

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 25, 2017

Auditor Information			
Auditor name: Michael Radon			
Address: P. O. Box 892 6 Summit Drive Bondsville, MA 01009			
Email: michaelradon@yahoo.com			
Telephone number: 413-250-7778			
Date of facility visit: March 15–17, 2017			
Facility Information			
Facility name: Queensboro Correctional Facility			
Facility physical address: 47-04 Van Dam Street, Long Island City New York 11101			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 718-368920			
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: Anthony J. Annucci			
Number of staff assigned to the facility in the last 12 months: 46			
Designed facility capacity: 424			
Current population of facility: 217			
Facility security levels/inmate custody levels: Minimum/Minimum			
Age range of the population: 19-77			
Name of PREA Compliance Manager: Elizabeth Mastroieni		Title: Assistant Deputy Superintendent PREA	
Email address: Elizabeth.Mastroieni@doccs.ny.gov		Telephone number: 718-361-8920 ext. 5020	
Agency Information			
Name of agency: New York State Department of Corrections and Community Supervision			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1220 Washington Avenue, Albany, NY 12226			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 518-457-8126			
Agency Chief Executive Officer			
Name: Anthony J. Annucci		Title: Acting Commissioner	
Email address: commissioner@doccs.ny.gov		Telephone number: 518-457-8134	
Agency-Wide PREA Coordinator			
Name: Jason D. Effman		Title: Associate Commissioner	
Email address: jason.effman@doccs.ny.gov		Telephone number: 518-457-3955	

AUDIT FINDINGS

NARRATIVE

The New York State Department of Corrections and Community Supervision (NYSDCC) in conjunction with the American Correctional Association scheduled a Prison Rape Elimination Act audit for the Queensboro Correctional Facility located in Long Island City, Queens, New York. The date of the audit visit was March 15th through March 17th. Michael Radon certified PREA auditor was notified of this assignment in January of 2017. This audit assignment was for a single certified PREA auditor.

The audit process began with information being delivered to the assigned auditor from the PREA compliance manager of the facility. This information included the pre-audit questionnaire (PAQ), facility description, all policies and procedures that were directly related to the adult prison and jail standards to be reviewed. In addition to this audit information all secondary communications were shared including travel information, and hotel reservations. The PREA resource audit instrument for adult prisons and jails furnished by the National PREA Resource Center and Department of Justice would be utilized for this audit. This tool includes seven individual sections to be reviewed, these are: The pre-audit questionnaire, audit compliance tool, facility tour, the interview protocols (staff and inmates), auditor summary, facility map (including use of technology), and documentation checklist.

This information began to be reviewed by the assigned auditor approximately six weeks prior to the audit visit, including the PAQ and policies and procedures, and all secondary documentation submitted by the facility to be used for consideration for compliance.

The auditor arrived on Wednesday, March 15th at the facility being transported by the agency PREA Coordinator. Upon arrival a pre-audit meeting took place with the facility superintendent and designated staff. The audit schedule was reviewed including all interviews with scheduled times. The PREA auditor explained to the Queensboro staff that part of the process of the PREA audit was to observe facility operations including: Inmate supervision, staff postings, use of technology, and formal/informal interaction was staff and inmates. In addition, security procedures, staff training, and direct observation of intake, reception, screening and all other support services would be observed.

The facility tour began after the pre-audit meeting which consisted of a complete walkthrough of the multi-leveled dorm styled housing areas. In addition, staff offices, healthcare, program services were observed and administration.

The Queensboro Facility located in the heart of New York City is a single structured building with all services and supervision in one entity. There is however, a small outside yard for the inmates. The overall observation of the facility layout was above average supervision of inmates, appropriate interaction with staff and inmates, and overall existing positive culture in the facility.

On Thursday, March 16th, the interview component of the audit process began including all designated staff; including clinical, healthcare, first responders, correctional officers, intake and screening and administrative staff were interviewed. All interviews with staff indicated that they were knowledgeable of PREA and their designated disciplines to ensure compliance.

Inmate interviews were conducted from all dormitory levels, all inmates were aware of PREA primarily due to their relationship with the New York State Department of Corrections and Community Supervision having been located in other facilities throughout the system and having this information on PREA not only presented to them at Queensboro but throughout the agency.

On the last day of the audit the PREA auditor met informally with the Queensboro administrative staff and reviewed the preliminary observations of the audit. It was explained to the staff at that time that there were no major areas of concern. The facility superintendent requested that an informal exit meeting take place with his designated staff to recognize their hard work in preparation for the PREA audit. The PREA auditor agreed to review the same observations to this group and acknowledge the disciplines that were in place at the Queensboro Facility regarding PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Queensboro Correctional Facility (QCF) under the New York State Department of Corrections and Community Supervision is located at 47-04 Van Dam Street, Long Island City, New York. Queensboro Correctional Facility is a minimum security/minimum custody level all male facility with a designed capacity of 424. There are periodic exterior rounds, and the facility also has strategically mounted cameras.

The facility is located in a commercial area and is six (6) story building with a brick façade. The first floor of the building, street level is the front main entrance and is mainly for food service operations. There is also a dining hall/visiting area, gymnasium, power plant, and an outside recreation yard that is surrounded by a wall.

The second floor of QCF houses the superintendents office, administrative departments, security offices, medical and dental services, and the restricted housing unit (8 cells).

The third floor of the facility is for the use of offender programs, as follows: Six (6) classrooms for re-entry use, family reunification visits, volunteer services, three (3) additional classrooms, general/law libraries, Career Zone Center (computer lab), the chapel and the Chaplains office.

The fourth floor is designated for the needs of the offender, as follows: Offender rehabilitation counselors, inmate grievance program, commissary and inmate records. There is also staff training, staff offices, and an area for offender legal visits and teleconferencing.

The fifth and sixth floors are offender housing, offender restrooms/shower facilities and dayrooms.

There is a basement that houses the storage areas, maintenance supervisors office, and maintenance areas; offenders do not have access to the basement.

The recreation program of QCF operates seven days a week and has the following offerings: Fitness equipment, a walled outside recreation yard, gymnasium, and basketball court. Inside resting activities include: Cards, board games, checkers, dominoes, chess; dayrooms are equipped with televisions.

Medical and dental care at Queensboro Correctional Facility is provided by New York DOCCS staff under the direction of the Facility Health Services Director. Mental Health Services are also provided for the offenders. Forensic sexual assault medical exams are done at Queens Hospital Center, City Hospital Center Elhurst and Bellevue Hospital Center.

The Mission Statement 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."

SUMMARY OF AUDIT FINDINGS

The Queensboro Correctional Facility was audited with the adult prison and jail standards as listed below of the 43 standards audited all standards were determined to be compliant. Thirty seven standards were found to be compliant, four standards were considered to exceed compliance and two standards were considered non-applicable.

Number of standards exceeded: 4 (115.16, 115.31, 115.33, 115.64)

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2 (115.12, 115.14)

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Documentation:

1. Directive # 4027A, Sexual Abuse Prevention & Intervention – 3/4/16
Inmate - on - Inmate –II
2. Directive #4028A, Sexual Abuse Prevention & Intervention – 3/4/16
Staff - on - Inmate-II
3. Employee Manual – Rev. 2013 – 2.19 & 2.20
4. Memo: from Brian Fischer, Commissioner – 3/14/12
RE: Appointment of Jason D. Effman, Associate Counsel, PREA Coordinator
5. Memo: from Brian Fischer, Commissioner – 4/23/13
RE: Associate Commissioner Appointment (PREA) with “Duties Description” for Associate Commissioner position
6. Memo: from Joseph F. Bellnier, Deputy Commissioner and Jason D. Effman, Associate Commissioner – 4/4/14
RE: Facility Prison Rape Elimination Act (PREA) Point Person
7. Duties Description – Assistant Deputy Superintendent/SG – 25 (PREA)
8. DOCCS Organizational Chart

Secondary Documentation:

9. Queensboro Organizational Chart indicating appointed ADS PREA Compliance Manager

Auditors Comment:

The facility has a standing zero tolerance policy that was reviewed during the audit. The policy was validated through observations of the facility plant and staff and inmate interviews. All persons affected for this zero tolerance policy were aware of the mandated zero tolerance toward all forms of sexual abuse and sexual harassment.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation:

1. Statement of Non- Applicability
2. Request for Application (RFA 2016 – 08) Community Based Residential Programs (CBPR) – 8/2016 – I, iV, J Attachment A5, Attachment C iii i

Auditors Comment:

Queensboro C.F. does not independently contract with other entities for the confinement of inmates therefore bullet A does not apply.

Standard 115.13 Supervision and monitoring

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

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

Documentation:

1. Employee Manual – 2.44 Rev. 2013
2. Directive #4001, Facility Administrative Coverage & Supervisory Rounds - 1/9/17 0 - VI A, C, Form 4001 A, Form 4001 B (8/15)

Secondary Documentation:

3. Sample: Queensboro Correctional Facility Plot Plan (6/20/16)
4. Sample: Queensboro Correctional Facility Post Closure Report (9/29 – 10/21/16).
5. Sample: Form 4001 A – Weekly Administrative Activity Report
Form 4001 B – Daily Security Supervisory Report
6. Sample: Queensboro C.F. Demonstrating “Unannounced Rounds for Tours I, II and III. Tour I - 5 South pg.13; Tour II – 6 North pg. 36; Tour 3 – 5 South
7. Example: Queensboro Correctional Facility Annual Supervision and Monitoring Plan Review 1/17/17.

Auditors Comment:

The Queensboro Correctional Facility has developed a staffing plan that is based on the criteria of the PREA standards consideration for the physical layout, resident population, substantiated and unsubstantiated incidents have been taken into consideration. This staffing plan is reviewed ongoing with the superintendent and the PREA coordinator for Queensboro.

Standard 115.14 Youthful inmates

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

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

Documentation:

1. Directive #0048, “Coxsackie Correctional Facility”; 9/01/16, Entire
2. Directive #0057, “Hudson Correctional Facility”; 9/15/2016, Section I, II, III-1 and IV.
3. Memorandum: from Joseph F. Bellnier, Deputy Commissioner
RE: Disciplinary Sanctions – Juvenile Inmates – 8/25/15
4. Memorandum: from Joseph F. Bellnier, Deputy Commissioner
RE: Report of Exceptional Circumstances – Juvenile Inmates – 8/24/15
Juvenile Unit Program Restrictions – 8/15

Secondary Documentation:

5. New York State Corrections and Community Supervision Directive # 0077
Queensboro Correctional Facility, 11/14/16 indicating Queensboro is for The “general confinement of males 18 years of age or older/.”
6. Research Report: “Security Level And Housing Facility By Current Age;
Under custody September 1, 2016 NYS-DOCCS”.

Auditors Comment:

Queensboro Correctional Facility does not house youthful inmates under the age of 18. Speciality programs for youthful inmates are at Coxsackie and Hudson Correctional Facilities.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation:

1. Directive #2230 - Guidelines for Assignment of Male and Female Correction Officers - 3/13/15 – I C; II E; III
2. Directive #4001 - Facility Administrative Coverage & Supervisory Rounds – 1/09/17 - VI B
3. Directive #4910 - Control and Search for Contraband – 9/27/16
III B 3 b (3) Note; III G 1 b, 5; Attachment's A, G
4. HSPM 1.37 - Body Cavity Search – 12/29/16 - Entire
5. HSPM 1.19 – Health Appraisal – 2/19/16 – 2A
6. Memo: from Jason D. Effman, Associate Commissioner – 9/27/16
RE: Revisions to Directive #4910 “Control of & Search for Contraband” (All Superintendents/All Staff) Secondary Documentation:
7. Queensboro C.F. Training Record of Course Completed: KHRT #17008 Contraband and Frisk RTF03 #17008 (11/16)
*Completed course KHRT #22000 Pat Frisk
8. Queensboro C.F. Training Record of Course Completed: KHRT # 35029, Prevention of Sexual Abuse. RTF03 35029 (5/16,10/16,11/16).
9. Queensboro C.F Directive #0077 (11/14/16) Section1. Indicating Queensboro C.F. is a facility housing only males.

Comment:

Queensboro Correctional Facility is a male only facility therefore letters “b” and “c” of the standards does not apply.

Auditors Comment:

During the audit directive memos were reviewed governing inmate searches including crossgender. This documentation confirmed that practices were in place that complied with this standard. Interviews with staff and residents also confirmed that this facility does not conduct crossgender strip searches.

Procedures were in place for staff of the opposite gender to announce their presence when entering housing areas. This practice was observed during the facility tour.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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

Documentation:

1. Directive #2612, Inmates with Sensorial Disabilities - 4/30/15 – Section I, II I

2. Directive #4490, Cultural and Language Access Services - 1/15/16 – Entire
3. Memo: from Jason D. Effman, Associate Commissioner - 10/26/15
RE: “Ending Sexual Abuse Behind the Walls: An Orientation” - Entire
4. Memo: from Jason D. Effman, Associate Commissioner – 12/28/15
RE: “New and Updated PREA Materials”
5. Language Access Plan for LEP Individuals – 4/1/15

Secondary Information:

6. Sample: Male Pamphlets – “The Prevention of Sexual Abuse in Prison – What Inmates Need to Know” DC055EC (English), DCO55SC (Spanish), DCO55HC (Haitian Creole), DCO55PC (Polish), DCO55RC (Russian), DCO55CC (Chinese) all dated 8/20/15.
 - a. Form 4021a
7. Example: PREA Brochure Language Guide Poster DC168L (01/16)

Auditors Comment:

Policies and directives were reviewed and clearly established procedures that provided disabled inmates equal opportunity to be protected and informed of PREA including sexual abuse/sexual harassment. The opportunity for a variety of services for interpreters and language line service exceeds the expectation of this standard. The inmate handbooks were available in multiple languages and audio education and information was in place. During the audit one interview was conducted with a limited English speaking inmate, the resident interviewed indicated that he was aware of PREA and the procedures to take if needed.

Standard 115.17 Hiring and promotion decisions

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

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

Documentation:

1. Directive #2012 - Release of Employee Personnel and Payroll Information 8/7/15 – IIC 6a. & b.
2. Directive #2112 - Report of Criminal Charges – 5/5/15, I
3. Directive #2216 - Fingerprinting /Criminal History Inquiry New Employees and Contractors – 9/17/15 - I, III, Attachment A
4. Memo: from John M. Czaka, Deputy Commissioner and Counsel - 8/18/15
RE: Prison Rape Elimination Act (PREA) – Background Checks
Appendix A
5. NYS Department of Correctional Services Personal Procedure Manual #406A Recruitment Process – 4/18/16 – Forms; PPM 406A.1 Recruitment Process Checklist, PPM 406A.2 Employment Telephone Verification

6. Memo: from Darren Ayotte, Director of Personnel - 4/30/14
RE: Personnel Procedure #407 – Civilian Promotions
Personal Procedure Manual #407A – Security Promotions - 4/29/14
7. Electronic Mail Memo: from Darren Ayotte, Director of Personnel - 7/15/15
RE: Fair Chance Hiring Application Revisions and Statewide Employment Application
8. Form EIU23 - Personal History Questionnaire – (Rev.8/14)
Cover, 20a & b, 21, 22, 25a, 35, 36
9. Form 1253 - Personal History and Interview Record - 4/13
Cover, 7a, Eb
10. Availability Inquiry Correction Sergeant – Cover, 3 Entire
Availability Inquiry Correction Lieutenant – Cover, 3 Entire
11. Example: Queensboro C.F “Criminal History Check” for Personnel. 8/26/16
12. Example: Queensboro C.F “Personal History and Interview Record” Form 1253 “Personnel History” E question a/b for PREA. 11/30/16

Auditors Comment:

Personnel policies for hiring were reviewed, indicating that the agency/facility has a system for criminal background checks for new employees and contractors. The policy also eliminates anyone who had been convicted of engaging or attempting sexual activity and any other civil or criminal adjudications related to PREA. All personnel policies had been reviewed prior to this audit and revised and adjusted to comply with PREA standards. Applications for employment include a specific questionnaire that require potential employees to answer questions specifically related to sexual abuse or sexual harassment whether they were substantiated allegations or unsubstantiated.

Standard 115.18 Upgrades to facilities and technologies

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

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

Documentation:

1. Directive #3053 - Alterations and Construction Request - 4/27/15 - II, Form 1612

Comment: Queensboro Correctional Facility has had no substantial expansions or modifications within this audit period.

Auditors Comment:

During this audit facility tour it was observed that staff postings and positions demonstrated excellent site lines for inmate supervision. The facility dorm settings allow for good observations of sight and sound. Although there were no upgrades in preparation for this PREA audit, existing cameras at intake and entry were being used for surveillance.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Documentation:

1. Directive #4027B – Sexual Abuse Reporting Investigation – 2/17/16
Inmate – on – Inmate, Attachment B – Appendix 1-5
2. HSPM 1.60 – Sexual Assault – 8/3/15 – II, III A 1 c
SAFE/SANE Hospitals (2/6/17)
3. Operational Guidelines – Office of Special Investigations (OSI)
Immediate Dispatch: Inmate on Inmate /Staff on Inmate
4. Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault – Revised October 2008
5. Letter to Joseph A. D'Amico, Superintendent New York State Police – 5/2/14
RE: Implementation of the PREA Standards, Entire
6. Power Point Presentation Excerpt: PREA Specialized Training: Investigations – 8/4/15
7. Statement of Non-Applicability – 5/14/15

There are no compliance measures for standards (g) and (h).

Auditors Comment:

The agency is responsible for all criminal investigations. The agencies office of special investigations which deals with sex crimes conducts the investigations. The agency has alignment with other law enforcement agencies which include New York State Police, NYPD, and The Bureau of Criminal Investigations working cooperatively in resolving sexual assault or harassment cases. The facility utilizes outside resources to provide forensic medical examinations and evidence protocols. These practices were found to be compliant with the DOJ's protocols for sexual assault forensic examinations.

The OSI investigators acknowledge that practices for PREA investigations were in place and were very well versed of the investigation process, evidence protocols, and the sexual abuse checklist.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation:

1. Directive #0700 - Office of Special Investigations - 10/23/14 I; III D; IV A
2. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16
Inmate - on - Inmate– II
3. Directive #4027B - Sexual Abuse Reporting & Investigation – 2/17/16
Inmate - on - Inmate - VII B; Attachment A
4. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16
Staff – on - Inmate - II
5. Directive #4028B - Sexual Abuse Reporting & Investigation – 3/4/16
Staff – on - Inmate - VI B; Attachment A
6. Statement of Non – Applicability - 5/15/15
7. DOCCS PREA Policy Web Page 9/17/16 Entire
8. Letter to Joseph A. D’Amico, Superintendent New York State Police from
Jason D. Effman, Associate Commissioner – 5/2/14
Re: Implementation of the PREA Standards, Entire

Secondary Documentation:

9. Form: 2103SAIS – Staff-on-Inmate Monthly Sexual Abuse/Threat
Incident Summary for Queensboro Correctional Facility (10/20/16)

Form: 2103SA11 – Inmate-on-Inmate Monthly Sexual Abuse/Threat
Incident Summary for Queensboro Correctional Facility (9/20/16)

Auditors Comment:

The agencies policies regarding referrals of allegations for investigations were reviewed and found to meet the intent of the PREA standard. The office of special investigations are in place for conducting investigations. All allegations are investigated and reported with findings. Documentation of these investigations are maintained at the OSI office. All outside agencies demonstrated knowledge of their responsibilities in the criminal investigation process, responsibilities were clearly defined and understood.

Standard 115.31 Employee training

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

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

Documentation:

1. Training Manual Subject: 0.100 - Frequency Training Chart and Training Bulletins - 9/23/15 - Entire
Training Bulletin #7, "PREA: Sexual Abuse Prevention and Response"
2. Training Manual Subject: 6.500 - Facility Familiarization – 8/25/15
3. Training Manual Subject: 6.600 – Initial Employee Training/40 Hour Orientation – 7/18/16 – Section II, Section IV page 5, Attachment A page 7
4. Memo: from Anthony J. Annucci, Acting Commissioner – 7/8/16 -
RE: Policies and Standards Generally Applicable to all Employees – Entire
5. Memo: from Daniel F. Martuscello III, Deputy Commissioner, and Jason Effman, Associate Commissioner – 4/8/15 – RE: Sexual Abuse Prevention and Response Training - Entire
6. Sexual Abuse Prevention and Response Lesson Plan - March 2015
Report of Training Form: Sexual Abuse Prevention and Response (PREA)
RTF – PREA (3/2015)

Secondary Documentation:

7. Queensboro C.F. Complete Report:#35029 - Sexual Abuse Prevention and Response (PREA)
8. Queensboro C.F. RTF-PREA REFRESHER 17078 Sexual Abuse Prevention and Response (PREA) – Refresher
9. Queensboro C.F. RTF – 35029 Sexual Abuse Prevention and Response (PREA)
10. Example: Queensboro C.F. "Training Bulletin #7 – PREA SEXUAL ABUSE PREVENTION AND RESPONSE" Training Manual Subject: 0.100 11/20/1, 11/19/16 and 11/21/16.

Auditors Comment:

The agency/facility has had sexual abuse prevention, abuse and harassment in place prior to this audit. The department has a variety of trainings, lessons planned and curriculum based which focuses on sexual abuse prevention and response also including the zero tolerance policy, first responder responsibilities, and the dynamics of sexual abuse and harassment in a correctional environment.

Standard 115.32 Volunteer and contractor training

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

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

Documentation:

1. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16 - Inmate – on - Inmate - IV A 2
2. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16 - Staff – on - Inmate - V A 2
3. Directive #4071 – Guidelines for Construction Projects – 3/1/16 - D 3
4. Directive #4750 - Volunteer Services Program – 2/8/16 – IV C 4 a

5. Memo: from Anthony J. Annucci, Acting Commissioner - 9/4/13 -
RE: Policy on the Prevention of Sexual Abuse of Offenders (revised) to all Employees, Contractors, Volunteers, and Interns

Secondary Documentation:

6. Queensboro C.F.: Sample completed: Standards of Conduct for Volunteers within the New York State Department of Corrections and Community Supervision, FORM #4750 C (11/15)
a) Example: Signed "Guidelines for Construction Projects" 4/14/16
7. Example: Office of Ministerial, Family and Volunteer Services –
Acknowledgement of "Standards of Conduct for Volunteers" and All
Applicable Policies (including information contained previously on form
4071 A) with signature.

Auditors Comment:

During the last twelve months all volunteers and contractors have been trained in PREA policies and procedures. The level and type of training provided is essentially the same training curriculum provided at the facility. Documentation was reviewed that confirmed that the volunteers and contractors understand the PREA training received. The auditors reviewed all documentation including policies and procedures, and interviewed a random portion of individuals (volunteers and contractors) and found that they were knowledgeable of PREA and the zero tolerance policy.

Standard 115.33 Inmate education

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

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

Documentation:

1. Directive #4021 - Offender Reception/Classification - 3/20/13 - II A 9, B 11
2. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16-
Inmate – on - Inmate - IV A 3
3. Memo: from Jeff McKoy, Deputy Commissioner and Jason D. Effman, Associate Commissioner - 6/18/15
RE: PREA: Inmate Orientation Film Implementation
Inmate Orientation Film Implementation – Spec. Housing Units
4. Memo: from Jason D. Effman, Associate Commissioner – 12/28/15
RE: New and Updated PREA Materials – Entire
5. Memo: from Jason D. Effman, Associate Commissioner - 10/27/14
RE: Reasonable Accommodations PREA Information
6. Inmate Orientation Outline - 6/15/15
Form: 115.33L – Report of Inmate Training Participation

Secondary Documentation:

7. Pamphlet: “The Prevention of Sexual Abuse in Prison, What Inmates Need to Know” Male Pamphlets in English, Spanish, Haitian Creole, Italian, Korean, Polish, Russian and Chinese. DCO55 series as EC, SP, HC, IC, KC, PC, RC, CC Respectively.
8. PREA POSTERS: “Zero Tolerance” in Spanish/English DC160ML
9. PREA POSTER: “Report Sexual Abuse” DCDC118
10. Poster: PREA Brochure Language Guide Poster DC168L
11. Poster: Language Identification Tool. Right to File a Complaint
12. Examples : Queensboro C.F. 115.33L/115.33 InmateTraining Participation.

Auditors Comment:

Review of documentation including reception and classification requires every inmate receives the PREA pamphlet during orientation. This pamphlet covers sexual abuse prevention and intervention, inmate on inmate, staff to inmate, and inmate to staff are addressed in this directive. There is also a department video titled ‘Ending Sexual Abuse Behind the Walls’ available in eight languages. All inmates have received PREA orientation including before the deadline for PREA so now ALL inmates have received PREA orientation. Interviews with intake staff confirmed inmates are provided with the zero tolerance policy and practices which include how to report sexual abuse/sexual harassment and their rights to be free from sexual abuse and sexual harassment, and free from potential retaliation. Interviews with random sampling of inmates acknowledged that they had received PREA information verbally and in writing. Observations during the facility tour observed PREA posters located throughout the facility clearly informing how to report incidents and contact information.

Standard 115.34 Specialized training: Investigations

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

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

Documentation:

1. Office of Special Investigations Policy and Procedure – 9/1/15
Training Requirements for Sex Crimes Investigators – Entire
2. National Institute of Corrections Training (Section Overview)
PREA: Investigating Sexual Abuse in Confinement Settings (DOCCS Course Code #17072)
3. Power Point Presentation Excerpt: PREA Specialized Training – 9/16/15
RE: Investigations
4. Power Point Presentation Excerpt: Sexual Abuse Investigations and PREA – 2014 Update -6/15

Secondary Documentation:

5. KHRT Training Report for Course #17072, National Institute of Corrections Training – PREA: Investigating Sexual Abuse in Confinement Settings, Updated 8/5/16 and 1/11/17
6. Report of Training Form for PREA Specialized Training – 8/5/15

7. Report of Training Form for Sexual Abuse Investigations and PREA Update
November 14, 15 and 16th, 2016.

Auditors Comment:

Office of special investigations (OSI) policies and procedures requires specialized training for investigators dealing with sex crimes investigations in confinement settings. Part of the training consists of interviews with sexual abuse victims and perpetrators, proper use of Miranda and Garrity warnings, evidence collection and the criteria of evidence for prosecution referral. Review of training records verified all investigator staff received proper training regarding this standard. Based on review of polices and procedures interviews with investigators and training records confirms compliance.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Documentation:

1. Directive #4750 – Volunteer Services Program, Division of Health Services acknowledgement form
2. Training Manual Subject - 7.100, 40 – Hour Orientation Program for Full-time, Non-security Staff at Facilities - 8/25/15 (Mandatory)
3. Training Manual Subject 6.600, Mandatory Initial Training, Non - Security Staff at Facilities - 7/18/16 (Mandatory)
4. Email : PREA - Office of Mental Health Memorandum Of Understanding
To: All Superintendents (Interim MOU between OMH and DOCCS), 9/14/16
5. Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA Standards 3/14/16
6. Memorandum: Carl J. Koenigsmann, M.D. Deputy Commisisoner to All Superintendents re: “Inmate Sexual Assault Post Exposure Protocol/PREA Mandatory Teleconference. 7/12/16.
7. Letter from Nancy A Lyng, MS, Director of Health Services concerning contractors understanding PREA policy and procedures 4/14/15

Secondary Documentation:

8. Sample: Queensboro C. F. of completed course #35029 “PREA Sexual Abuse Training. RTF03 #35029 (10/20/16 & 5/3/16).
9. Sample: RTF Queensboro C.F. of completed course #17083 “ PREA Training for Medical/Mental Health Providers (10/19/16)
10. Sample: RTF Queensboro C.F. of completed course # 17078 “PREA Refresher (10/14/16)

Auditors Comment:

All medical and mental health care practitioners who work in the facility are trained in areas related to sexual abuse and sexual harassment. Included in the training is how to detect and assess signs of sexual abuse and sexual harassment, preservation of physical evidence of sexual abuse, how to respond effectively to victims of sexual abuse and harassment and the correct procedures of reporting allegations or suspicions of sexual abuse and sexual harassment. In addition, the Queensboro Correctional Facility utilized outside community resources in the event of a PREA related incident. Part of these resources included the availability of SAFE/SANE medical personnel.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Documentation:

1. Memo: from Joseph F. Bellnier, Deputy Commissioner for Correctional Facilities, Jeff McCoy, Deputy Commissioner for Program Services, and Jason D. Effman, Associate Commissioner – 8/26/16 – RE: Prison Rape Elimination Act (PREA) Risk Screening PREA Risk Screening – FOM (Facility Specific) Entire Risk Screening Form - Male Facility
Form: 4021 Security Screening
Form: 4021A Draft Receipt
2. Memo: from Jason D. Effman, Associate Commissioner and Ann Marie McGrath, Assistant Commissioner - 10/27/14
RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity (SOGI)
Form: Interview Guide Regarding Sexual Orientation and Gender Identity

Secondary Documentation:

3. Example: Queensboro C.F PREA Risk Screening Form completed (2/8/17)
Example: Form: 4021 Security Screening (9/1/16)
Example: Form: 4021A Draft Receipt (9/1/16)
4. Queensboro Correctional Facility FOM. # 9014 PREA Risk Screening dated 8/31/16

Auditors Comment:

All offenders receive an initial mental health screening and/or evaluation. The screening tool is an objective screening instrument, the risk for potential sexual victimization are identified and monitored and housing assignments are determined ensuring safety. The intake process was observed during the audit and found the screening and intake process to be thorough and confidential. In addition, all inmates were screened and reassessed within thirty days after their admission into the facility.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documentation:

1. Directive #4009 - Minimum Provisions for Health and Morale – 8/21/13
Date last revised 11/3/15 incorporated as VII A in 8/21/13 Dir. # 4009.
2. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16
Inmate – on – Inmate – IV B 1, 2
3. Directive #4401 - Guidance & Counseling Services – 2/11/13 III B 1a, b, c, d, 2a
4. Memo: from Lucien LeClaire Jr., Deputy Commissioner and John Nuttal, Deputy Commissioner - 8/4/2005
RE: New Procedure Necessitated by Directive #4027A - Sexual Abuse Prevention & Intervention – Inmate – on - Inmate
5. Memo: from Jason D. Effman, Associate Commissioner, and Ann Marie McGrath, Assistant Commissioner - 10/27/14
RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity (SOGI)
6. Memo: from Joseph F. Belliner, Deputy Commissioner for Correctional Facilities, Jeff McCoy, Deputy Commissioner for Program Services, and Jason D. Effman, Associate Commissioner – 8/26/16
RE: Prison Rape Elimination Act (PREA) Risk Screening
 - PREA Risk Screening FOM Template, 8/19/16; Entire
 - Risk Screening Form Male Facility, Form #115.41, 8/19/16; Entire
 - Report of PREA Risk Screening Information Memorandum, Form #115.42; Entire

Secondary Documentation:

7. Queensboro Correctional Facility Facility Operations Manual (FOM) #9014, PREA Risk Screening, 8/31/16 Section 1, IV
8. Queensboro Correctional Facility Sample Form #115.41M, completion date 10/13/16.
9. Queensboro Correctional Facility form 115.42 (8/11/16) Report of PREA Risk Screening Information completed 10/6/16

Comment: Compliance standard (g): NYS DOCCS does not house lesbian, gay, bi-sexual, transgender, or intersex inmates in dedicated facilities, units or wings solely on the basis of such identification or status.

Auditors Comment:

The facility utilizes the risk screening information and does make individualized determinations for housing, bed placement, and other facility assignments. It is clear that the goal of the information is to protect those inmates at high risk of victimization/abuse. New procedures were implemented by the agency that necessitated additional scrutiny regarding sexual orientation and gender identity (SOGI). Additional memo was reviewed addressing transgender and intersexed inmates showering separately within the facility. Interviews with intake medical mental health staff supported compliance with this standard. The interviews confirmed a clear understanding of how to utilize and comply with the screening information.

Random interviews with inmates and review of inmate files verified compliance with this standard.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documentation:

1. Directive #4948 – Protective Custody Status – 3/13/15 – Entire Forms 2168A, 2170A, 4948A

Comment: Queensboro C.F. has not had any sexual victimization protective custody recommendations within this audit year.

Auditors Comment:

The policy and procedures developed for compliance with this standard addresses all of the elements required. The facility has not utilized protective custody for high risk inmates. The utilization of the protective custody wing is used rarely for inmates.

Standard 115.51 Inmate reporting

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

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

Documentation:

1. Employee Manual Section - 2.20
2. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16
Inmate – on – Inmate, IV C
3. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16
Staff – on – Inmate, V B
4. Letter: to Anthony J. Annucci, Acting Commissioner from Thomas Beilein, Chairman of the State Commission of Correction - 4/9/14
RE: Inmate and Resident reporting
5. Sexual Abuse Prevention and Response (SAPR) Lesson Plan, March 2015, pages 65-66
6. PREA Brochures: The Prevention of Sexual Abuse in Prison: “What Inmates Need to Know” (English/Spanish, male)

Secondary Documentation:

7. Queensboro Correctional Facility: General Confinement – Re-Entry Orientation Manual; Cover Sheet, Table of Contents pgs.18, 19, 21, and 22.

Auditors Comment:

The standard requires multiple ways for inmates to report sexual abuse and sexual harassment. In review of the documentation provided it clearly demonstrated that multiple internal reporting mechanisms were in place. These included contact information in the PREA brochure, written or phone communication with the rape crisis hotline, direct staff communication, and third party reporting including attorneys, friends and family members. The Prevention of Sexual Abuse in Prison Pamphlet includes ‘What Inmates Need to Know’ and the identification of the opportunities to report sexual abuse/sexual harassment. During interviews with staff and inmates answers to questions regarding inmate reporting were confirmed.

Standard 115.52 Exhaustion of administrative remedies

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

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

Documentation:

1. Directive #4040 – Inmate Grievance Program – 1/20/16
General Policies § 701.3 (i)

Auditors Comment:

The documentation provided by the facility confirms that the appropriate administrative steps are in place through the inmate grievance program and direct communication with supervisory staff to address appropriate resolutions.

Standard 115.53 Inmate access to outside confidential support services

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

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

Master Documentation:

1. Directive #4404 – Inmate Legal Visits – 1/2/16 – II A, E, IV J

2. Directive #4421 – Privileged Correspondence – 6/2/16 – II A 4, III A 2, C
3. Directive #4423 – Inmate Telephone Calls – 1/15/14 and Rev. Notice 5/21/15 VIII C 2
4. Memo: from Jason D. Effman, Associate Commissioner to All Superintendents/Concerned Inmate – 4/4/14
RE: Just Detention International Resource Guide
5. Contract extension between DOCCS and CVTC of Mt. Sinai, St. Lukes and Mt. Sinai West; 3/11/16.
6. Help for Victims Sexual Abuse in Prison DOCCS Enhanced Victim Services & Rape Crisis Hotline #77; (English/Spanish).
7. Pamphlet: Help for Victims of Sexual Abuse in Prison: English - #DC 132C And Spanish #DC132SC (2/25).

Secondary Documentation:

8. Queensboro Correctional Facility – General Confinement – Re-Entry Orientation Manual: Cover Sheet; Table of Contents pgs. 18, 19, 20, 21, and 22 (signature in receipt of) informing inmates about PREA.

Auditors Comment:

Review of documentation indicates that the inmates have the ability to visit with their attorneys confidentially; privileged correspondence is in place. The Just Detention International Resource Guide is available to provide services as its' relation to sexual abuse and sexual harassment. Victim advocate groups are in place for emotional support through the hotline and mailing address.

Interviews with random inmates confirmed that they were aware of the facility providing them with access to outside support services. They were also aware of the reporting rules of privacy and confidentiality that applies to disclosure of sexual abuse to outside advocate services.

During the facility tour the hotline phones were tested throughout the facility, posters were strategically placed throughout the housing units and other sites. Random interviews with staff and inmates and review of documentation concluded compliance with this standard.

Standard 115.54 Third-party reporting

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

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

Master Documentation:

1. DOCCS PREA Policy Web Page – 2/5/16 – Entire

Auditors Comment:

The agency provides PREA information which includes all procedures and information regarding PREA, including reporting opportunities. Third party reporting of sexual abuse and sexual harassment is also covered in agency directives and clearly outlines the method to receive third party reports.

In addition, third party reporting is available with the Department Office for Special Investigations or the New York State Bureau of Investigation which provides confidential reporting.

Standard 115.61 Staff and agency reporting duties

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

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

Documentation:

1. Employee Manual Section – 2.20
2. Directive #0700 – Office of Special Investigations – 1/23/14 – III D
3. Directive #4027A – Sexual Abuse Prevention & Intervention - 3/4/16 – Inmate-on-Inmate – IV C
4. Directive #4028A – Sexual Abuse Prevention & Intervention – 3/4/16- Staff-on-Inmate V B
5. Memo: from Jason D. Effman, Associate Commissioner – 1/21/16 – RE: Sexual Abuse Response and Containment Checklist
6. Email: PREA – Office of Mental Health Memorandum Of Understanding
To: All Superintendents (Interim MOU between OMH and DOCCS) 9/14/16.

Secondary Documentation:

Examples: Queensboro C.F. Form 2103SASI “STAFF-ON-INMATE”
Form 2103SAII “INMATE-ON-INMATE”
MONTHLY SEXUAL ABUSE/THREAT INCIDENT- SUMMARY Reports (9/16)

Auditors Comment:

Review of policies and procedures identifies the sex crime unit to handle all reports of allegations. This unit investigates alleged sexual misconduct between inmates and staff as well as inmate on inmate. This unit also involves outside law enforcement for potential prosecution.
Interviews with a random sample of staff confirmed knowledge of their reporting duties regarding alleged sexual abuse or sexual threats and the sensitive nature of these situations. Staff were aware of the confidentiality and the need to protect information including the victim and potential perpetrator. The requirement to report immediately any knowledge, suspicion, or information including potential retaliation were confirmed and staff were adequately trained regarding this standard.

Standard 115.62 Agency protection duties

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

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

corrective actions taken by the facility.

Documentation:

1. Directive #4040 - Inmate Grievance Program -1/20/16 § 701.6 Procedural Safeguards (m)
2. Directive #4948 - Protective Custody Status – 3/13/15 – II A, C III D 1 – Form 2168

Secondary Documentation (if applicable):

3. Queensboro C.F: “Confidential” statement dated 9/6/16 indicating alleged attempted sexual assault in a shower area – inmate on inmate.
4. Queensboro C.F.: Watch Commanders Log pg. 173 Tour II 9/6/16 pg.173 documenting process followed for the PREA allegation.
5. Queensboro C.F: Log book entry from Restriction Unit 2s - pg. 229, time 1:20 p.m stating Sgt. in area for admission of inmate for suicidal prevention screening.
6. New York State DOCCS form 3152 SHU/KL “SUICIDE PREVENTION SCREENING GUIDELINES – SHU/KEEPLOCK (KL) ADMISSION (9/6/16)
7. Inmate Transfer System 9/7/16 with explanation for transfer – indicating “attempted sex” which continues with “fears for his safety.” Approved 9/7/16
8. Queensboro C.F.: Watch Commanders Log pg. 173 Tour II pg. 173 Indicating “Date Out: 9/8/16” with “Time Out: 1:10 p.m.”

Auditors Comment:

Review of policies and procedures included emergency grievances, the inmate grievance program, and the appropriate response for immediate and meaningful action. The policy also clearly articulates that the definition of emergency is situation, action or circumstance where inmate or staffs safety is in serious danger. Interviews with administrative staff confirmed that in the event of learning an inmate is subject to or at substantial risk of sexual abuse or harassment the Office of Special Investigations would be contacted and adjustment of staffing would be made. Inmates could be transferred to another housing unit and could be temporarily placed in protective custody.

Standard 115.63 Reporting to other confinement facilities

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

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

Documentation:

1. Memo: from Jason D. Effman, Associate Commissioner
RE: Reporting to Other Confinement Facilities (Revised)
PREA Standare 115.63/263 – 2/12/16 – Entire
Form 115.63 Report of Sexual Abuse – 8/2015
Jail Administrators contact information

Comment: Queensboro C. F. has not had to report to another confinement facility an allegation of sexual abuse occurring in that facility in this audit year.

Auditors Comment:

The procedures and practices necessary for fluid communications from facility to facility was reviewed. Actual documentation of transfer forms and other communication procedures were in place to ensure that prior history of sexual abuse and harassment were communicated from one administrative department to another. Based on the review of these policies and interviews with staff, the standard is in compliance.

Standard 115.64 Staff first responder duties

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

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

Documentation:

1. Directive #4027B – Sexual Abuse Reporting & Investigation – 2/17/16
Inmate – on – Inmate – V
2. Directive #4028B – Sexual Abuse Reporting & Investigation – 3/4/16
Staff – on – Inmate – V
3. Memo: from Jason D. Effman, Associate Commissioner – 1/21/16
RE: PREA Coordinated Response Plan
Sexual Abuse Response and Containment Checklist
4. Memo: from Joseph F. Bellnier, Deputy Commissioner Carl J. Koenigsmann, M.D., Deputy Commissioner/Chief Medical Officer
Jason D. Effman, Associate Commissioner/PREA Coordinator – 10/1/15
RE: Response to Inmate Sexual Activity
5. Sexual Abuse Prevention and Response (SAPR) Lesson Plan, March 2015 Pages 61, 62, 64

Secondary Documentation:

6. Example: Queensbory C.F. FOM. NO. 9014 “Coordinated Response Plan to an Incident of Sexual Abuse” 01/22/16.
7. Example: Queensboro C.F. completed KHRT #35029 “Prevention of Sexual Abuse” 1/1/16 thru 10/6/16.

Auditors Comment:

Policies and procedures reviewed included sexual abuse reporting and investigation which clearly identifies specific responsibilities for first responder staff. Response to inmate sexual activity policies are in place. The procedures are clearly articulated for first security staff member appropriate response.

First responder staff have also been distributed laminated pocket cards of sexual assault and harassment steps to be taken. All staff interviewed had in possession these pocket cards. Interviews with staff indicated that they were well trained and informed of the requirements as a first responder to sexual abuse or harassment.

Standard 115.65 Coordinated response

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

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

Documentation:

1. Memo: from Jason D. Effman, Associate Commissioner – 1/21/16
RE: PREA Coordinated Response Plan – Entire
ATTACHMENT A – Sexual Abuse Response and Containment Checklist
2. FOM: Queensboro C. F. #9013 – Coordinated Response Plan to an incident of Inmate Sexual Abuse – 1/22/16.

Auditors Comment:

A review of the existing policies and procedures for a comprehensive coordinated response was validated. Included in these policies were SAFE/SANE hospital listings, sexual abuse response and contained checklist, mental health and medical communications, staff first responders, investigators, and administrative staff. Also reviewed in the facility operational manual was the coordinated response plan. Interviews with the facility superintendent, PREA compliance manager and observations during the tour of the facility confirmed compliance with this standard.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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

Documentation:

1. Directive #2110 – Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings – 4/27/15 – III
2. Directive #2114 – Functions of the Bureau of Labor Relations – 7/17/15 IV I, K
3. NewYork State Governor’s Office of Employee Relations (GOER)
Administrative Services Unit (ASU)
Operational Services Unit (OSU)

Institutional Services Unit (ISU)
Professional, Scientific and Technical Services Unit, (PS&T)
Security Services Unit (SSU)
Security Supervisors Unit (SSPU)

Secondary Documentation:

4. Unin Contracts continuation after expiration – Taylor Law Triborough Amendment

Auditors Comment:

Documentation reviewed validated compliance with this standard. Collective bargaining agreements exist that allow alleged staff sexual abusers to be removed from contact with inmates pending the outcome of investigations. The agency has not entered or renewed collective bargaining agreements since August of 2012, existing practices of the standard are covered by policy and enforced.

Standard 115.67 Agency protection against retaliation

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

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

Documentation:

1. Employee Manual 2.19 - Rev. 2013
2. Memo: from Jason D. Effman, Associate Commissioner
RE: Agency Protection against Retaliation, PREA Standard 115.67/267, 8/20/15
Retaliation Monitoring Form 115/67 (8/2015)
Form 115.67A (8/2015)

Secondary Documentation:

3. Queensboro Correctional Facility form 115.67 Retaliation Monitoring Form (8/15) – completed 5/22/16

Auditors Comment:

Protective measures were reviewed through documentation provided by the facility. these protective measures are made on a case by case bases. The decisions are reviewed by the superintendents office and special investigations to ensure the present placement is appropriate. Interviews with the administration also revealed that all inmates that report sexual abuse or harassment are protected from retaliation. Some of these protections include housing unit transfers, transfer to a different facility, and removal of alleged staff. The monitoring of inmate status checks occur every thirty days, the monitoring of signs of retaliation is conducted by the administration including the PREA point person, PREA compliance manager, and other designated staff.

Based on review of existing policies, procedures and practices, interviews with staff and observations of the facility this standard is 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)

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

Documentation:

1. Directive #4948 – Protective Custody Status – 3/13/15 – II C, III D Form 2168A.

Comment: Queensboro C. F. has not had any involuntary Protective Custody inmates in this audit year.

Auditors Comment:

Review of provided documentation regarding Protective Custody Status confirms policies exist and are implemented. Inmate who allege sexual abuse and require protective custody are evaluated and recommended for transfer. The consideration for these transfers consider appropriate placement in general population. The policies also prohibit the use of involuntary segregated housing unless all alternative possibilities for separation from abusers has been exhausted.

Standard 115.71 Criminal and administrative agency investigations

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

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

Documentation:

1. New York Criminal Procedure Law §160.45 Polygraph Tests; prohibition against
2. Directive #0700 - Office of Special Investigations - 10/23/14 – Entire
3. Directive #2011 – Disposition of Departmental Records – 3/30/15 – Entire 1B 1, 3 D2 b, IIB – Attachment A
4. OSI Policy and Procedure: Training Requirements for Sex Crimes Investigators – 9/1/15
5. OSI Policy and Procedure: Intake and Case Management Unit – 2/5/16
Entire - Complaint Processing & Case File Management
6. Office of Special Investigations Sex Crimes Division
Inmate on Inmate Sexual Abuse

7. Office of Special Investigations Sex Crimes Division
Staff on Inmate Sexual Abuse
8. Letter to Joseph A. D'Amico, Superintendent New York State Police - 5/5/14
RE: Implementation of the PREA Standards
9. Power Point Presentation: PREA Specialized Training: Investigations 8/4/15

Secondary Documentation:

10. Closed Files: Office of Special Investigations, Sex Crimes Division investigation files will be made available during the on-site portion of the audit for review for the auditor.

Auditors Comment:

The agency conducts its own internal investigations for sexual abuse and sexual harassment. The Office of Special Investigations (OSI) conducts investigations objectively and includes third party reports.

All investigators have received specialized training in the investigation process of sexual abuse and sexual harassment and continue to receive updated information regarding the investigation process for sexual abuse. Investigators interviewed reported a well rounded knowledge of investigative protocols including Miranda and Garrity, victim sensitivity, medical response, understanding trauma, working with advocates and interagency and evidence collection awareness.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Documentation:

1. Memo: from Christian Nunez, Deputy Chief of Investigations – 7/29/15
RE: Sex Crimes Division (SCD) Close Out Procedures
2. Power Point Presentation Excerpt: PREA Specialized Training:Investigations – 5/31/16

Auditors Comment:

Policies reviewed addressed the preponderance of evidence expectations for this standard. The documentation confirmed existing policies are enforced. Interviews with investigators also confirmed a awareness of the protocols for administrative investigations.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Documentation:

1. Memorandum from Stephen Maher, Chief, Office of Special Investigations, 9/14/15, RE: Notification of Investigative Determination.
2. Memo: from Christian Nunez, Deputy Chief, Office of Special Investigations, 7/29/15, RE: Sex Crimes Division (SCD) Close Out Procedures

Secondary Documentation:

3. Queensboro Correctional Facility Sample of Notification of Investigation Determination email from Office of Special Investigation for Unsubstantiated Case: 1/18/17

Comment:

All sexual abuse investigations are conducted through the New York State Department of Corrections and Community Supervision Office of Special Investigations.

Auditors Comment:

Documentation provided the notification process that all inmates who make allegations of sexual abuse will be informed, this includes substantiated or unsubstantiated claims.

Based on policies and procedures and memorandums and interviews with facility administration, the PREA compliance manager and investigative staff confirmed compliance with this standard.

Standard 115.76 Disciplinary sanctions for staff

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

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

Documentation:

1. Employee Manual – Rev. 2013-2.19
2. Directive #2110 – Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings – 4/27/15 – III Attachment A Attachment B Attachment C
3. Directive #2111 – Report of Employee Misconduct – 1/5/16 I, II, III, IV, V

4. Directive #2605 – Sexual Harassment in the Workplace – 12/21/15 – VI
5. Directive #4028B – Sexual Abuse Prevention & Intervention
Staff-on-Inmate - 3/4/16 – I, II
6. Directive #4028A – Sexual Abuse Preventin & Intervention
Inmate-on-Inmate - 3/4/16 - I, II
7. Memo: from Daniel F. Martuscello III, Deputy Commissioner for Administrative Services – 2/5/16
RE: Prison Rape Elimination Act/Presumptive Disciplinary Sanction for Staff Sexual Misconduct.
8. Letter: Jason D. Effman, Associate Commissioner to Superintendent D’Amico of NYS Police, RE: Prison Rape Elimination Act Standards, 5/2/14 pg 3

Comment:

Queensboro Correctional Facility has not had any staff violate policies regarding sexual abuse or sexual harassment.

Auditors Comment:

The employee manual was reviewed and specific policies regarding staff sexual abuse and harassment disciplinary action. The policies confirmed procedures were in place for disciplinary sanctions for violations relating to sexual abuse and harassment. Included were the potential sanctions which could be imposed.

Review of policies and interviews with human resources personnel confirm compliance with this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Documentation:

1. Directive #2605 – Sexual Harassment in the Workplace – 12/21/15 – VI A, B
2. Directive #4750 – Volunteer Services Program – 3/7/13 – IV C 4 a
3. Office of Special Investigations: Reporting of Misconduct to Outside Agencies – 2/3/16 – Policy II
4. Standard of Conduct for Volunteers, Form 4570C (11/15), number 11 a, b.
5. Memo: from Anthony J. Annucci, Acting Commissioner – 9/4/13
RE: Policy on the Prevention of Sexual Abuse of Offenders (revised)
6. Form #4071A, Guidelines for Construction Projects (3/16); pages 5 and 6.

Secondary Documentation:

7. Queensboro Correctional Facility Sample: Standard of Conduct for Volunteers; Form 4570C (11/15); signed 9/2/16

8. Queensboro Correctional Facility Sample: Acknowledgement of “Standards and Conduct for Volunteers” and All Applicable Policies – Signature Form (6/29/16); signed 10/7/16

Comment:

There has not been an allegation of sexual abuse towards a contractor or volunteer at Queensboro Correctional Facility during this audit reporting year.

Auditors Comment:

Existing policies for corrective action for contractors and volunteers were reviewed, the policies clearly articulate that any inappropriate relationships including sexual abuse or harassment is prohibited. In the event that sexual abuse or harassment is alleged potential contact with the inmate from the volunteer or contractor is prohibited. In addition, these allegations are reported to the specific investigative and law enforcement agencies.

Training of PREA and healthy boundary relationships with inmates was confirmed, in addition, sexual abuse and sexual harassment prevention, detection, and response was also provided.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Documentation:

1. Directive #4027A – Sexual Abuse Prevention & Intervention – 3/4/16
Inmate-on-Inmate - II, III C1, IV C Note
2. Directive #4028A – Sexual Abuse Prevention & Intervention - #/4/16
Staff-on-Inmate – II Note, V B 5
3. Directive #4932 – Chapter V, Standards Behavior & Allowances – 1/20/16 Entire
4. Memo: from Joseph F. Bellnier, Deputy Commissioner – 7/22/14
RE: Disciplinary Disposition Guidelines
5. Sex Offender Counseling and Treatment Program (SOCTP) Guidelines 2/2016

Comment:

Queensboro C. F. has not had an administrative or criminal finding of guilt that an inmate engaged in inmate-on-inmate sexual abuse during this audit period.

Auditors Comment:

Policies and procedures reviewed confirm that potential disciplinary action is in place. This disciplinary action includes falsely reporting an incident of sexual abuse and/or lying. The review of these policies and procedures encompassed all areas of potential sexual activity including consensual and non consensual sexual engagement and the expectation of inmate reporting of said incidents. Other services for offender counseling and therapy are available. These services can be imposed in the disciplinary sanction for inmates.

Review of policies, procedures, documentation and interviews determined compliance with 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)

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

Documentation:

1. Directive #4301 – Mental Health Satellite Services and Commitments to CNYPC - 8/18/15 – IV, DOCCS – Mental Health Referral Form 3150
2. HSPM 1.12B - Inmate Bloodborne Pathogens Significant Exposure Protocols – 1/26/16 - II
3. HSPM 1.44 – Health Screening of Inmates – 2/19/16 – II B
4. Memo: from Carl J. Koenigsmann, M.D., Deputy Commissioner / Chief Medical Officer - 3/16/15 - RE: Health Screening Forms 3278RC / 3278TR
Attachment B, Attachment C
5. Office of Mental Health Memorandum Of Understanding Between The New York State Department of Corrections and Community Supervision 9/14/16; Section VI J
6. Memo: from Joseph B. Bellinier, Deputy Commissioner for Correctional Facilities, Jeff McCoy, Deputy Commissioner for Program Services, and Jason D. Effman, Associate Commissioner – 8/26/16
Re: Prison Rape Elimination Act (PREA) Risk Screening; Entire PREA Risk Screening FOM Template, 8/19/16
PREA Screening Form Male Facility, Form #115.41 M (Rev 9/30/16) Entire
Security Screening Form #4021, (Rev 9/15/16) Entire Draft Receipt, Form 4021A, (Rev 9/15/16); Entire Report of PREA Risk Screening Information Memorandum, Form #115.42 8/11/16; Entire
7. Memo to All Superintendents, August 5, 2014, Re: Confidentiality Disclaimer, Entire

Secondary Documentation:

8. Example: Queensboro C.F. Health Screening Forms 3278TR 9/1/16
9. Queensboro Correctional Facility PREA Risk Screening FOM # 9014,
8/31/16 Sections III A1 1a and b, III B6, 7a and b, and 8, V A, VA1 and VI
10. Queensboro Correctional Facility Risk Screening Male Facility
Form#115.41 M (8/19/16), Final Risk Assessment Screening
Completed on 2/1/17.
Completed Forms: 4021 – Security Screening Forms
4021A – Draft Receipt.

Comment: Queensboro C.F. is not a Reception Facility therefore form 3278RC does not apply.

Auditors Comment:

Existing policies and procedures regarding prior sexual victimization are in place. These include a follow-up medical or mental health screening within seven days. Initial screening of all inmates is immediate upon arrival to the facility.

Interviews included intake sergeant, PREA compliance manager, PREA point person and medical and mental health staff confirmed knowledge of the communication protocols of health screenings and prior history of sexual abuse.

Standard 115.82 Access to emergency medical and mental health services

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

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

Documentation:

1. Directive #4027B – Sexual Abuse Reporting & Investigation – 2/17/16
Inmate-on-Inmate, V C 3
2. Directive #4028B – Sexual Abuse Reporting & Investigation – 3/4/16
Staff-on-Inmate, V C 3
3. HSPM 1.60 – Sexual Assault – 8/3/15 – II, III b, c, B SAFE/SANE Hospitals

Auditors Comment:

Information provided for this PREA audit include agreements with Queens Hospital Center/City Hospital Center Elmhurst/Bellevue Hospital Center. These hospitals provide SAFE/SANE practitioners.

Interviews with medical and mental health staff confirm that inmates are offered timely access to sexual transmitted infections prophylaxis and treatment services in accordance with professionally accepted standards of care. In addition, it was confirmed that there is no financial cost attached to this resource.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Documentation:

1. HSPM 1.44 – Health Screening of Inmates – 2/19/16, I

2. HSPM 1.12B – Inmate Bloodborne Pathogens Significant Exposure Protocol 1/26/16 – 1, 2, 3
3. HSPM 1.60 – Sexual Assault – 8/3/15 – Entire
4. Memorandum Of Understanding Between New York State Office of Mental Health and New York State Department of Corrections and Community Supervision. 9/14/16

Comment:

Queensboro C. F. has not had any victims of Sexual Abuse in this audit year.

Queensboro C. F. does not house female inmates therefore (d) and (e) are non-applicable.

Auditors Comment:

Policy and procedure review indicated that medical and mental health services were available ongoing for any inmates requiring such support. This included transfer and placement to other facilities, release from custody, and the provision of ongoing support services.

Standard 115.86 Sexual abuse incident reviews

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

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

Documentation:

1. Memo: from Joseph F. Bellnier, Deputy Commissioner and Jason D. Effman, Associate Commissioner - 5/9/14
RE: Prison Rape Elimination Act Procedural Enhancements Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits – Entire Sexual Abuse Incident Review Checklist – 8/1/16 – Entire

Comment: Queensboro C.F. has not had any Incident Reviews for this audit year.

Auditors Comment:

Policies, procedures and protocols were reviewed for this audit and are in place. The practice calls for an incident review committee which identifies the PREA compliance manager, the PREA point person, and the superintendent and mental and medical health. This committee is prepared to meet and review any incidents that have been reported within the facility.

Standard 115.87 Data collection

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

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

Documentation:

1. Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual 8/18/15 (revised) – Entire
2. Data Dictionary: Defines data elements collected by the Office of Program, Planning, Research and Evaluation from all available incident-based documents including reports, investigation files and sexual abuse incident reviews.
3. Directive #4027B Sexual Abuse Reporting and Investigation Inmate on Inmate, VI, B and Attachment A; Form 2103SAII
4. Directive #4028B Sexual Abuse Reporting and Investigation Staff on Inmate, VI, B and Attachment A; Form 2103SASI

Secondary Documentation:

5. Samples: Queensboro C. F. Forms 2103SAII and 2103ASI

Auditors Comments:

Policies and procedures regarding data collection were reviewed. The content of the policies clearly identified the steps necessary for data collection including the recent version of sexual violence, all incident based documents and upon request providing the Department of Justice all data from the previous year.

The agency maintains a data dictionary which defines data elements from their Office of Planning, Research and Evaluation. Some elements included are incident based reports, investigation files, and sexual abuse incident reviews. Interviews with staff including the PREA coordinator who reported data is collected by identified staff for PREA matters. All information is stored appropriately in restricted drives. The agency reviews all data collected to assess and improve the effectiveness of its’ PREA initiative.

Standard 115.88 Data review for corrective action

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

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

Documentation:

1. Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual 8/18/15 (revised) - Entire
2. DOCCS PREA Policy Web Page – 2/4/16 – Entire 1/20/16 - Link to Annual Report on Sexual Victimization
3. Annual Report on Sexual Victimization 2013 - 2014

Supplemental Information:

A copy of the “Annual Report on Sexual Victimization 2013 – 2014” is provided for your convenience. The auditor will obtain the current annual report from the website.

Auditors Comment:

The facility collects data information including allegations of sexual abuse and harassment. This data is submitted to the Deputy Commissioner of Correctional Facilities and is aggregated. Interviews with the PREA compliance manager, the facility point person and PREA manager confirmed that an annual report is available to the public on the agency website.

Review of policies and procedures and interviews with staff, and review of the website confirms compliance with this standard.

Standard 115.89 Data storage, publication, and destruction

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

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

Documentation:

1. Office of Program Planning Research and Evaluation;
PREA Data Collection, Review, Retention and Publication Manual 8/18/15 – Entire

Auditors Comment:

Audit review of policies, procedures and documentation and staff interviews confirmed compliance with this standard.

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.

Michael A. Radon

Auditor Signature

April 25, 2017

Date