staff. These rounds, including unannounced rounds, are documented weekly for administrators. Daily security rounds as well as unannounced rounds are made by supervisory security staff. Staff are prohibited by policy from alerting other staff that rounds are being made.

As part of the Annual Supervision and Monitoring Plan Review, the following was addressed and discussed with the Warden and PREA staff: 1) generally accepted detention and correctional practices; 2) any judicial findings of inadequacy (none); 3) any findings of inadequacy from federal investigative agencies (none); 4) any findings of inadequacy from internal or external oversight bodies (none); 5) all components of the facility's physical plant; 6) the composition of the inmate population; 7) the number and placement of supervisory staff; 8) institutional programs occurring on a particular shift; 9) any applicable state or local laws; 10) the prevalence of substantiated and unsubstantiated instances of sexual abuse; and 11) any other relevant factors.

Video cameras are strategically located throughout the facility, both externally and internally. Cameras are appropriately monitored and recordings are consistent with policy. Staff routinely checks for blind spots, which are evaluated, secured and appropriately monitored.

Based on the interviews with staff and the review of officers, logs, post orders, and the staffing plan, and based on the facility tour and on-site visit, this standard is assessed as compliant.

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)

The Greene Correctional Facility does not house any inmates under the age of 18. There are no youthful offenders at the Greene Correctional Facility. This non-applicability is found to meet standards.

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)

NYSDOCCS has directives that clearly outline the limits to cross gender viewing and searches. Directive #4910, Control and Search for Contraband details personal searches, situational searches, search of facility spaces, and contraband handling/disposal. This directive stipulates that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, absent exigent circumstances. Specifically, in the past 12 months there have been zero (0) of cross gender strip or cross gender visual body cavity searches of inmates at Greene Correctional Facility, this information obtained from the Pre-Audit Questionnaire (PAQ). The policy also documents that all cross gender strip searches and visual body cavity searches will be documented. Note: Greene Correctional Facility is an all-male inmate facility.

All security staff received annual training, online training, shift briefing training in conjunction with the PREA video training, which covers policy and procedures concerning searches. As observed by the auditor, staff are knowledgeable and professional in conducting searches. 100% of the security staff have received the appropriate training which is documented and on the PAQ.

Policy and procedures also allow inmates to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Moreover, staff alert inmates to their presence when entering a housing unit of the opposite gender by announcing themselves as directed by the superintendent of Greene C. F. "All-female staff shall verbally announced their arrival on a housing unit to avoid unnecessarily invading the privacy of inmates, unless emergencies or conditions dictate otherwise." (Reminder memo 01/31/2017).

Agency policy prohibits staff from searching or physically examining a transgender or intersex inmate for determining genital status (Health Service Policy Memorandum HSPM 1.19). No such searches have occurred in the past 12 months, according to the PAQ.

Interviews of staff and inmates, as well as the auditor's review of policy and procedures, observation of staff announcements, searches, and counts, confirm that the facility is compliant with this standard, 115.15.

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)

Greene Correctional Facility, through the agency directives #2612 Inmates with Sensorial Disabilities and #4490 Cultural and Language Access Services, and through the Language Access Plan, makes sure that appropriate steps are taken such that inmates with disabilities and those with limited English proficiency can benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in prison. The NYSDOCCS through these policies addresses obtaining qualified sign language interpreter services, translation services, and document translation services including the Prevention of Sexual Abuse: What Inmates Need to Know, and other educational materials based on PREA. The auditor was impressed with the numerous samples of pamphlet translations of the Language Access Plan and the information sent to all facilities from the Associate Commissioner/Agency PREA Coordinator concerning new and updated PREA material, PREA Audio CDs for the visually impaired and the PREA DVD "Ending Sexual Abuse Behind Walls" in Spanish.

In addition to the language pamphlets concerning PREA, the auditor observed Inmate Handbooks in Spanish, posters in Spanish and other materials available to the inmate population detailing PREA information.

The agency prohibits use of inmate interpreters, inmate readers or other types of inmate assistants except in limited circumstances. In the past 12 months there have been zero (0) instances at Greene Correctional Facility that required the use of this type of inmate assistance. The auditor interviewed a non-English-speaking inmate and used an interpretive service to assist with the PREA questions concerning the availability of PREA information, and the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The translation services were satisfactory.

Based on the above review of policy, observation of language assistance materials, and the interviews with staff and inmates, the auditor assesses this standard as compliant.

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)

As outlined in the first standard, 115.11, the auditor was/is impressed with the agency's commitment to zero tolerance for sexual abuse and sexual harassment and is impressed with its efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Hiring and promotion decisions are obviously important steps in establishing a motivated, knowledgeable, qualified and dedicated workforce much dependent on the thoroughness of background checks in the vetting of staff, new employees, and contractors who have contact with inmates. The auditor spent time with the Agency PREA Coordinator, the Warden, the Assistant Deputy Warden for PREA and the PREA Point Person at Greene Correctional Facility discussing hiring and promotion decisions. The auditor was in impressed with the thoroughness of the agency and facility to maintain high standards and thoroughly check out employees before employment and promotions. The New York State Department of Corrections and Community Services is automatically and routinely notified of criminal and misdemeanor charges of staff and contractors who work for the agency. NYSDOCCS requires staff to self-report. Criminal activity is constantly and affirmatively obtained for reviewing staff and contractor criminal activity, and through its directive #2216 Fingerprinting/Criminal History inquiry-new employees and contractors, and directive #2112 Report of Criminal Charges, directive #2012 Release of Employee Personnel and Payroll Information, along with agency memos outlining promotions, background checks, and a personal history questionnaire all assist in supporting an "exceed" standard. Background information, and background notifications were reviewed by the auditor. There is no five-year waiting period for review. Criminal notification is immediate.

In the past 12 months there have been 61 persons hired who may have contact with inmates who have had criminal background record checks (this number from the PAQ).

Based on the above directives, policies and procedures, and interviews with administrative staff, the auditor assesses this standard as exceeds.

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)

The Pre--Audit Questionnaire indicates that for this standard, 115.18 Upgrades to Facilities and Technology, the facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012. Thus subsection (a) 1 is not applicable and therefore meets standards.

Subsection (b) 1 reveals that the facility has installed or updated a video monitoring system/surveillance system, to their monitoring technology, meeting standards and further preventing, detecting, and responding to sexual abuse and sexual harassment. The auditor reviewed the camera/video monitoring system and the system has had repairs and some modifications. As technology improves and systems further expand or are "added to" the Warden and security staff do take into consideration PREA and the safety and security of inmates, supporting compliance. Further, the agency has a directive, #3053 Alterations and Construction Request requiring PREA considerations when installing and updating monitoring systems or electronic surveillance systems, which Greene Correctional Facility has done.

The auditor assesses this standard has compliant.

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)

The NYSDOCCS is responsible for conducting administrative or criminal sexual abuse investigations, including inmate on inmate sexual abuse or staff sexual misconduct. There is a letter from the agency to the Superintendent of the New York State Police (NYSP), which outlines the implementation of the PREA standards and is quoted as follows: "this will serve to confirm that the New York State Department of Corrections and Community Supervision Office of the Inspector General, Sex Crimes Unit (SCU) and the New York State Police (NYSP) Bureau of Criminal Investigation (BCI) shall continue to work cooperatively in the investigation of reported incidents of staff on inmate, and inmate on inmate sexual abuse that may involve criminal conduct. Both agencies will endeavor to meet the relevant national standards adopted under the Prison Rape Elimination Act (PREA)... DOCCS is responsible for ensuring that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment within the agency. DOCCS acknowledges that the NYSP BCI maintains discretion to determine the appropriate response of its investigators. In each case... As a general matter, DOCCS is responsible for ensuring that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment within the agency." There is very good cooperation between the NYSDOCCS and the NYSP, and a uniform evidence protocol appropriate for adults at Greene Correctional Facility.

The auditor interviewed the Chief of the SCU, the Deputy Chief, and one investigator. The interviews attest to the knowledge and expertise of this Unit, the professionalism and training they exhibited during interviews, and the commitment and efforts made to prevent sexual abuse and harassment in prison and to resolve administrative and criminal issues concerning PREA.

The agency does not conduct on-site forensic medical examinations. Forensic examinations are completed by SAFE/SANE nurses at the local hospitals, Albany Medical Center, Albany Memorial Hospital; Albany, New York. The policy of the agency is to transport to outside hospitals when evidentiary or medically appropriate and treatment of services are to be provided as outlined in the New York State Department of Health Protocol Sexual Assault (57 pages), which was developed "to assist providers in minimizing the physical and psychological trauma of sexual abuse". Rape crisis program phone numbers and email addresses are available to inmates. Care for male and female patients is comparable (excepting where noted, such as contraception). The Office of Special Investigations (OSI) has procedures for "Dispatch Guidelines". Policy and procedure requires the facility document efforts of SAFE/SANE nurses. Health care services are available without cost to the patient.

There have been zero (0) number of forensic medical exams conducted during the past 12 months at Greene Correctional Facility.

Health Services Policy Manual 1.60, directs that patients be sent to a hospital that supplies victim advocates and/or makes available institutional victim advocates. Dispatch and operational guidelines direct that "and advocates, shall be afforded to the inmate..."

The auditor assesses this standard as compliant based on the above mentioned policy, procedures and protocols; and based on interviews with health care staff, administrative staff, including the Warden, the Agency PREA Coordinator, and the PREA Manager.

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)

Policies and directives of the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The investigations are directed through the Office of the Inspector General, Sex Crime Unit who has the authority for all administrative and criminal investigations of sexual abuse and sexual harassment in the NYSDOCCS (this through the New York State Police, please refer to standard 115.21).

The auditor reviewed the following directives addressing the assurance that all allegations are referred for investigation: directives #0700 Office of Special Investigations; #4027A Sexual Abuse Prevention and Intervention, Inmate on Inmate; #4027B Sexual Abuse Reporting and Investigation, Inmate on Inmate; #4028A Sexual Abuse Prevention and Intervention, Staff on Inmate; #4028B Sexual Abuse Reporting and Investigation, Staff on Inmate. The auditor also reviewed reporting forms documented by Greene Correctional Facility, and found that there have been four (4) allegations of sexual abuse and sexual harassment that were received during the past 12 months, and four (4) allegations were referred for investigation to the Office of the Inspector General, Sex Crimes Unit.

The agency publishes, on the agency website (or makes public via other means), the policy on referral of allegations of sexual abuse or sexual harassment for criminal investigation. The agency documents referrals of allegations.

The auditor, based on review of the directives of the agency, and the agency letter referencing the Implementation of Prison Rape Elimination Act Standards to the Superintendent of New York State Police, and also based on the interviews with key staff at Greene C. F., including the Warden, the PREA Point Person, and the Central Office PREA Agency Coordinator, assesses this standard as compliant.

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)

Staff at Greene Correctional Facility when interviewed, demonstrated knowledge and insight into PREA. Staff at the facility were asked specific, scripted questions from the random staff interview format, all of which were professionally and positively answered. The questions were directed at specific training about the following:

- A) The agency zero-tolerance policy for sexual abuse and sexual harassment.
- B) How to fulfill their responsibilities concerning prevention, detection, reporting, and response concerning sexual abuse and sexual harassment.
- C) The inmates' rights to be free from sexual abuse and sexual harassment.
- D) Inmate and employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment.

- E) The dynamics of sexual abuse and harassment in confinement.
- F) The common reaction of victims to sexual abuse and sexual harassment.
- G) How to detect signs of sexual abuse and sexual harassment.
- H) How to avoid inappropriate relationships.
- I) How to communicate effectively and professionally with inmates (LGBTI) and
- J) how to comply with relevant laws related to mandatory reporting. (According to the Pre-Audit Questionnaire, the number of staff employed by the facility who may have contact with inmates who were trained or retrained on PREA requirements enumerated above are 600).

Additional questions were also asked of staff concerning their training, their first responder duties, inmate reporting of sexual abuse and sexual harassment, inmate limited privacy issues (including "knock and announce") and the safety and security of staff and inmates at the facility. The auditor was very impressed with the responses received and the staff's evaluation of safety and security for all of the Greene Correctional Facility.

It is also noted that the training of the staff, (and volunteers, contractors, and inmates) is under the professional and effective leadership of a very knowledgeable and expert executive staff. Additionally, it is the commitment of the Associate Commissioner/Agency PREA Coordinator, the Warden, the Deputy Wardens, the PREA Point Person and others closely tied to the effort of the agency to prevent, detect, report, and respond to PREA issues and to the safety and security of staff and inmates that the PREA auditor wishes to acknowledge and compliment. Thus, recommending an "exceeds" for this standard, 115.31.

Based on the staff training records, information packets and posters throughout the facility, verbal communications between staff and inmates, and based on the policy and directives, training materials reviewed, and again, the interviews with staff and the observation of day-to-day operations at Greene Correctional Facility, the auditor assesses this standard as exceeds.

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)

Greene Correctional Facility ensures that all volunteers and contractors who have contact with inmates have been trained in the responsibilities concerning PREA. The level and type of training provided to volunteers and contractors is based on the services they provide. Especially notable is the training that includes information about the agency zero-tolerance policy of sexual abuse and sexual harassment, and how to report such incidents of sexual abuse and sexual harassment. The agency maintains documentation that volunteers and contractors know and understand the training they received. According to the Pre-Audit Questionnaire, 336 volunteers and contractors who have contact with inmates, have been trained in agency policies regarding PREA.

The following directives specifically outline and address zero-tolerance understanding, PREA, and the training of volunteers and contractors; #40278, #40288, #4071 and #4750 referring to Sexual Abuse and Intervention, Guidelines for Construction Projects, and the Volunteer Service Program. Furthermore, a memo from the Acting Commissioner of the NYSDOCCS to all employees, contractors, volunteers and interns, addresses and reminds all of these of their responsibility for compliance with PREA law (memo dated 9/4/13).

Based on the auditor's review of policy and directives, as well as the acknowledgment forms for training received by contractors and volunteers, and based on the interviews with volunteers, contractors, and key staff at the facility, the auditor assesses this standard as compliant.

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)

The agency and Greene Correctional Facility assures training and education through their directives, policies, memos, and orientation. Pamphlets and posters concerning sexual abuse prevention and intervention were available throughout the facility. Inmate Orientation Handbooks are available to each inmate and include a section on the Prevention of Sexual Abuse in Prison What Inmates Need to Know, and Zero Tolerance information. Importantly, the handbook includes: policy, inmate rights, safety, definitions, reporting, confidentiality, retaliation is not allowed, reporting sexual abuse, if you wish to report to an outside agency, and inmate access to outside confidential support services; written both in English and Spanish (other translations available).

Also, the agency directive #4021. Offender Reception/Classification, directive #4027A Sexual Abuse Prevention and Intervention, and memos on the Inmate Orientation Film, PREA materials, Reasonable Accommodations PREA Information, and the Greene Correctional Facility Orientation Packets, sign in sheet/form, and reports on inmate training participation, all help address and outline inmate education and inmate training.

Two important points that convinced the auditor to assess an "exceeds standard" for this inmate education standard were the following:

- 1) Inmate mentors/clerks assisted with orientation information and training (under staff supervision). The PREA auditor interviewed these inmate assistants and supervisors and was impressed with the quality and commitment of both the staff and inmates to comply with PREA, to accomplish the cultural change emphasized by PREA, and to assure safety for staff and inmates at the facility.
- 2) The above-mentioned handbook, which contained a wealth of information for the inmate population was "edited by staff and inmates, to provide information... The typesetting and printing was done by the inmates in the Vocational Printing Program..." This all supporting the auditors observation of good communication between staff and inmates, a cooperative effort of staff and inmates to change the culture of rape in prison, and a very successful inmate training and education program.

The Pre-Audit Questionnaire documents that 2267 inmates, during the past 12 months, received comprehensive education on their rights to be free from sexual abuse and harassment and retaliation for reporting such incidents within 30 days of intake.

Based on the auditors observation of daily operations, interviews with staff and inmates, interviews with mentors and supervisors of orientation and vocational programs, the posters, pamphlets, and the inmate handbook, the auditor assesses this standard, 115.33 Inmate Education as exceeds.

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)

The PREA auditor reviewed the policy and procedure outlining the training requirements for sex crimes investigators of the Office of the Inspector General. The auditor also interviewed the Chief, Deputy Chief and an investigator of the Sex Crimes Unit, discussing with each the specialized training they received. The investigators, when interviewed, were impressive,

appeared expert, extremely knowledgeable, and committed to the agency's zero-tolerance policy, and the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor also reviewed training forms, formats, including specialized investigative training for PREA, Specialized Training in an Institutional Setting, the National Institute of Corrections (NIC) training. Also reviewed were the directives #4027B and #4028B Sexual Abuse Reporting and Investigation (inmate on inmate, staff on inmate). Also reviewed during the interviews were discussions about specialized training for interviewing sexual victims, and the administration of Miranda and Garrity warnings.

The Pre-Audit Questionnaire stipulates that all 22 investigators of the NYSDOCCS who investigate PREA allegations have completed the specialized training.

Based on the review of the investigative training curriculum, supporting documents and forms referencing training, and interviews with key investigative staff, this standard is assessed as compliant.

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)

The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities (PREA: Medical and Mental Healthcare Training policy HSPM 1.60). 100% of all medical and mental health care practitioners who work regularly at Greene Correctional Facility have received training required by the agency policy. According to the Pre-Audit Questionnaire 20 medical and mental health care staff have been trained.

The auditor reviewed the Employee Training Manual "40-hour orientation program for full-time, non-security staff at facilities; mandatory initial training, non-security staff at facilities"; the PowerPoint presentation: PREA Medical and Mental Health Care and the Office of Mental Health (OMH) Memorandum of Understanding, addressing training. Specialized training was evident for the medical and mental health care staff, as outlined by the aforementioned policies and confirmed with interviews with specialized staff.

Greene Correctional Facility does not conduct forensic examinations (examinations are accomplished at the Albany Medical Center or Albany Memorial Hospital, where SAFE/SANE nurses are available).

Based on the auditor's review of medical and mental health care training records, training, outlines, video presentation, and interviews with specialized and administrative staff, this standard is assessed as compliant.

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)

Screening for risk of victimization and abusiveness is directed by the memos from the Deputy Commissioner for Correctional Facilities, the Deputy Commissioner for Program Services and the Associate Commissioner/Agency PREA Coordinator, and outlined by the Facility Operations Manual, (FOM). Specifically, the following directs the screening:

The Facility Operation Manual itself, section PREA Risk Screening.
The male facility Risk Screening Form.
The female facility Risk Screening Form. (N/A for Greene Correctional Facility)
Form: 4021 Security Screening.
Form: 4021A Draft Receipt.
New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity
and the form: Interview Guide Regarding Sexual Orientation and Gender Identity.

This screening for risk of sexual abuse victimization or sexual abusiveness towards other inmates is done at admission to the facility. The screening takes place within 72 hours and it is done with an objective screening instrument (the above mentioned screening forms). The screening takes into consideration the following 10 items: 1) whether the inmate has a mental, physical, or developmental disability; 2) the age of the inmate; 3) the physical build of the inmate; 4) whether the inmate has previously been incarcerated; 5) whether the inmate's criminal history is exclusively nonviolent; 6) whether the inmate has prior convictions for sex offenses against an adult or a child; 7) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, a gender nonconforming; 8) whether the inmate has previously experienced sexual victimization; 9) the inmates own perception of vulnerability; and 10) whether the inmate is detained solely for civil immigration purposes (none at this facility).

The above assessment and risk information is shared/maintained on a need to know basis and access is specifically assigned and controlled for only the appropriate sharing of this sensitive information.

The policy and procedures also prohibits disciplining inmates for refusing to answer or not disclosing complete information regarding disability, perception of vulnerability, previously experienced sexual victimization, and perceived gender identity.

In the past 12 months, according to the Pre-Audit Questionnaire, 2663 inmates have been screened, whose length of stay was for 72 hours or more. Inmates are reassessed for risk of victimization or abusiveness not to exceed 30 days based on any additional, relevant information received by the facility, etc. This reassessment for inmates who stayed longer than 30 days was 2267 inmates (according to the PAQ).

Based on the above documents and information, based on the screening tools used, based on the samples of the risk assessment, and based on interviews with staff (including staff that screen and who accomplish intake) and inmates, the auditor assesses this standard as compliant.

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)

The use of the screening tools and the assessments made by the staff at Greene Correctional Facilities is shared only with staff who have a need to know. Use of this screening assessment and screening information is determined only to appropriately place inmates in housing, work, and program assignments and to secure the safety of all inmates at the facility. The use of screening information is outlined by directives #4027A, Sexual Abuse Prevention and Intervention; #4401, Guidance and Counseling Services and #4009 Minimum Provisions for Health and Morale. Moreover, this use of screening information is in conjunction with the efforts of the agency to prevent, detect, respond, and eliminate rape in prison.

The Greene Correctional Facility makes individual determinations about how to insure the safety of each individual inmate transferred to that institution. The auditor's review of procedures, observation of daily operations, and the tour and on-site visit of intake screenings indicated that staff were making every effort not only to follow procedures and policies, but adhering to PREA and accomplishing individualized treatment, programming, custody, care and control.

The facility makes individualized determinations concerning program assignments for transgender and intersex inmates on a case to case basis as outlined in the above directives/policies.

Based on the above mentioned information, forms, procedures, observance of the daily operations and based on the interviews with specialized staff, and random inmates, this standard is assessed as compliant.

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)

The agency/Greene Correctional Facility directive #4948 Protective Custody Status, clearly outlines and dictates a prohibition for placement of inmates at high risk for sexual victimization in involuntary segregated housing, unless all available alternatives have been assessed and a determination has been made that there is no available alternative. Furthermore, if an involuntary segregated housing assignment is made, the directive requires that an inmate to be reviewed every 30 days to assess a continuing need.

The auditor reviewed the form (2168A) outlining an involuntary protective custody recommendation and the following considerations were addressed concerning inmate placement: whether to retain the current housing unit; placement in a cell/bunk near the officer stationed; placement in the facility in the infirmary/hospital area; transfer the inmate/victim to another unit; transfer the inmate/aggressor to another unit; placement of the inmate/aggressor in a Special Housing Unit (SHU); admission of the inmate/victim to an outside hospital; admission of inmate/aggressor to an outside hospital; placement of victim or aggressor in specialized unit to satisfy treatment needs; other; followed with a request for an explanation for alternatives considered and determined to be unavailable. This form, and the review form (2170A) confirmed that alternatives are available and that involuntary segregation is not lightly used by the agency. The Greene Correctional Facility has not used involuntary protective custody in the past 12 months. The Pre-Audit Questionnaire indicates that zero (0) number of inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for any time.

Based on the above mentioned directives and forms, and a review of segregation housing, and based on interviews with key staff, this standard is assessed as compliant.

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)

The agency/Greene Correctional Facility provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, or retaliation for reporting sexual abuse or sexual harassment. The inmate pamphlet and Inmate Handbook, insert (the Prevention of Sexual Abuse in Prison, What Inmates Need to Know) available and distributed to all inmates, and by the directives of the agency, outline the ways to report sexual abuse and sexual harassment. To quote the Inmate Handbook, "how to report sexual abuse. If it happens? It is important to tell staff that you have been sexually abused or harassed. You can tell your facility's designated PREA Compliance Manager or PREA Point Person, or any Supervising Offender Rehabilitation Coordinator/Offender Rehabilitation Coordinator, Chaplain, security staff person, medical staff, or any other employee. All staff must report the abuse and they can only talk about the abuse with officials who must know about it to do an investigation or provide you with care. You may also talk to Mental Health staff." Reporting can be made either in person or in writing, anonymously, and from third parties (see the following State Commission of Correction information).

By directive, all staff have a "duty to report" sexual abuse or sexual harassment.

The agency provides at least one way for inmates to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. The NYSDOCCS works with the State Commission of Correction (SCOC) who "will comply with any inmate or resident request to remain anonymous. Upon receipt of such a report, SCOC will enter basic information into our complaint database and then forward the report to the New York State Department of Correction and Community Supervision, Office of the Inspector General". This information taken from the Chairman of the Commission's letter to the NYSDOCCS dated April 9, 2014.

The auditor reviewed the agency directives, the Employee Manual, the facility posters and information, the Inmate Handbook and all confirmed ways to report, also, based on interviews with staff and inmates, the auditor assesses this standard as compliant.

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)

The agency directive #4040 Inmate Grievance Program stipulates that the NYSDOCCS has a zero tolerance for sexual abuse and sexual harassment. "Consistent with this policy and the Prison Rape Elimination Act (PREA)... An inmate is not required to file a grievance concerning an alleged incident of sexual abuse or sexual harassment to satisfy the Prison Litigation Reform Act... " (PLRA).

To further outline grievance procedures, timeframes, third-party assistance, and discipline concerning this standard and its subsections a-g, the NYSDOCCS not only addresses such in the above directive, but outlines in a summary memorandum concerning sexual abuse and sexual harassment complaints the following: "any inmate grievance filed regarding a complaint of sexual abuse or sexual harassment shall immediately be reported by the inmate grievance program supervisor to the Watch Commander for further handling in accordance with departmental policies. The complaint shall be deemed exhausted upon filing for PLRA purposes. If the grievance does not set forth any additional matters that require a response, the grievance shall be closed." A notice is then sent to the inmate filing the complaint, stating that an investigation will be started in accordance with the department's sexual abuse and sexual harassment reporting and investigation policies.

The auditor, based on the above information and based on interviews with key staff, assesses this standard as compliant.

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)

The agency and Greene Correctional Facility provide inmate access to outside confidential support services as outlined in directive #4423 Inmate Telephone Calls; directive #4404 Inmate Legal Visits; directive #4421 Privileged Correspondence and the agency's memorandum to all superintendents referencing: Just Detention International Resource Guide. These directives and memorandum address telephonic confidentiality and mandatory reporting as required by the PREA standards, address visits by representatives of rape crisis programs and correspondence with rape crisis programs.

Additionally, the Inmate Handbook has a section titled: Inmate Access to Outside Confidential Support Services under its title The Prevention of Sexual Abuse in Prisons and What Inmates Need to Know. Information is outlined stressing that inmates have access to outside victim advocates for emotional support services and that they can add telephone numbers to their telephone list at any time. It also encourages using privileged mail.

The New York Resource Guide compiled by Just Detention International is available for inmates in the institutional libraries, law libraries, and Transitional Service areas. Just Detention International, East Coast office and Just Detention International are in the Inmate Handbook to help with additional resources.

Based on the Inmate Handbook information, information on posters and bulletin boards throughout the facility, the above-mentioned directives, and based on interviews with staff and inmates, the auditor assesses this program as compliant.

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)

To assess the standard third-party reporting, the auditor reviewed the NYSDOCCS webpage and accessed the PREA section which details third-party reporting. The agency's (and facility's) method to receive third-party reports is quoted from the website: "third-party reports on behalf of an inmate can be initiated by contacting the facility superintendent or, if after hours, the watch commander, you may also report a sexual abuse incident involving an inmate, a parolee or other offender by writing to the department's Office of Special Investigations..." (Address given on website). One may also report a sexual abuse incident by email to the Office of Special Investigations. Email address, mailing address, and phone number are all given on the website PREA link.

Based on the above information, and interviews with key staff including staff from the Office of Special Investigations, this standard is assessed as compliant.

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)

The New York State Department of Corrections and Community Supervision requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. All random staff interviewed at the Greene Correctional Facility were asked the scripted question "does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;" and without fail every staff member interviewed answered affirmatively to this question. The auditor also held informal discussions with staff and asked about one's duty to report, and again, all staff understood their duty and responsibility to report sexual abuse and sexual harassment as outlined by NYSDOCC's directives and policy.

The auditor reviewed the documentation submitted in the master folder of the pre-audit information supplied, which contained policy/directives, that outlined, not only the staff's duty to report, but volunteers, interns, and contractors who also must report sexual abuse and sexual harassment (and retaliation for reporting). Specific directives #4027A Sexual Abuse Prevention and Intervention; directive #4028A Sexual Abuse Prevention and Intervention; directive #0700 Office of Special

Investigation, the Employee Manual, and the Memorandum of Understanding (MOU) between the contractors of OMH and the NYSDOCCS all outline the staff's duty to report. Directives also outlined the appropriate use of the reported information.

The master documentation folder for this standard also contained a memo from the Associate Commissioner/Agency PREA Coordinator outlining the PREA Coordinated Response Plan. The response plan contains a response and containment checklist. This Sexual Abuse Response and Containment Checklist is thorough and comprehensive and assists the staff in their response/reporting duties.

The agency directives stipulate that the facility will investigate all reports of sexual abuse and sexual harassment including third-party and anonymous reports.

Based on the above information, the training received by staff, as outlined in standard 115.31, and interviews with staff and specialized staff, the auditor assesses this standard as compliant.

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)

The mission of the agency and Greene Correctional Facility is in part to provide "a continuity of appropriate treatment services in safe and secure facilities where all inmates' needs are addressed and they are prepared for release..." The mission is supported by documents and directives outlining efforts to protect inmates and to exercise appropriate custody, care, and control.

Information, policies, and directives, received in the pre-audit phase of the audit review, detailed that the facility takes immediate action to protect an inmate who is subject to substantial risk of imminent sexual abuse. Moreover, random staff and administrators, both were asked the question, "how they would respond to an inmate who alleges risk of imminent sexual abuse?" and it was clear from the responses that action would be taken immediately to protect the inmate and make him safe.

In the past 12 months, there have been zero (0) number of times that the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Protection duties are also outlined in the directive #4027B Sexual Abuse Reporting, directive #4948 Protective Custody Status, including voluntary and involuntary protective custody, and directive #4040 Inmate Grievance Program where procedural safeguards are addressed.

Based on the above directives, policies, information, and interviews with staff and inmates, the auditor assesses this standard as compliant.

Standard 115.63 Reporting to other confinement facilities

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

Procedures for reporting to other confinement facilities are clearly outlined by the agency memorandum addressing this standard, 115.63 from the Associate Commissioner/Agency PREA Coordinator. It is required that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the head of the facility where the abuse occurred within 72 hours and documents such. The agency memorandum, further indicates that notification shall be made via electronic mail utilizing form 115.63 Report of Sexual Abuse and a copy sent to the Office of Special Investigations. This notification will take place within 72 hours and the Office of Special Investigations will ensure that the allegation is, or has been investigated if it happened within the NYSDOCCS. The standard was discussed with the Warden of Greene Correctional Facility during the scripted interview and the Warden is committed to the notification and investigative efforts required.

Based upon review of the agency's procedures and direction, based upon the forms and checklist outlined by the Agency PREA Coordinator, and based upon the interviews with Warden and PREA staff, the auditor assesses this standard as compliant.

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)

First responder duties are outlined in the directives #4027 A&B on Sexual Abuse Prevention and Intervention, #4028 A&B on Sexual Abuse Reporting and Investigation, and on listed information given to all staff outlining duties and responsibilities. The duties are clear and are as quoted as follows: "upon receiving a first report of sexual abuse, staff shall:

- > Remove, separate, and isolate reported victim, abuser(s) and witness(es).
- > Assess the situation, if immediate on-site medical care is necessary, seek immediate assistance.
- > Notify your supervisor and/or the watch commander immediately.
- > If the abuse occurred during the past five (5) days, ensure all reported participants do not take any action to destroy physical evidence, including: brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- > Do not let anyone in the area. Security staff will secure the crime scene.
- > Report the specific details, in writing, to the watch commander ASAP."

The auditor also reviewed, with random staff, scripted questions about first responder duties, including: "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse. What is your responsibility in that situation?" All interviews were positive and favorable and it was clear that staff were knowledgeable about their duties and responsibilities as first responders.

Based on the agency policy and directives, and interviews with specialized staff, and random staff, the auditor assesses this standard as exceeds.

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)

The facility has developed a PREA Coordinated Response Plan, as directed by the Agency PREA Coordinator. "Each facility shall adopt a Coordinated Response Plan Facility Operations Manual (FOM). Greene Correctional Facility has such a plan, FOM 1710 plus an attached Sexual Abuse Response and Containment Checklist 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.

The Greene C. F. Coordinated Response Plan to an Incident of Inmate Sexual Abuse (1710) is 10 pages long and addresses seven parts:

- 1) Purpose
 - 2) Policy
 - 3) Procedure
 - 4) Coordinated Response
 - 5) Medical and Mental Health
 - 6) Post-Medical Assessment
 - 7) Confidentiality
- With an attachment checklist.

The facility specific plan addresses, SAFE/SANE hospitals (Albany Medical Ctr., Albany Memorial Hospital, Columbia Memorial Hospital); addresses third-party and anonymous reports (documentation, and referral to the Office of Special Investigations); and addresses victim advocates, and notifications.

Based on this plan and the procedures, and interviews with the Agency PREA Coordinator, the Institutional PREA Manager, the Institutional Point Person, and the Warden, the auditor assesses this standard as compliant.

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)

The preservation of the ability to protect inmates from contact with abusers is established between the agency and the collective bargaining units representing employees. Specifically, sexual abuse reports are addressed in directive #2110, Employee Discipline-Suspension from Duty, During the Continuation of Disciplinary Proceedings. Section 3 of the directive, Sexual Abuse Reports is quoted as follows: in accordance with directives #4028A and #4028B Sexual Abuse Prevention and Intervention Staff on Inmate and Sexual Abuse Reporting and Investigation Staff on Inmate "Investigation of allegations of staff on inmate sexual abuse are the responsibility of the department's Office of Special Investigation (OSI). When the OSI receives a report of staff sexual misconduct, they shall evaluate the facts and circumstances of the report together with any other available information and consult with appropriate Bureau of Labor Relations Representative regarding appropriate action, including the removal of the employee from contact with any inmates pending the outcome of the investigation."

The auditor reviewed the above mentioned directives, union agreements, and union contracts continuation after expiration. The auditor also discussed with key staff, preservation of the ability to protect inmates from contact with abusers. Based on these reviews and discussions, and the above quoted information, the auditor assesses this standard as compliant.

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)

The NYSDOCCS and the Greene C. F. policy and procedures protects all inmates, parolees, and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigators from retaliation by other inmates or staff. The Employee Manual, directives, and the agency memorandum Agency Protection Against Retaliation PREA Standard 115.67 address retaliation. Protection measures are outlined for staff and inmates such as housing changes, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff who fear retaliation.

The Superintendent's memo, Agency Protection Against Retaliation (Retaliation Monitoring) appoints and designates the Greene C. F. Security Captain/PREA Point Person as the staff person responsible for monitoring retaliation against inmates and/or staff. Retaliation is monitored at a minimum, 30, 60, and 90 days and longer if necessary. A retaliation monitoring form details this 30 day intermittent review with a conclusion allowing for the completion of monitoring, the termination of monitoring or to continue monitoring. The agency/facility is required to act promptly to remedy any such retaliation.

In the past 12 months, there have been zero (0) number of incidents of retaliation (this information from the Pre-Audit Questionnaire}.

Based on the agency memorandum from the Associate Commissioner/Agency PREA Coordinator detailing procedures for the standard, based on review of the PREA monitoring form Retaliation Monitoring and the form Protection from Retaliation (spreadsheet), and based on interviews with the facility PREA Point Person who is responsible for monitoring retaliation, and other key staff, the auditor assesses this standard as compliant.

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)

The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. This is outlined in the Protective Custody Status directive #4948. This policy also indicates if an involuntary segregated housing assignment is made, the facility review such assignment every 30 days. To assist with the standard's compliance, the agency has a form 2168A that addresses Sexual Victimization-Involuntary Protective Custody Recommendation. The form has five sections: 1) identification; 2) reason for the recommendation; 3) all available alternatives to involuntary protective custody that have been considered, with a checklist; 4) is inmate confined pending a determination on this recommendation?, yes or no response; 5) if, response to the previous question is yes, the name of the housing unit and substantiated authorization.

The number of inmates who allege to have suffered sexual abuse, who were held in involuntary segregated housing in the past 12 months at Greene C. F., is listed as zero (0) in the PAQ.

Based on the above mentioned agency directive and form, the review of segregation, and interviews with staff, the auditor assesses this standard as compliant.

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)

By agency policy every allegation of sexual abuse and sexual harassment is investigated. Moreover, the "Department of Corrections and Community Supervision is responsible for providing a safe, humane, and lawful environment for all staff and inmates." The NYSDOCCS directive #0700 Office Special Investigations (OSI) further outlines the procedures for administrative and criminal investigations, including third-party and anonymous reports, how to gather and preserve direct and circumstantial evidence; how to make referrals for prosecution; assess credibility; document reports; and complete an investigation (addressing subsections a-l).

Laws of New York criminal procedures, state statute 160.45 Polygraph Test Prohibition Against details "no district attorney, police officer or employee of any law enforcement agency shall request or require that any victim of a sexual assault crime to submit to any polygraph test or psychological stress evaluator examination."

The auditor again reviewed the letter, reference "Implementation of the Prison Rape Elimination Act Standards" between the Superintendent of the New York State Police and the Acting Commissioner of the NYSDOCCS that outlines compliance with PREA, duties and responsibility, evidence, interviews, investigative findings, and further addresses standards for Adult Prisons and Jails: 115.21 Evidence Protocol and Forensic Medical Examinations; 115.22 Policies to Ensure Referrals of Allegations for Investigations; 115.34 Specialized Training: Investigations; 115.71 Criminal and Administrative Agency Investigations. Further, the auditor reviewed OSI policy and procedure: Training Requirements for Sex Crimes Investigators; Office of Special Investigations, Sex Crimes Unit Guidelines; OSI policy and procedure, Intake, and Case Management Unit; and PREA Specialized Training: Investigators.

The auditor interviewed the Head of the Sex Crimes Unit (SCU), the deputy and an investigator of the Sex Crimes Unit with scripted and formal interviews. The interviews were impressive, the investigative staff was very knowledgeable and expert concerning PREA.

Based on the interviews with specialized staff, administrative staff, and based on policy and procedures/directives, investigative reports, and review of investigative files, the auditor assesses this standard as exceeds.

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)

For the NYSDOCCS, the burden of proof in determining whether or not allegations of sexual abuse or sexual harassment are sustained is outlined by the Sex Crimes Division Closeout Procedures Memo which states "substantiated allegation means an allegation that was investigated and determined to have occurred. An allegation is determined to have occurred based upon the preponderance of the evidence; that is, when the weight of the evidence indicates that the allegation is more likely to be true than not true." This was reviewed by the auditor with investigative staff, and the administrative staff at the Greene C. F.

Based on the above review and interviews by the auditor, this standard is assessed as compliant

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)

The Sex Crimes Division of the NYSDOCCS assigns an investigator to provide the inmate notification whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Notification may be by email if the allegation is unfounded and made by the facility Superintendent outlined in the "Notification of the Investigative Determination" memorandum.

In the past 12 months, there have been four (4) number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility (Greene C. F.). There were no investigations of alleged inmate sexual abuse in the facility completed by an outside agency (NA). The auditor reviewed the notifications. All notifications or attempted notifications are documented

The agency's obligation to report terminates if the inmate is released from the agency's custody. This included in the procedural memorandum.

The auditor, with investigative staff, reviewed notifications to the inmates, reviewed the notification memorandum, and reviewed the procedures for inmate on inmate and staff on inmate notifications.

Based on review of the procedure, review of investigative files, review of the four (4) notifications, based on interviews with administrative staff, investigative staff and inmates, and because of the notifications by OSI, the auditor assesses this standard as exceeds.

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)

The agency has a policy for disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The NYSDOCCS directs zero tolerance for sexual abuse and sexual harassment of an inmate. Further, the Employee's Manual. Section 2.19 emphasizes this zero tolerance and notes that a sexual abuse incident, harassment or voyeurism will be dealt with through discipline or prosecution. Referencing the PREA, the agency notes, "that the termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate.... Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall continue to be commensurate with the nature and circumstances of the acts committed; the staff members disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." (Memo subject: Presumptive Disciplinary Sanction for Staff Sexual Misconduct)

In the past 12 months, there has been one (1) number of staff who have been terminated (resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there have been zero (0) number of staff from the facility that have been disciplined, short of termination, for violation of the agency sexual abuse or sexual harassment policies. In the past 12 months, there have been zero (0) number of staff who have been reported to law enforcement or licensing boards following their termination or resignation, for violating agency sexual abuse or sexual harassment policies.

Based on agency directives #4028A #4028B Sexual Abuse...; directive #2110, Employee Discipline; directive #2111 Report of Employee Misconduct; directive #2605 Sexual Harassment in the Workplace; the Employee Manual; based on the above information; and based on interviews with random staff and specialized staff, the auditor assesses this standard as compliant.

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)

The NYSDOCCS has a very thorough and comprehensive Volunteer Services Program which, in conjunction with the PREA program, outlines the responsibilities and conduct for volunteers who have contact with inmates. The agency also has a very comprehensive outline/guide for contractors who have contact with inmates, regarding PREA. Special training and orientation is required of volunteers and contractors. The training of volunteers and contractors is outlined in PREA standard 115.32 and addresses not only their duties and responsibilities concerning PREA, but the sanctions/corrective actions that may occur when involved in harassment or sexual abuse of inmates. Interviews with contractors and volunteers as well as review of completed acknowledgment forms by contractors and volunteers, confirmed this training and understanding of their duties and responsibilities, and most important, their responsibilities concerning PREA.

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

Based on the auditor's review of policies and procedures, the Volunteer Information Packet, documents, and interviews with volunteers, contractors, and key staff, this standard is assessed as compliant.

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)

The Standards of Inmate Behavior All Institutions (Inmate Rules, Penalties and Outline Procedures); Disciplinary Disposition Guidelines; directive #4932, Standards, Behavior, and Allowances; directive #4028A Sexual Abuse Prevention and Intervention Staff on Inmate; directive #4027A Sexual Abuse Prevention and Intervention Inmate on Inmate; and the Sex Offender Counseling and Treatment Program Guideline; all outline disciplinary policy, definitions, offenses, sanctions, the formal process pursuant an administrative finding that an inmate engaged in inmate on inmate sexual abuse; the process following a criminal finding of guilt; therapy and treatment; and etc.

In the past 12 months, there have been zero (0) number of administrative findings of inmate on inmate sexual abuse that have occurred at Greene C. F.

In the past 12 months, there have been zero (0) number of criminal findings of guilt for inmate on inmate sexual abuse that occurred at Greene C. F.

The facility offers therapy, counseling, or other interventions as outlined in the Sex Offender Counseling and Treatment Program Guide.

The agency prohibits all sexual activity between inmates as outlined in the above directives/policies and procedures.

Based on the auditor's review of the above policies, procedures, information, secondary documentation supplied by Greene C. F. and based on interviews with staff and inmates, the auditor assesses compliance for this standard.

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)

Medical and mental health screenings and history of sexual abuse is directed for the Greene Correctional Facility by the agency's policy and directives. The policies, procedures and directives stipulate that all inmates who have disclosed any prior sexual victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. This meeting takes place within 14 days of intake screening. If the screening indicates that the inmate previously perpetrated sexual abuse, staff also insures that the inmate is offered a follow-up meeting. All information related to sexual victimization and abusiveness that occurred in the institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to make informed treatment plans, and security and management decisions. Specifically health screening forms for reception/classification have been developed, as well as health screening forms for intra-system/SHU transfer. The forms are PREA directed in certain areas such that medical staff will notify the Watch Commander immediately or if there is imminent risk for self-harm or injury to self or others. The policy, Healthcare Services, Health Screening of Inmates, addresses the screening process at a minimum, including the following:

- 1) Inquiry of the inmate,
- 2) History of the inmate,
- 3) Observation of the inmate,
- 4) Inmate disposition and

"Medical and mental health practitioners shall obtain informed consent (HIPAA release)", if applies. Completed forms are filed in the inmate's health record.

Further concerning PREA, the Office of Mental Health (OMH) in its Memorandum of Understanding (MOU) "acknowledges a coordinated response at each facility, and mental health evaluation and treatment in accordance with PREA 115.81 and PREA 115.83.

In the past 12 months 100% of the inmates who disclose prior victimization during screening are offered a follow-up meeting with a medical or mental health practitioner at Greene C. F. Inmates, (zero number in the last twelve months, according to the PAQ) who have previously perpetrated sexual abuse are offered a follow-up meeting with mental health.

Based on the review of policies, procedures, supporting documents, and the observation of the Medical and Mental Health Department, and based on interviews with specialized staff, this standard is assessed by the auditor as compliant.

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)

Inmates at Greene Correctional Facility, including inmate victims of sexual abuse, receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The treatment for sexual assault victims, including outside hospital services are provided without financial liability and regardless of whether the victim cooperates in the investigation or not.

The nature and scope of services offered to the inmate population are determined by the medical and mental health practitioners at Greene Correctional Facility, according to their professional judgment. Emergency medical services are assessed by the direction of health care staff, 911 services, hospital services, and as determined/provided by medical practitioners.

SAFE/SANE hospitals are identified by the Health Services Policy Manual (HSPM 1.60), and, as mentioned previously in this report and used by Greene C. F. (Albany Memorial Hospital, Albany Medical Center, and if needed, Columbia Memorial Hospital).

Based on the auditor's observation of daily operations, interviews with key health care staff, interviews with random inmates and staff, and the review of policy and procedure directives, this standard is assessed as compliant.

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)

The agency/facility offers 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.

The Office of Mental Health, Memorandum of Understanding stipulates (and is quoted) for those who have been identified as victims- "The evaluation and treatment of such victim shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care, following the transfer to or placement in, other facilities, or their release from custody. Further, the facility shall provide victims with mental health services, consistent with the community level of care." The auditor asked the many specialized health care staff, the scripted formal interview question "Are the medical and mental health services offered consistent with community level of care?" and all who were asked this question answered affirmatively or indicated "it is as good or better".

Services are offered at Greene C. F. for adult males, thus subsections of this standard addressed for females are non-applicable.

Inmate victims of sexual abuse while incarcerated are offered a test for sexually transmitted infections as medically appropriate.

Greene Correctional Facility attempts to conduct a mental health evaluation of all inmate on inmate abusers within 60 days of learning of such abuse history.

Based on the agency directives, the Office of Mental Health Memorandum of Understanding, the Department of Health protocols for sexual abuse, a review of procedures and practices, and based on interviews with staff and inmates, the auditor assesses this standard as compliant.

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)

A memorandum from the Agency Deputy Commissioner and the Associate Commissioner/Agency PREA Coordinator referencing PREA Procedural Enhancements outlines procedures for compliance with the standard on Sexual Abuse Incident Reviews. First, it is the agency policy that the facility conducts a Sexual Abuse Incident Review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Further, it is directed that an incident review will take place within 30 days of the conclusion of the abuse investigation, and that the Incident Review Team includes an upper-level management official and allowing input from line supervisors, investigators, and medical and mental health practitioners. The memorandum above also stipulates that the facility prepares a report of findings, recommendations for improvement and submits such a report to the PREA Compliance Manager. It is noted that at the Greene Correctional Facility, in the past 12 months, there have been zero (0) criminal and/or administrative investigations of alleged sexual abuse completed at the facility. This is stipulated in the Pre-Audit Questionnaire, resulting in no required incident reviews.

The auditor reviewed the PREA Procedural Enhancements Memorandum with the Warden, the PREA Point Person, and the Assistant Deputy Warden/PREA Manager, and the form designated to capture the Review Teams checklist of information, including diversity, guidance, group dynamics, and conclusions/recommendations for improvement.

Based on the review of the enhancement memorandum, and interviews with Review Team members, the auditor assesses this standard as compliant.

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)

The Greene Correctional Facility collects and documents uniform data. The data collected answers questions from the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The data is tracked by a variable information spreadsheet/data dictionary. Additionally, sexual abuse/threats inmate on inmate and sexual abuse/threats staff on inmate summary sheets and forms are available and used for data collection. It is noted by the auditor that statistical information is often difficult to read and interpret (time periods, types of incidents, tracking, monthly forms, summary forms data collection consolidation on the Pre-Audit Questionnaire, and etc.), thus, the suggestion is made that standards 115.87 and 115.88 be closely coordinated from monthly reports to the annual Survey of Sexual Violence (SSV), and from PREA audit to PREA audit.

The Agency Office of Program Planning, Research and Evaluation has a thorough and descriptive policy detailing PREA data collection, review, retention, and publication.

Pursuant directive #4027B Sexual Abuse, Reporting, and Investigation that requires collection of abuse and threat information or complaints that occurred, Greene C. F. collects monthly data. At the end of each month this summary is forwarded to the Agency Central Office where the information is compiled for an Agency Annual Report. The Agency Annual Report is on the NYSDOCCS website with links to PREA information.

Based on the agency direction, and the policies and procedure mentioned above as well as interviews with key staff, the auditor assesses this standard as compliant

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)

Interviews with the Agency PREA Compliance Coordinator, the local PREA Manager, the facility PREA Point Person, and the Warden confirm that the agency and Greene Correctional Facility are continually assessing and collecting PREA data for corrective action.

The auditor reviewed the agency's website and its links to PREA information and compliance. The Annual Report itself was thorough and comprehensive with a wealth of information and tables of information (when reviewing such time periods, and type of data should always be "reconciled"). The following comes from the table of contents of the Annual Report. It begins with an overview; followed by three sections:

- 1) Allegations of Sexual Abuse,
 - 2) Substantiated Sexual Abuse and Sexual Harassment Incidents,
 - 3) Review for Corrective Action
- followed by appendices A, Data Collection and Review; B, Definitions of Sexual Victimization; and C, Rate Calculation Method, all of this in the 20 page Annual Report.

The Annual Report outlined part of the report's direction, that is, "emphasis has been placed on prevention, education, and victim support initiatives," this taken from the review section 3. The report further provides information required by the subsections of this standard, 115.88, comparison to prior years, progress in addressing sexual abuse, and the report approval by the agency head.

The Annual Report is available to the public through the agency website.

Based on the auditor's review of the Annual Report and interviews with the Warden and key staff at the facility and the Agency PREA Coordinator, the standard is assessed as compliant.

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)

The Office of Program Planning, Research and Evaluation, Directing PREA Data Collection, Review, Retention and Publication Manual, states the following and is thusly quoted: "in accordance with 115.89 data collected is securely retained by the Office of Special Investigations and the PREA Analyst", pursuant to 115.87 aggregated sexual abuse data is made available to the public through the agency's website (before public availability, personal identifiers are removed).

The department retains all sexual abuse data collected pursuant to 115.87, "for at least 10 years after the date of the initial collection." from the Office of Program Planning, Research and Evaluation).

The auditor assesses this standard as compliant based on the review of the agency's policy and procedures, review of the website, and Annual Report, and by interviews with the Warden, the Agency PREA Coordinator, and the Chief of the Office of Special Investigations, Sex Crime Division.

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.

JAMES CURINGTON

May 17, 2017

Auditor Signature

Date