

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 5/5/2017

Auditor Information			
Auditor name: James Curington			
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Telephone number: 352-538-2636			
Date of facility visit: April 3, 2017 to April 5, 2017			
Facility Information			
Facility name: Hudson Correctional Facility			
Facility physical address: 50 East Court St. PO Box 576, Hudson, NY 12534-0576			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 518-828-4311			
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: Donna M. Lewin			
Number of staff assigned to the facility in the last 12 months: 297			
Designed facility capacity: 315			
Current population of facility: 131			
Facility security levels/inmate custody levels: Minimum-Medium/Minimum-Medium			
Age range of the population: Adult: 21-72 Youthful inmates 16-17			
Name of PREA Compliance Manager: Antoinette Santos		Title: Assistant Deputy Superintendent PREA	
Email address: Antoinette.santos@doccs.ny.gov		Telephone number: 518-731-2781 ext. 2160	
Agency Information			
Name of agency: New York State Department of Corrections and Community Supervision			
Governing authority or parent agency: <i>(if applicable)</i> State of New York			
Physical address: 1220 Washington Avenue, Albany, NY 12226-2050			
Mailing address: <i>(if different from above)</i>			
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), Hudson Correctional Facility (Hudson C.F.) began with notification and assignment of the PREA auditor, James Curington by the American Correctional Association (ACA) in February 2016. This report dated May 5 2017, is a final report of the auditor and developed by the auditor under the training/direction given by the National Prison Rape Elimination Act Resource Center (PRC).

The methodology of the PREA auditor was to use a step-by-step process, which included the following:

- 1) Scheduling through the American Correctional Association, (ACA) with the New York State Department of Corrections and Community Supervision.
- 2) Making contacts with the agency/facility, the posting of audit notices, and the sending of an agenda for the site visit.
- 3) Obtaining a flash drive with information, documents, the facility Pre--Audit Questionnaire, and other materials from the agency/facility and carefully reviewing such prior to the on-site visit.
- 4) Making an on-site visit to the community and the facility to be audited (on-site April 3-5, 2017).
- 5) Making an assessment of compliance/noncompliance during and after the site visit with follow-up review of documents and materials.
- 6) Completing an interim/final Auditor's Summary Report; this the final triangulation of the pre-audit steps; on-site visit and tour; and post tour review and assessment.
- 7) Notifying the agency/facility of the summary report.
- 8) Finally, 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 the 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 Hudson 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 the on-site visit and the summary review), C) Instructions for the PREA Audit Tour, D) the Interview Protocols, E) the Auditor's Summary, 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.

After notifications, contact information, posting of notices, completion of the Pre-Audit Form, receipt of information referencing and concerning the Hudson Correctional Facility, and the submission of an agenda for the site visit; the auditor began to review the agency and facility information. This information was submitted to the auditor on a flash drive, including a master folder addressing compliance for all of the 43 PREA standards, the Pre-Audit Questionnaire, and supporting documents for the agency/facility. This material was carefully reviewed prior to the on-site visit with special attention paid to the numbers and details outlined in the Pre-Audit Questionnaire and the master folder documentation for compliance.

The auditor submitted a daily agenda (this agenda was for the Hudson Correctional Facility and the Greene Correctional Facility covering a dual audit. April 2-7, 2017, only the Hudson part is addressed) to the facility as follows:

Sunday, April 2

Evening dinner/introductions/meet and greet with key facility staff and auditors. Review PREA Adult Audit Instrument and Pre-Audit Questionnaire (PAQ). Greene, and Hudson facilities are having ACA audits this week as Hudson and Greene are having PREA audits this week. Open discussions with ACA and PREA auditors and key staff.

Monday, April 3

PREA audit Hudson facility, 7:30 a.m. Drive from the hotel to Hudson facility, drive the perimeter of the Hudson Unit. 8 a.m. entrance meeting with the Warden and key staff/or Department heads and discussion of the audit instrument and the agenda. Tour the facility, paying attention to the PRC guide "Instructions for the PREA Audit Tour". Review demographics of the facility, schematics of the facility and the welcome book. Begin interviews with staff and inmates, paying attention to the PRC guide "Interview Protocols," i) Agency Head, ii), Warden, iii), PREA Compliance Coordinator, Manager, iv) Specialized Staff, v) Random Staff, vi) Inmates. Stay late for the 12 midnight to 8 a.m. shift.

Tuesday, April 4

PREA audit continues at Hudson, 7:30 a.m. leave for Hudson C.F. Visit and revisit institutional areas, review specialty areas such as intake and reception, youthful vocational areas, security, and food service. Interviews with staff and inmates view offender orientation film and the admission process. Review PREA standards.

Wednesday, April 5

Continue key staff interviews, including the Warden and the Agency PREA Coordinator. Visit the compound with the Warden and the PREA Manager. Discuss the Adult Prisons and Jails Audit Instrument and standards, compliance justifications. Depart Hudson C.F.

The above agenda was accomplished, making adjustments as necessary for visiting all areas of the facility and reviewing the operations of the facility, and efforts for compliance with PREA. The agenda, assisted with the scheduling of formal interviews of staff and inmates, specifically: 26 formal inmate interviews, and numerous informal inmate discussions; and 33 formal interviews with staff (24 specialized staff, and nine random staff), and numerous informal staff discussions. It is the auditor's feeling and assessment that there was a thorough, comprehensive, professional, PREA on-site visit and tour, and there was significant help and insight into the operations of Hudson C.F., and help and insight into the facilities efforts and accomplishments with and into PREA compliance.

DESCRIPTION OF FACILITY CHARACTERISTICS

Hudson Correctional Facility is located at 50 East Court St., Hudson, NY 12534. The facility is about 40 miles south of Albany, New York situated on 168 acres in the Hudson River Valley. This is a dual facility consisting of a double fenced chain-link area of approximately 50 acres housing inmates under the age of 18, and a separate housing unit of adult offenders 18 and over, in a work-release multipurpose living, dining, and program building. (See schematic on the following page outlining the box area A for the youth, and triangle B building for adult work-release). The final day of the audit, 4/5/2017, Hudson C. F. housed a total of 131 inmates with 61 youthful offenders (all 61 youthful inmates were male) housed in the fenced compound and 70 male inmates housed in the multipurpose building. The fenced compound for youthful inmates houses both male and female inmates under 18, with separate living areas and a smaller compound for the female inmates. There were no female inmates during the time of the audit and only two female inmates had been held in the previous few months. There are no female inmates at the work-release center, it is all-male.

PREA discussions occurred between the Agency PREA Coordinator and/or the PREA Manager concerning the facility and its very complex mission of addressing adult offenders under the age of 18, both male and female, and inmates 18 and over who were housed in a location outside the fenced youthful inmate compound who work in the community. The discussions considered such issues as the mission of the facility and its compliance with PREA law and standards. It was clear, to the auditor that efforts are made by the agency and institution through its staff and leadership to follow PREA standards and meet compliance with PREA standards. This commitment and compliance is the big picture observed by the auditor in his review of the Pre-Audit Questionnaire, policies and procedures; his on-site visit, including interviews, discussions, and observations of the overall operation; and his final review and triangulation of these three steps to a final summary.

As a note, at least two important topics of philosophical discussion were raised: 1) the diversity of the institution, including youth, adult, male, female, older/geriatric, disabled, community working, limited English proficient, racial, ethnicity, cultural, religious, gender identity, and etc. types of inmate - and how all of these variables could be addressed by one set of PREA standards for Adult Prisons and Jails, and 2) the variables of assessment relating to "meets" and/or "exceeds" when assessed as compliant. The auditor tried to keep it simple by reviewing compliance with the standards as a big picture of the diverse inmate population meeting each of the 43 PREA standards for Adult Prisons and Jails, and each of its subsections as to compliance or non-compliance. This assessment through the reviews of policy and procedure, directives, supporting documents, investigations, the Pre-Audit Questionnaire, the supporting justification folders supplied by the agency and institution; observations and review of operations during the on-site visit, interviews, and communications with staff and inmates; and finally, the above triangulation mentioned. Additionally, an "exceeds" or "meets" assessment review was addressed based on the information and data supplied by the facility and the reviews, observation, experience and judgment of the PREA auditor. It is commented by the auditor that there is always a difficulty in the definition of meets standard, and exceeds standards, especially relating to grades of "very good, excellent, superior, perfect, exceeds" and that the individual auditor's subjectivity does play a role.

To sum up, the auditor wanted to make clear that his assessment was accomplished as outlined in his training from the PRC and to his abilities, experience, knowledge, and his commitment to making prisons safe and secure for staff and inmates.

Staff works interchangeably at the adult and youthful areas of the facility. Staff is specifically trained for Hudson Correctional Facility and its special mission of level I minimum security, community adults, and youthful offenders under 18, separated and out of sight and sound/contact with adult offenders (18 and over). Staff at Hudson C.F. include Departments of Guidance and Counseling, Inmate Records, Temporary Relief Program, Library Services, Recreation, and Volunteer Services, Ministerial Services, Academic and Vocational Education, Employee Assistance Program, Security Services, Food Service, Maintenance, Powerhouse, Personnel, Fiscal Services, Health Services, for a total of 170, uniform security staff, and 106 civilians and 21 others.

Inmate population, consists of 70 minimum security level adult males 18 and over assigned to the work release/community multipurpose building and 61 youthful, medium security level, inmates under 18 (all-male at this time) assigned to the fenced compound. Adult inmates are assigned to work release, the community industrial program, or transition. Adult inmates may work and volunteer as a cadre population outside of the youthful compound (outside of sight and hearing of youthful inmates). Youthful inmates, because of their age under 18, are assigned to full-time, daily/hourly programmatic and academic scheduling. Compound, maintenance, grounds, food service, and other duties inside the fenced facility are assigned to staff. Youthful inmates can volunteer to participate in some work programs outside of their scheduled daily programmatic and educational activities.

To further describe the facility: there are a total of 54 buildings some large and some small, mostly of red brick, but also some outlying modular buildings and old houses and farm buildings. Some of these buildings date back to the early 1800s and the

history of Hudson, C.F. begins in May 1887, when a dozen brick buildings with high wooden fences were used for a "House of Refuge for Women". The facility has been a state training school for girls; later a part of the New York Division of Youth; and in 1976, became part of the New York Department of Correctional Services, housing male inmates. It served several missions in corrections, and in June 2016 Hudson Correctional Facility was established as a corrections facility to house 16 and 17 year old inmates. Significant upgrades and re-modifications were made to the facility, including an outlying work-release and industrial training unit housing adult inmates.

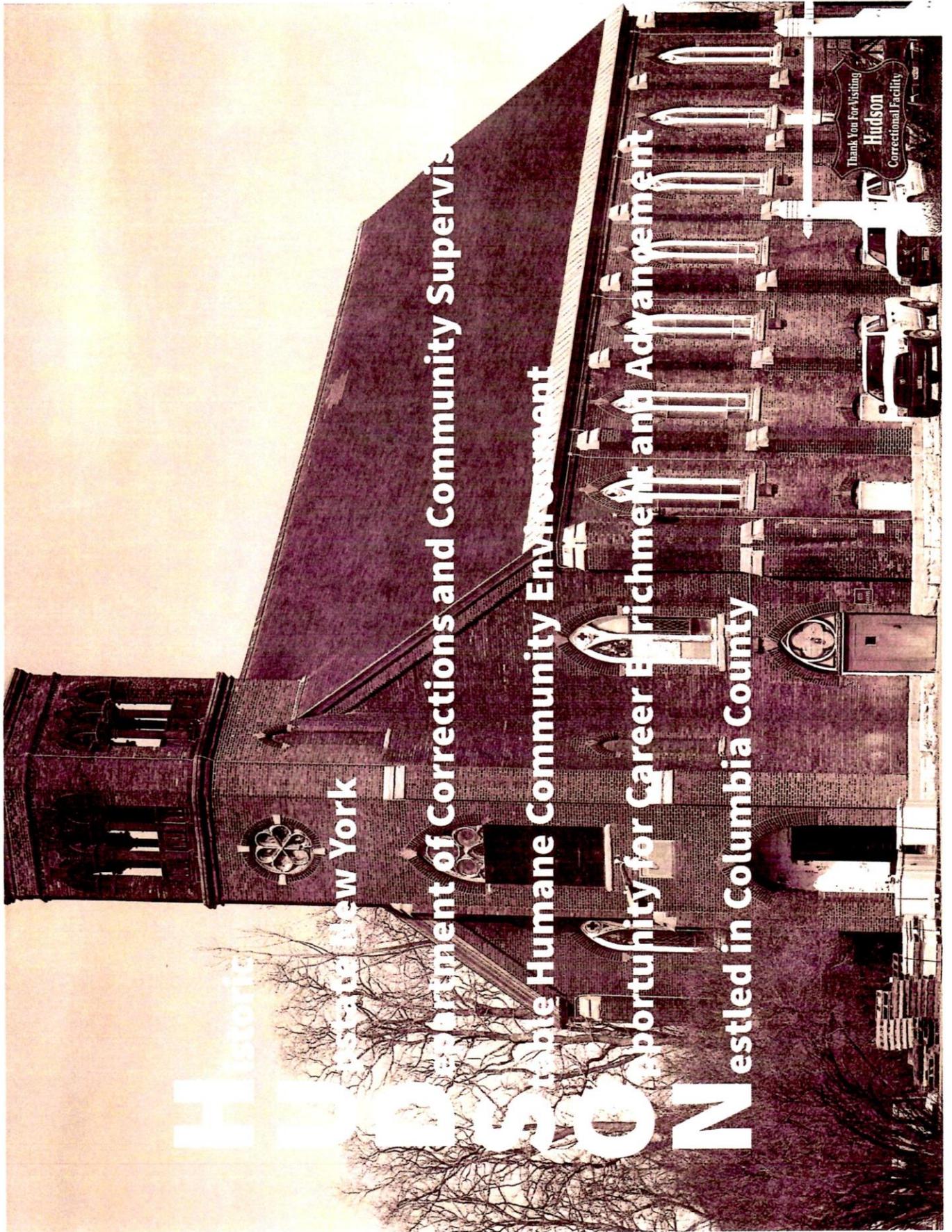
Buildings included in the facility are inmate housing cottages, vocational buildings, administration buildings, inmate housing, including work-release multipurpose building, gatehouse, mess hall, training building, powerhouse, barns, maintenance building, greenhouses, storage areas, and historical buildings and Chapel.

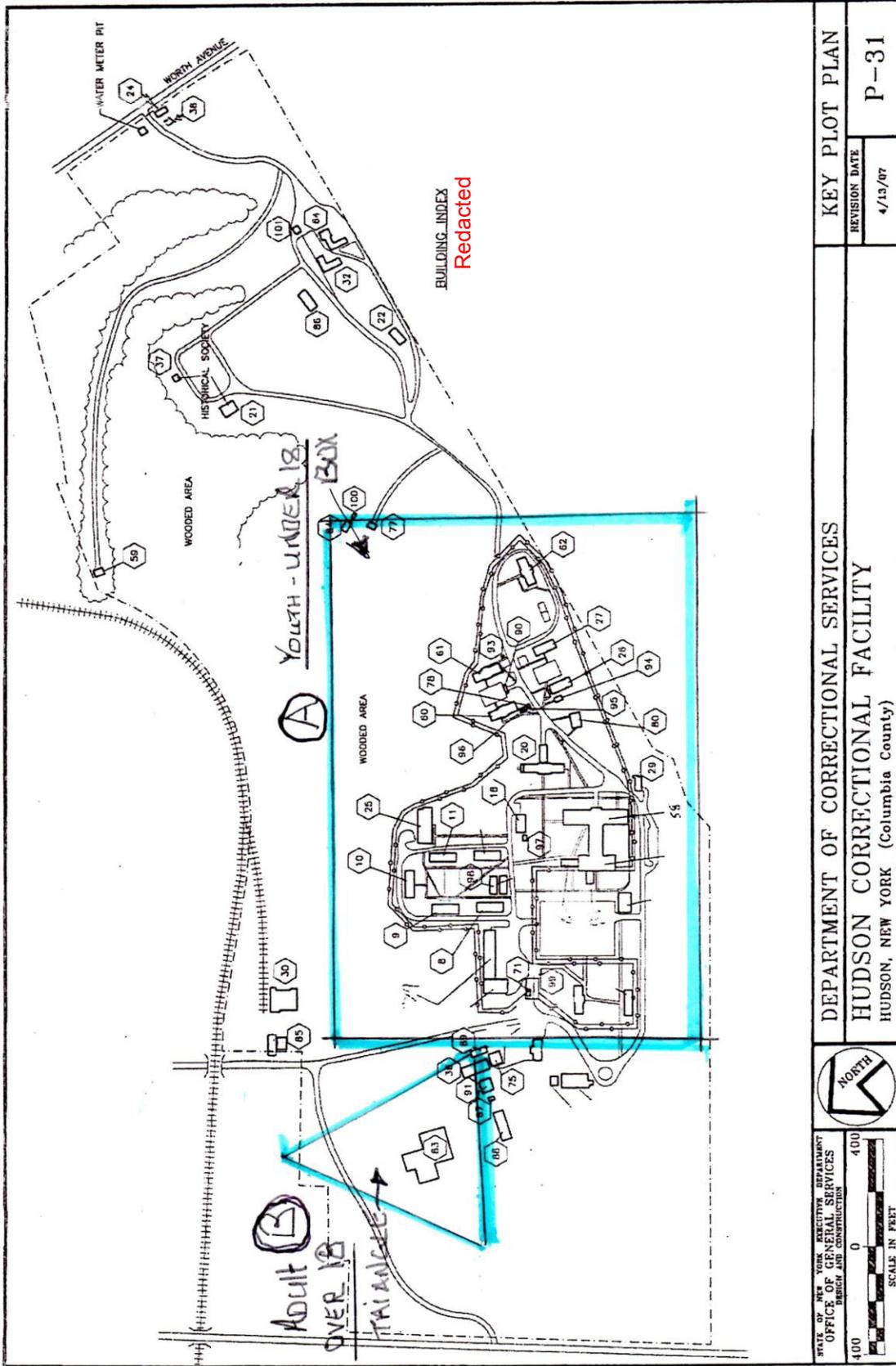
The Hudson Correctional Facility is an American Correctional Association (ACA), long time accredited correctional facility. The facility, while being audited for PREA compliance was also being audited for reaccreditation by the ACA. The ACA auditors shared their insights and evaluations of the facility with the PREA auditor and also the fact that Hudson C.F. is being recommended for reaccreditation for certification to the ACA Commission on Accreditation.

The Mission Statement of Hudson C. F. is:

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

This is the agency's as well as the facility's Mission Statement.





SUMMARY OF AUDIT FINDINGS

The Hudson 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, those standards were:

- 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.
- 115.13 Supervision and monitoring
- 115.14 Youthful inmates
- 115.17 Hiring and promotion decisions (including background checks)
- 115.31 Employee training
- 115.64 Staff first responder duties
- 115.71 Criminal and administrative agency investigations

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)

The Hudson Correctional Facility through the New York State Department of Corrections and Community Supervision (NYSD OCCS) has directives and policies, as well as a statewide agency policy that outlines and directs "zero-tolerance" for sexual abuse and sexual harassment at the Hudson Correctional Facility, and throughout the State of New York Correctional Institutions/Facilities. Policy directives on Sexual Abuse Prevention and Intervention, Sexual Abuse Reporting and Investigation (inmate-on-inmate, staff-on-inmate, #'s 4027A&B,4028A&B), and the Employee Manual, clearly outline the agency's and institution's commitment to following PREA law, mandating "zero-tolerance", and outlining a program preventing, detecting and responding to all forms of sexual abuse and sexual harassment. The directives further outlined 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, sexual harassment or retaliation for reporting sexual abuse or sexual harassment.

It was clear to the auditor, through the observation of staff, the education of staff and inmates and the communication of staff and inmates, that the Hudson Correctional Facility exceeds in this commitment to "zero tolerance". It was not only the policies, but the understanding and knowledge of both the staff and inmates, supported by posters, flyers, and reporting systems, that there is a cultural change advocating and supporting the inmates' right to be free from sexual abuse and sexual harassment and the inmates and employees' right to be free from retaliation for reporting sexual abuse.

The Organizational Charts reflect, at the agency level and the correctional facility level, that there is a PREA Coordinator and PREA Manager/Point Person who have the time and authority to assist with the agency's and institution's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Interviews with the Coordinator and Manager, and discussions of duties and responsibilities reflect a committed and concerted effort to make the facility safe for staff and inmates.

Based on the scripted interview with the Agency Head, and personal interviews with the Agency PREA Coordinator, the Warden of the facility, the facility PREA Manager and the facility Point Person (as outlined in the agency memorandum April 4, 2014, titled Facility, Prison Rape Elimination Act Point Person), as well as interviews with the inmate population, the review of policy and procedures, and the observation of the safety and security of staff and inmates at the Hudson Correctional Facility, this standard is assessed as exceeds standard.

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

Based on the non-applicability of this standard to Hudson, 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 Hudson Correctional Facility is composed of a double fenced unit with 61 youthful male offenders (male and female, no females were housed during this on-site audit visit and when housed, they are separate from the males), and an adult (70 Offenders), minimum-security unit 1/4 mile outside and away from sight and sound of the youthful population (131 inmates Count 131 April 5, 2017).

The facility has its own staffing plan addressing the following:

- 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) institution programs occurring on a particular shift
- 9) any applicable state or local laws, regulations or standards
- 10) the prevalence of substantiated and unsubstantiated instances of sexual abuse and
- 11) any other relevant factors

The staffing plan was reviewed with the Warden, the PREA Compliance Manager, and the Point Person for PREA (the Security Captain). The facility plan provided for 164 correctional officers, 13, sergeants, seven lieutenants, and one Captain, this supported by the "facility plot plan". 156 security positions are filled, (with eight correctional officer positions vacant). There are 106 civilian positions and 21 other positions. This complement of staff and its use as described by the Warden, the PREA Manager, and the Captain during formal interviews, and observed during the on-site visit performing with such effectiveness, so impressed the auditor that this standard, 115.13 staffing was assessed as "exceeds".

The auditor also reviewed staffing and inmate schedules and movements, counts, and supervision and monitoring. The Warden and the supervisory staff review any deviation from the staffing pattern/assignment. Deviations and approvals are documented.

Higher-level staff conduct unannounced rounds for issues, and security concerns for both staff and inmates, and compliance with PREA. Supervision, duties, and responsibilities were reviewed through both post orders, observation and interviews. It was noted by the auditor that the correctional officer staff, as well as the civilian and other staff, were all knowledgeable, trained, and committed to their duties and responsibilities and the mission of the facility.

The auditor noted that video cameras are strategically located throughout the facility, both externally and internally. Cameras are appropriately monitored and recordings are made consistent with policy. Staff routinely checks for blind spots, which are evaluated secured and appropriately monitored through cameras, mirrors, sightlines or staffing as needed.

Based on the staffing plan, specialized staff interviews, the facility tour, the video review, review of officers' logs and post orders, and based on the interviews of random staff and inmates, this standard is assessed as exceeds.

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 Hudson Correctional Facility, as defined by directive number 0057, "is classified as a medium security facility... This facility is used as a reception/intake center for males and females who are 16 and 17 years of age. It is also used for the general confinement of medium and minimum security males and all females who are 16 and 17 years of age. The facility also has a Juvenile Separation Unit (JSU) for male youthful inmates, and a separate JSU location for females, who are 16 or 17 years of age and serving a disciplinary confinement sanction... Hudson Correctional Facility offers a full range of academic education, vocational training, substance abuse education and treatment, and volunteer service programs for youthful inmates who are aged 16 or 17 years of age. Hudson Correctional Facility is classified as a Mental Health Service Level I as defined in Correctional Law, section 2 (27)." The preceding information taken directly from the above mentioned directive.

The auditor observed the operation of this facility during the on-site visit and closely monitored the operation for any contact with adult inmates (18 or older). Simply, the Hudson youthful adult inmate population (17 and 16-year-olds) is in a separate double fenced facility of the NYSDOCCS without any contact with age 18 and older adult population. There were 61 inmates at the Hudson Correctional Facility, well supervised and monitored by a professional, knowledgeable, and in this auditor's opinion, caring and concerned staff.

The facility does not place youthful inmates in the same housing units as adults. No youthful inmates are placed within sight or sound of adult inmates. In the past 12 months there have been zero (0) number of youthful inmates placed in the same housing unit as adults at this facility. In the past 12 months there have been zero (0) number of youthful inmates who have been placed in isolation to separate them from adult inmates.

There are 7 housing units (1 separately fenced female housing and program unit) for youthful offenders; in the fenced compound at Hudson C. F. which is not accessed by adult inmates (18 and over).

Based on the policies of the Hudson Correctional Facility, the observation of, the commitment and dedication of staff at this facility as reviewed by the auditor, and based on the interviews of inmates and staff at this facility, the auditor assesses this standard as exceeds.

The auditor was impressed with the operation of, leadership of, and direction of Hudson Correctional Facility, as evidenced by an exceeds for this youthful offender adult correctional facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

As stated in the Pre-Audit Questionnaire and outlined by the policy and procedure, the facility does not conduct cross gender strip searches or cross gender visual body cavity searches, except in exigent circumstances, or when performed by a medical practitioner. The Pre-Audit Questionnaire clearly states that in the past 12 months there have been zero (0) number of strip or cross gender visual body cavity searches of inmates and that there have been zero (0) number of cross gender visual body cavity searches of inmates that did not involve exigent circumstances, or performed by nonmedical staff.

The policy and directives, including Guidelines for Assignment of Male and Female Correctional Officers #2230; Facility Administrative Coverage and Supervisory Rounds #4001; Control and Search for Contraband #4910; Body Cavity Search Health Services Policy Manual HSPM; and Health Appraisal HSPM, all supported subsections, a through f of this standard, addressing searches (including intersex, and transgender inmates); video camera viewing; and announcements when entering an inmate housing unit of the opposite gender,

Additionally, the policies and interviews with inmates and staff supported the fact that inmates are able to shower, change clothes and toilet without being viewed by staff of the opposite gender.

Staff at the Hudson Correctional Facility have received the appropriate annual training, in-service training, and orientation and new hire training, such that staff are aware of how to conduct searches in a professional and respectful manner, and are aware of their duties and responsibilities regarding PREA.

Based on the auditor's review of policy and procedures, interviews with staff and inmates, and observance of the daily operations, the auditor assesses this standard as compliant.

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)

The Hudson Correctional Facility has taken appropriate steps to ensure 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. Documents reviewed included directives, #2612 Inmates with Sensorial Disabilities, #4490 Cultural and Language Access Services and memos from the Agency PREA Coordinator.

In addition to the above directives and memos, the auditor was especially impressed with the numerous samples of pamphlet translations of PREA information (available to the inmates), and the Hudson C.F. Language Line Services "pocket card" given to the correctional staff. The "pocket card" not only outlines the standards requirement that the agency shall not routinely rely on inmate interpreters, inmate readers, or other types of assistants, but outlines a step-by-step process of how to use a telephonic interpreter service, and also outlines important tips when using the interpretive service.

In addition to the language pamphlets concerning PREA, the auditor observed, posters and handbooks available to the inmate population in both Spanish and English detailing PREA procedures.

In the past 12 months there have been zero (0) number of instances where inmate interpreters, readers, or other types of inmate assistants have been used.

Based on the interviews with staff and inmates, the tour, including a review of the intake in orientation, and the review of policy and procedures, 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)

This standard, 115.17 contains eight subsections outlining the importance of thorough background checks and 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 Point Person at Hudson C.F. discussing hiring and promotion decisions. Most impressive with this standard was the fact that the New York State Department of Corrections and Community Services (NYSDOCCS) is automatically and routinely notified of criminal and misdemeanor charges of staff and contractors who work for the NYSDOCCS. It was shared by the Associate Commissioner/Agency PREA Coordinator, "what stays in Vegas does not stay in Vegas", in other words, the NYSDOCCS is affirmatively and constantly active in reviewing staff and contractor criminal activity.

The auditor was also able to review directive #2216 Fingerprinting/Criminal History Inquiry-New Employees and Contractors, directive #2112 Report of Criminal Charges, directive #2012 Release and Employee Personnel and Payroll Information, these directives, along with agency memos outlining promotions, background checks, and a Personal History Questionnaire all assisted in supporting an exceeds standard. Background information and notices were reviewed.

In the past 12 months there have been 56 persons hired who may have contact with inmates who have had criminal background record checks.

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 has detailed that there have not been any new facilities or any substantial expansions or modifications of existing facilities made to the Hudson Correctional Facility. There has been some updated video monitoring during the 2016 PREA audit year and this was observed by the auditor during his tour and on-site visit. The auditor also reviewed the Annual Supervision and Monitoring Plan Review conducted by the Agency Director of Security Staffing which stated "video monitoring systems are also strategically placed throughout the facility to enhance security and surveillance... Staffing, the use of monitoring technology, and the resources available to meet the facility staffing plan will be reviewed on a regular basis to ensure the facility continues to comply with all standards and requirements." The auditor concurs with this quote concerning staffing, and the use of video technology.

The auditor further reviewed the agency policy directive, #30530 Alterations in Construction Request, as well as monitoring technology throughout the facility, and based upon these reviews, observations and interviews with administrative and supervisory staff assesses this standard as 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 as outlined in the agency's letter to the Superintendent of the New York State Police. The letter from the agency, 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 good cooperation between the NYSDOCCS and the NYSP, and a uniform evidence protocol appropriate for adults and adolescents is followed (according to interviews).

The NYSDOCCS does not conduct on-site forensic medical examinations. Forensic examinations are completed by SAFE/ SANE nurses at the local Columbia Memorial Hospital, Hudson, New York. The policy of the agency (Dispatch and Operational Guidelines), directs that "an advocate shall be afforded to the inmate at this time." (When a victim's interviewed). The New York Department of Health also requires hospitals to establish policies and procedures for treatment of sexual assault victims, and the collection and maintenance of forensic evidence. Also see Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault.

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

Based on the policy and procedures above, and interviews with healthcare staff, administrative staff, the Agency PREA Coordinator and PREA Manager, and the Warden, this standard is assessed as compliant.

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)

The agency has in place, policy and directives that ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The auditor reviewed the following directives addressing this assurance: #0700 Office Seven 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 the Hudson Correctional Facility and found that there have been zero number of allegations of sexual abuse, one allegation of sexual harassment, which was investigated administratively and completed (result, unsubstantiated). The reporting forms were forwarded to the Agency PREA Coordinator. The investigations were directed through the Office of the Inspector General, Sex Crimes 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).

Allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made public via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. These two subsections documented by the PRE-Audit Questionnaire and interviews of staff.

Based on interviews with the Agency PREA Coordinator, the Warden of Hudson Correctional Facility, and other key staff, and based on review of the directives of the agency and the agency letter referencing the Implementation of the Prison Rape Elimination Act Standards to the Superintendent of New York State Police, this standard is assessed 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)

The auditor was very impressed with employee training at the Hudson Correctional Facility. Staff are knowledgeable about the following: the agency zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities concerning prevention, detection, reporting, and response concerning sexual abuse and harassment; the inmates rights to be free from sexual abuse and sexual harassment; inmate and employees rights to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and harassment in confinement; the common reaction of victims to sexual abuse and sexual harassment; how to detect signs of sexual abuse and harassment; how to avoid inappropriate relationships; how to communicate effectively and professionally with inmates; and how to comply with relevant laws related to mandatory reporting. Scripted questions were asked of random staff concerning this training and additional training, all of which were positively answered during the formal interviews. Moreover, the training curriculum was reviewed, including lesson plans; policy and standards applicable to all employees; orientation; in-service training; PREA training, including sexual prevention, detection, response, and reporting; facility familiarization; and secondary documentation of the Hudson Correctional Facility on Sexual Abuse Prevention and Response, and PREA Intro/Refresher.

It is the training modules, both agency and institutional, it is the commitment of the Associate Commissioner/Agency PREA Coordinator, the Warden of the facility, the Assistant Deputy Warden for PREA, the Point Person at the Hudson C.F. for PREA and the training officer that left an impression on the auditor, such that he firmly believes this standard "exceeds". It was little things like staff "pocket" training cards, information packets and posters, and the verbal communications up-and-down the chain of command, and staff to staff that further impressed the auditor as to the extent and thoroughness of employee training. It was a team effort, all staff working to make sure that all staff at Hudson C. F. understood PREA.

Based on the policies and directives, training materials, interviews with staff, and the observation of day-to-day operations at this 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)

Hudson Correctional Facility ensures that all volunteers and contractors who have contact with inmates have been trained in their responsibilities concerning PREA. Moreover, the level and type of training provided to volunteers and contractors is based on services they provide, and includes zero tolerance of sexual abuse and sexual harassment and how to report such incidents. The agency maintains documentation that they know and understand the training they received.

Specifically, in regard to the above, agency directives #4027A, #4028A, #4071 and #4750 address Sexual Abuse and Intervention, Guidelines for Construction Projects, and Volunteer Services Program outlining zero-tolerance for contractors and employees, and Standards of Conduct. Moreover, a memo from the Acting Commissioner of the NYSDOCCS to all employees, contractors, volunteers and interns, addresses and reminds all of their responsibility for compliance with PREA law (memo dated 9/4/13).

The auditor reviewed these policies and directives as well as acknowledgment forms for training received. Based on this

training and interviews with volunteers, contractors and administrators at the facility, the auditor finds 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 Hudson C.F. assure training and education through their directives, policies, memos, reception, and orientation. Additionally, pamphlets and posters concerning sexual abuse prevention and intervention were available throughout the facility. 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 Hudson Correctional Facility Orientation Packet/Signed Acknowledgment of Receipt all contribute to the effective training and education of the inmate.

The auditor reviewed and watched the orientation film; observed posters, and read pamphlets and the inmate handbook, which contained information referencing the zero-tolerance policy, and the prevention, self-protection, reporting, treatment and counseling, about PREA. Inmates are informed of their rights to be free from sexual abuse and retaliation for reporting sexual abuse. Acknowledgment forms were reviewed and it was noted that 127 inmates were admitted in the past 12 months, and 127 inmates were given information about their rights, how to report and information concerning PREA within 30 days of intake. PREA education is available in formats accessible to all inmates, including limited English proficient and otherwise disabled. Especially impressive were contact telephone numbers on posters and the zero tolerance policy. In the inmate handbook detailing "what inmates need to know". Special note: youthful inmates were interviewed in the separate youthful unit of the facility and were instructed and educated on PREA. Additionally staff was particularly thorough and comprehensive in their orientation, education and training of these youthful inmates. Adult inmates at the adult minimum security/community unit were also educated and knowledgeable of PREA.

Based on the posters, pamphlets, directives, and interviews with staff and inmates, this standard is found compliant.

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)

Policy and procedure outlining the training requirements for sex crimes investigators was reviewed with the Director of the Sex Crimes Unit of the Inspector General's Office. The auditor also reviewed training forms, and formats including Specialized Investigative Training for PREA, Specialized Training in an Institutional Setting, and the National Institute of Corrections (NIC) Training, PREA and the Report of Training Form for Sexual Abuse Investigations and PREA. This report form is the documentation of the specialized training, which includes not only the "confinement setting" training, but also specialized training for interviewing sexual victims, and Miranda and Garrity warnings. According to the Pre-Audit Questionnaire, the 22 investigators of the NYSDOCCS have completed the specialized training.

Based on the review of investigative training, and the supporting documents, curriculum, and interviews with 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)

All medical and mental health care practitioners who work at Hudson, C.F. receive specialized training which is documented and maintained. This training was not only the zero tolerance policy training and how to report which consisted of the 40 hour orientation program for full-time non-security staff at facilities, and the mandatory initial training for non-security staff at facilities; but also specialized training for medical and mental health care staff, as outlined by the Health Services Policy Manual (HSPM), TeleMed: Inmate Sexual Assault Post-Exposure Protocol PREA, and other supplemental training as outlined in the Office of Mental Health (OMH), Memorandum of Understanding (MOU). To quote the MOU "all full and part-time OMH employees working in any DOCCS facility must participate in training provided by the DOCCS as required by the Prison Rape Elimination Act (PREA), specifically, 28 C. F. R. 115.31. Additionally, all full and part-time mental health care practitioners (a mental health professional who by virtue of education, credentials, and experience, as permitted by law, to evaluate and care for patients within the scope of their professional practice) shall participate in specialized training provided by the DOCCS as required by PREA, 28 C. F. R. 115.35."

Hudson Correctional Facility does not conduct forensic examinations (examinations are accomplished at the Columbia Memorial Hospital, Hudson, New York).

Based on the auditor's review of medical and mental health schedules, duty assignments, overall staff coverage at the facility, the training, and specialized training, and interviews with specialized staff, 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)

All inmates at Hudson C.F. are assessed during intake screening and upon transfer for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. Special note: youthful inmates, under 18 years of age, male and female are sent to Hudson C.F. for initial reception and intake (within the youthful compound) and are assessed for PREA risk screening within 24 hours (within 48 hours if approved by the Watch Commander) and reassessed within 14 days. Adult offenders are transferred to the minimum/community security unit (where intake screening occurs) outside of sight and sound and separated from the youthful offender compound.

Risk screening is outlined by the memo from the Deputy Commissioner for Correctional Facilities, the Deputy Commissioner for Programs, Services, and the Associate Commissioner for PREA. This direction along with directives and policies #4021, the Security Screening Form, the Risk Screening Forms (male and female), the Inmate Draft Receipt Form, the Hudson C.F. PREA Screening Form, and policy 6.002; all address this screening standard and its subsections a-i.

The risk screening for all inmates includes the risk of being a victim of sexual abuse and harassment or the likelihood of committing sexual abuse. The screening system covers at a minimum, the following:

1) whether the inmate has a mental, physical, or developmental disability;

- 2) age of the inmates;
- 3) the physical build of the inmates;
- 4) previous incarcerations;
- 5) criminal history (nonviolent, and/or violent);
- 6) whether the inmate has prior convictions for sex offenses;
- 7) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) whether the inmate has previously experienced sexual victimization;
- 9) the inmates own perception of vulnerability;
- 10) whether the inmate is detained solely for civil immigration purposes (zero (0) number of inmates are held for immigration purposes at Hudson C.F.)

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

In the past 12 months, 359 inmates, were screened within 72 hours for risk of sexual victimization or risk of sexually abusing other inmates. 359 inmates were also reassessed within 30 days after their arrival at the facility for their risk of sexual victimization or being sexually abused. Information was obtained from the Pre-Audit Questionnaire and was spot checked by interviews with staff and inmates.

Inmates are not disciplined for refusing to answer or disclosing complete information related to the questions concerning mental, physical, or developmental disability, sexual orientation, previous experienced sexual victimization and perception of one's own vulnerability.

Based on the documents and information, based on the screening tools, based on the samples of risk assessment, and based on interviews with inmates, staff, and specialized staff, 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 Tool and the assessment made by the staff at the facility in conjunction with preventing, detecting, responding, and eliminating rape in prison, is shared with staff that have a need to know. Use of this risk assessment and screening information is disseminated only to appropriately place inmates in housing, work, and program assignments to secure the safety of all inmates at the facility. The use of screening information is outlined by directives #4027A, #4401, and #4009 outlining Sexual Abuse Prevention and Intervention, Guidance and Counseling Services, and Minimum Provisions for Health and Morale. The Hudson, C. F. PREA Risk Screening Male and Female policy/operation procedure also addresses appropriate use of screening information.

Importantly, the facility makes individual determinations about how to insure the safety of each individual inmate. The auditor's review of procedures, observation of daily operations, and walk through of admissions screenings, clearly indicated that staff were making every effort not only to follow policy and PREA, but were prescribing individualized treatment, programming, custody, care, and control.

The agency/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 directives, the observation of 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)

There have been zero (0) number of inmates placed in protective custody segregated housing at Hudson Correctional Facility in the past 12 months.

The agency has a directive/policy #4948 Protective Custody Status that clearly outlines and dictates a prohibition for the 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 such an inmate be review 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: whether to retain in the current housing unit; placement in a cell/cube near the officer's station; placement in the facility infirmary/hospital area; transfer inmate/victim to another unit; transfer inmate/aggressor to another unit; placement of inmate/aggressor in a Special Housing Unit; admission of 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 all 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 Hudson Correctional Facility has not used involuntary protective custody in the past 12 months, and further, staff interviews confirm that alternatives to involuntary protective custody would be used before assignment to involuntary segregation.

Based on the directives and the review of segregation housing, and 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 and the Hudson 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 (The Prevention of Sexual Abuse in Prison, What Inmates Need to Know), posters in the facility, the handbook distributed to all inmates and the directives of the agency, all outline ways to report. To quote from the inmate pamphlet: "how do you 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" (this pamphlet is available throughout the facility, and from staff; this information is also available in the inmate handbook). Reporting can be made either in person or in writing.

All employees have a duty to report sexual abuse and 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) that "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 taken from the Chairman of the Commission's letter to the NYSDOCCS, dated 4-09-2014.

The auditor reviewed the agency directives, the employee manual, the above information, and the NYSDOCCS website, PREA webpage, and based on such, 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 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 address such in the above directive, but outlined a summary in a memorandum concerning sexual abuse and sexual harassment complaints as follows: "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.

Based on the above information, and interviews with key staff, the auditor 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)

Simply and most directly, inmates at the Hudson Correctional Facility can use the #77 dialing number on the inmate telephones throughout the facility to access the Sexual Abuse Hotline. Also noted is the information posted throughout the facility and pamphlets accessible in the facility, which address health for victims of sexual abuse.

Inmates may add attorneys and rape crisis centers to their approved telephone dial list. (Monitoring of phone calls is stipulated by policy.) Inmate mail to sanctioned, recognized, or authorized rape crisis centers is considered "privileged mail". Rape crisis representatives/employees are considered "legal visits" for victims of sexual abuse/harassment. Directive #4423

Inmate Telephone Calls; directive #4421 Privileged Correspondence; and directive #4404 Inmate Legal Visits address the preceding.

The auditor reviewed budgeting for the enhanced victim services accessed by #77 telephone number, and victim services for Region 3/Hudson C.F. with Samaritan Hospital of Troy, New York.

Based on the above information, and interviews with staff and inmates, this standard is assessed 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, the auditor reviewed the NYSDOCCS webpage and accessed the PREA section which addresses third-party reporting. To quote the website, the following is detailed: "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 another offender by writing to the department's office of special investigations at: office of special investigations..." (Address given on website). You may report a sexual abuse incident by email to Special Investigations at the email given.

Based on the above information, and interviews with key staff, 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)

All staff at the Hudson C.F. have a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

The auditor reviewed the documentation submitted in the master folder of the Pre-Audit Questionnaire, which contained the following policies/directives, indicating staff, volunteers, interns and contractors have a required duty to report sexual abuse and sexual harassment (and retaliation for reporting): directive #4027A, Sexual Abuse Prevention and Intervention, directive #40288, Sexual Abuse Prevention and Intervention, directive #0700 Office of Special Investigation, the Employee Manual, and the MOU between contractors of OMH and the NYSDOCCS.

Directives also outlined the appropriate use of the reported information and the limitations of confidentiality by health care practitioners. Note, there are youthful offenders under the age of 18 at this facility.

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

Also included in the master documentation folder for this standard was a memo from the Associate Commissioner/Agency PREA Coordinator outlining the PREA Coordinated Response Plan; and containing the Standard and Sexual Abuse Response PREA Audit Report

and Containment Checklist. This Sexual Abuse Response and Containment Checklist is thorough and comprehensive and assist staff in their response/reporting duties.

Based on the above information, the training reviewed in standard 115.31, and interviews with staff/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 Hudson Correctional Facility is in part to provide "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.

The Pre-Audit Questionnaire detailed that the facility takes immediate action to protect an inmate who is subject to substantial risk of imminent sexual abuse. Further, the PAQ detailed that in the past 12 months, there have been zero (0) number of times that the facility determined that an inmate was subject to substantial risk of imminent sexual abuse.

The auditor reviewed, with many staff, protection duties and specifically asked questions concerning the safety and security of staff and inmates. Importantly, one of the scripted questions routinely asked during interviews was, "if you learn an inmate is at risk of imminent sexual abuse, what actions do you take to protect the inmate?". Without fail each staff member responded to this question detailing information to remove, separate and isolate the victim. "Pocket" laminated PREA cards have been distributed to each correctional officer. All staff were aware of PREA and had been PREA trained. The staff were knowledgeable and trained concerning their protection duties as well as indicating responsibility and willingness to take immediate action to protect an inmate at risk.

Protection duties were also further outlined in the directive #4027B Sexual Abuse Reporting, directive #4948 Protective Custody Status, including voluntary and involuntary protective custody; additionally Procedural Safeguards were addressed in directive #4040 Inmate Grievance Program.

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

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)

Reporting to other confinement facilities, requires 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 document such. The Associate Commissioner/Agency PREA Coordinator, as outlined in a memorandum to all superintendents of NYSDOCCS that notification shall be made via electronic mail utilizing form 115.63 and PREA Audit Report

copy sent to the Office of Special Investigations. Additionally, this notification is to take place within 72 hours. Further, the Office of Special Investigations will ensure that the allegation is, or has been investigated if it happened within the NYSDOCCS. This standard was discussed by the PREA auditor with the Warden emphasizing that this was an under 18 years of age reception facility and the importance of documentation and notification of previous sexual abuse victimization at another facility.

Based on the Pre-Audit Questionnaire, review of the Report of Sexual Abuse Form 115.63, review of the agency memo and its attachment, and interviews with key staff, this standard is assessed 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 listed on the PREA "pocket" laminated card given to all staff. The duties are clear and are outlined 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 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 into 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. The staff was knowledgeable and trained in their first responder duties.

In the past 12 months, there have been zero (0) allegations that an inmate was sexually abused.

Based on 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)

Hudson Correctional Facility has an eight page Facility Operations Manual policy 6.001, titled Coordinated Response Plan to an Incident of Inmate Sexual Abuse. The purpose of the policy is outlined in its first paragraph, noting that it sets forth "guidelines to coordinate actions taken in response to incidents of inmate sexual abuse among facility leadership, staff first responders, investigators, and facility medical and mental health practitioners." The policy then goes on to outline policy, procedure, the coordinated response, medical and mental health, post medical assessment, confidentiality, and includes an attachment/checklist.

The auditor reviewed the policy with the Warden and key staff. Additionally, the checklist was also reviewed assuring a coordinated action is taken among facility leadership, investigators, medical and mental health practitioners, and first responders.

Based on this policy and interviews with the Agency PREA Coordinator, the Institutional PREA Manager, and the Institutional Point Person, 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 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. Further, section 3, 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 "investigations of allegations of staff on inmate sexual abuse are the responsibility of the department's Office of Special Investigations (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. He also discussed with key staff preservation of the ability to protect inmates from contact with abusers. Based on these reviews and discussions, 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 agency and the Hudson C.F. policy 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. In accordance with the standard on agency protection against retaliation, the Security Captain and PREA Point Person (one in the same) has been appointed by the Warden to monitor all forms of retaliation at Hudson C. F.

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. Retaliation is monitored at a minimum, 30, 60 and 90 days and longer if necessary. A retaliation monitoring form details a 30 day intermittent review, a 60 day intermittent review, and a 90 day intermittent review with a conclusion indicating that the monitoring is complete, the monitoring is terminated, or to continue monitoring.

The agency/facility is required to act promptly to remedy any such retaliation.

The number of times an incident of retaliation occurred in the past 12 months, was zero (0).

Based on the memorandum from the Associate Commissioner/Agency PREA Coordinator detailing procedures for this standard and all of its' subsections; and based upon interviews with the PREA Coordinator, PREA Point Person who is responsible for monitoring retaliation, and other key staff, this standard is assessed 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 alleged 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 not only outlined in the Pre-Audit Questionnaire (PAQ), but also detailed in the Protective Custody Status directive #4948. The policy also indicates if an involuntary segregated housing assignment is made, the facility reviews such assignment every 30 days.

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

Based on the agency directive, the review of the 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 PREA Audit Report

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 Hudson 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 zero (0) number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility (Hudson C.F.). There were no investigations of alleged inmate sexual abuse in the facility completed by an outside agency (NA). There was one allegation of inmate sexual harassment (investigated, unsubstantiated) and notification was made to the inmate. The auditor reviewed the notification. 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 notifications, and based on interviews with administrative staff, investigative staff and inmates, the auditor assesses this standard as compliant.

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 have been zero (0) 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 Hudson 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 the facility.

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 Hudson C. F., including a facility memo indicating no example of misbehavior for 101 series (sex offense charges) violation, 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 Hudson 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 Hudson C. F. Inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with mental health.

It is noted that Hudson Correctional Facility houses inmates under the age of 18.

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)

Inmate victims of sexual abuse received timely, unimpeded access to emergency medical treatment and crisis intervention services at the Hudson Correctional Facility. All treatment for sexual assault victims, including outside hospital services will be provided without financial liability and regardless of whether the victim cooperates in the investigation or not.

All inmates are offered access to emergency medical treatment at the facility. The nature and scope of services are determined by the medical and mental health practitioners at Hudson C. F., according to their professional judgment. Emergency medical services are accessed by the direction of health care staff, and through 911 services. Hospital services are provided by the Columbia Memorial Hospital, Hudson, New York.

SAFE/SANE hospitals are identified in the supporting documentation, and the above named Columbia Memorial Hospital is included in the listings.

Based on the auditor's observation of healthcare operations, interviews with key health care staff, interviews with inmates and random staff, and the review of policy and procedure and 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. These services are offered to the youthful (male and female) and adult inmates at Hudson Correctional Facility as outlined in policies, procedures and directives of the agency and the Office of Mental Health.

Further, in the OMH Memorandum of Understanding the following 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 our 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."

Medical and mental health specialized staff were interviewed and asked the question, is "health care at the facility comparable/consistent with the community level of healthcare?" and without fail all questions asked formally and informally, were answered in the affirmative.

Based on interviews with staff and inmates and review of the policies, procedures and practices, 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)

Hudson Correctional Facility has an Incident Review Team headed by the Assistant Deputy Superintendent PREA Compliance Manager, and assisted by the facility Captain/Point Person who, at the conclusion of every sexual abuse investigation (unless determined to be unfounded), conduct an incident review.

Documentation of this standard includes a memo from the Warden indicating that there have been zero (0) number of incidences of sexual abuse requiring an incident review. However, in discussions with the Warden, the Incident Review Team may meet and discuss PREA issues or potential issues that will assist in overall prevention, detection and response to sexual abuse.

The auditor reviewed a PREA procedural enhancement memorandum prepared by the Deputy Commissioner and the Associate Commissioner of the agency, addressing sexual abuse incident reviews and compliance with this standard and its five subsections. Further, the memo indicates and directs "a form has been designed to capture the review", including completion of a checklist that addresses Security, Office of Special Investigations, Medical/Mental Health/Diversity, Guidance, Group Dynamics, and Conclusions/ Recommendations for Improvement.

Based on the review of documents and policies and interviews with review team members, administrative staff, and the Warden, 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 Hudson Correctional Facility collects uniform data. The data collected answers questions from the Survey of Sexual Violence (SSV) conducted by the Department of Justice. This data is tracked by a special spreadsheet of variable information (data dictionary).

The NYSDOCCS Office of Program Planning, Research and Evaluation has a thorough and descriptive policy detailing PREA Data Collection, Review, Retention, and Publication Manual. Hudson C.F. collects data monthly pursuant the directive, #4027B, Sexual Abuse, Reporting, and Investigation that requires collection of abuse and threat information or complaints that occurred during a given month. 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.

In the past 12 months there have been zero (0) number of allegations of sexual abuse at Hudson C. F. This is reflected in the agency annual report. The auditor has reviewed the monthly submission by the facility and the agency's annual report, the above-mentioned data dictionary information spreadsheet, and has had interviews with the Agency PREA Coordinator, and the facility PREA Manager, the facility Point Person, and the Warden all documenting and supporting compliance with this standard and its' relevant subsections. Based on these interviews and the documentation, the auditor assesses compliance for this standard.

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 Point Person, and the Warden confirm that the agency and Hudson C.F. 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. 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, B and C detailing Data Collection and Review, Definitions of Sexual Victimization, and Rate Calculation Method (all of this in a 20 page annual report).

In reviewing the Annual Report, the auditor was especially impressed with the agency's direction and comment that "emphasis has been placed on prevention, education, and victim support initiatives," this under the review section 3. The report further provides information stipulated by the subsections of this standard, 115.88 (comparison to prior years, progress in addressing sexual abuse, and approved by the agency head).

Again, the agency Annual Report is readily available to the public through the agency website.

Based on the auditor's above review of the Annual Report and interviews with the Warden and key staff at the facility, and the Agency PREA Coordinator, this 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)

From the Office of Program Planning, Research and Evaluation, directing PREA Data Collection, Review, Retention and Publication Manual, the following is 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 readily available to the public through its website (before public availability, personal identifiers are removed).

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

The auditor confirmed this direction by reviewing the website and the Annual Report, by interviews with the Agency PREA Coordinator, Head of the Office of Special Investigations, Sex Crime Division, and key staff at the facility. Based on these interviews and reviews of agency policy and procedures, the auditor assesses this standard as compliant.

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 05, 2017

Auditor Signature

Date