

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 10/17/17

Auditor Information

Name: Diane Lee	Email: tikibaytravel@gmail.com
Company Name: American Correctional Association	
Mailing Address: 206 North Washington Street, Suite 200	City, State, Zip: Alexandria, Virginia 22314
Telephone: 703-224-0000	Date of Facility Visit: September 27-29, 2017

Agency Information

Name of Agency: New York State Department of Corrections and Community Supervision		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 1220 Washington Avenue		City, State, Zip: Albany, NY 12226-2050	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: (518) 457-8126		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: 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.			
Agency Website with PREA Information: http://www.doccs.ny.gov/PREA/PREAinfo.html			

Agency Chief Executive Officer

Name: Anthony J. Annucci	Title: Acting Commissioner
Email: commissioner@doccs.ny.gov	Telephone: (518) 457-8134

Agency-Wide PREA Coordinator

Name: Jason D. Effman	Title: Associate Commissioner
Email: jason.effman@doccs.ny.gov	Telephone: (518) 457-3955
PREA Coordinator Reports to: Acting Commissioner	Number of Compliance Managers who report to the PREA Coordinator 15 ADS PREA Compliance Managers report directly to Associate Commissioner Effman

Facility Information

Name of Facility:	Southport Correctional Facility		
Physical Address:	236 Bob Masia Drive, Pine City, NY 14871-2000		
Mailing Address (if different than above):	PO Box 2000, Pine City, NY 14871-2000		
Telephone Number:	607-737-0850		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: 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.			
Facility Website with PREA Information: http://www.doccs.ny.gov/PREA/PREAinfo.html			

Warden/Superintendent

Name: Paul Piccolo	Title: Superintendent
Email: Paul.Piccolo@doccs.ny.gov	Telephone: 607-737-0850 ext. 2000

Facility PREA Compliance Manager

Name: Thomas Napoli	Title: ADS/PREA Compliance
Email: thomas.napoli@doccs.ny.gov	Telephone: 607-737-0850 ext. 2160

Facility Health Service Administrator

Name: John Vonhagn	Title: Nurse Administrator
Email: John.Vonhagn@doccs.ny.gov	Telephone: 607-737-0850 ext. 6100

Facility Characteristics

Designated Facility Capacity: 945		Current Population of Facility: 486		
Number of inmates admitted to facility during the past 12 months				1195
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				1076
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				1179
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				8
Age Range of Population:18-67	Youthful Inmates Under 18: 0	Adults: 486		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				0
Average length of stay or time under supervision:				247 days
Facility security level/inmate custody levels:				Maximum
Number of staff currently employed by the facility who may have contact with inmates:				373
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				13
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				1
Physical Plant				
Number of Buildings: 48		Number of Single Cell Housing Units: 4		
Number of Multiple Occupancy Cell Housing Units:		1		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		788		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
<p>Video surveillance is used to monitor inmate movement through the main corridor and common areas of the prison. D-Block provides camera coverage of the entire unit and are recorded through the Loronix system. A, B, and C Block tapes are VCR and recorded over every month on the date corresponding to the VCR tape number. The video in the corridor is viewed from the arsenal, but is not recorded. There is one monitor in both visiting room bathrooms, male post only, with no recording capability.</p>				
Medical				
Type of Medical Facility:		Medical Level 1		
Forensic sexual assault medical exams are conducted at:		Binghamton General Hospital or Lourdes Hospital Broome County		
Other				

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	25

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Audit for Southport Correctional Facility began in August 2017 with the notice that the New York Department of Corrections and Community Supervision (DOCCS) through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of September 27-29, 2017 of the Southport Correctional Facility located in Pine City, New York. PREA Certified Auditor Diane Lee was notified by ACA e-mail of her appointment and schedule. The auditor contacted the facility regarding logistics and checking on the posting of notices (posting was initiated through the American Correctional Association and the facility). Prior to the audit, the auditor received the PREA Pre-Audit Questionnaire (PAQ) and documents on a thumb drive provided by the facility. The thumb drive documentation contained a file for each of the forty-three (43) PREA standards with supporting documentation along with other facility documentation. The PAQ itself contained numerous files embedded/hyperlinked within it, which facilitated an efficient process for the auditor to review supporting documentation. The auditor reviewed and evaluated the information provided by the facility as well as the New York State Department of Corrections and Community Supervision website prior to the audit. The auditor also contacted the Executive Director of the Advocacy Program that has a Memo of Understanding with the facility from the Crime Victims Treatment Center.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by Sullivan Correctional Facility; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

The on-site audit began on Wednesday afternoon September 27, 2017 after the completion of an ACA reaccreditation audit. After the ACA reaccreditation close out, the Superintendent and his key staff along with Associate Commissioner and one of his staff discussed the audit process and schedule. The tour of the facility was completed utilizing the PREA compliance audit instrument – "Instructions for PREA Audit Tour" paying attention to the following areas: intake/reception, general housing, segregated housing, health care areas, and recreation, food service, work, program and education areas. Every area of the facility was observed as the standards require, and the auditor observed inmates being supervised throughout the audit. Sight lines, cameras and mirrors were closely examined as were the potential for blind-spots. The auditor spoke to random staff and inmates during the tour. Review of the housing unit log books was conducted to verify immediate/higher level staff rounds. The Auditor observed female staff announcing their presence upon entering inmate housing areas and other areas that an inmate may be undressed, showering or using the restroom. During the tour, the auditor was able to observe and confirm the required signs, informing inmates of their right to be free of sexual abuse and how to report allegations of sexual abuse and harassment. The signs, posters and pamphlets were available in multiple languages. The tour included all area of the prison where inmates had access. All required facility staff and inmate interviews were conducted on-site during the three-day audit. On the first day of the audit there were 486 adult male inmates at the facility. Twenty (26) inmate interviews were completed. The random interviewees were selected by the

auditor from the housing rosters and designated lists of inmates provided by the facility. There were no disabled, limited English speaking, self-identified as either gay or transgendered inmates to be interviewed. Three (3) inmates who previously reported sexual abuse or harassment were interviewed and inmates from segregation units. A total of twenty-seven (27) staff was formally interviewed during the audit. Staff was randomly selected from each of the three shift rosters and different departments within the facility. Additionally, specialized staff were interviewed including the Superintendent, PREA Compliance Manager, Intermediate-Higher Level Staff, Health Administrator, Mental Health Supervisor, Contractor/Nurse, two Investigators, Segregated Housing Staff, Staff Who Perform Screening, Incident Review Team, Staff Who Monitor Retaliation, Human Resources, Case Managers and Intake staff. The auditor also utilized interviews of Agency staff from previous PREA audits. In addition to these formal interviews, many informal discussions were held with staff and inmates who assisted in this PREA compliance audit. There were five (5) allegations of sexual abuse and sexual harassment reported in the past twelve months at the Southport Correctional Facility. All allegations are referred for investigation. Investigations are conducted timely. DOCCS currently has twenty-five (25) trained investigators, nine (9) of whom are assigned for Southport Correctional Facility investigations. A review of the investigation files was conducted. Three of the investigations were closed with a finding of unsubstantiated and two were unfounded. The PREA response and investigative process was thoroughly reviewed and found to be well above standard. An exit meeting was conducted by the auditor at the completion of the on-site audit. While the auditor could not give the facility a final finding, she did provide a preliminary status of the findings and impressions of the facility. The auditor thanked the Superintendent, the Southport Correctional staff, the Acting HUB Superintendent, and the New York Department of Corrections and Community Supervision for their hard work and commitment to the Prison Rape Elimination Act.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Southport Correctional Facility opened in September of 1988 and was originally named the Chemung Correctional Facility. At that time, it was designated a general population Maximum A facility with a capacity of 546 cells. In December of 1988 the facility was renamed Southport Correctional Facility. Based on Departmental needs at that time for additional maximum security housing options, one more housing unit was constructed, bringing Southport to its current capacity. Southport has the ability to house 944 men. The facility has 788 SHU cells, 75 double cell cadre units, and 6 medical cells. For the next several years Southport operated as a Max A general confinement facility offering work, educational, vocational, therapeutic, and volunteer programs. Based on Departmental needs at that time, Southport was selected to be New York State's first entirely SHU facility in December of 1990. Southport's new construction and unique facility layout, including three housing units each with their own individual recreation yards, solidified the initiative of a SHU facility into a reality. The first inmates with extended SHU sanctions arrived in Southport in January 1991. In late May of 1991, Southport experienced a tragic two-day uprising of some of these SHU inmates. What followed this incident were many policies and procedures to ensure something like this would never happen again. Also implemented was the Progressive Inmate Movement System, which encouraged improvement in inmate behavior with different levels. The Southport CF Progressive Inmate Movement System (PIMS) began in August of 1991. PIMS consists of three separate levels of progression. The levels are based on privileges afforded SHU inmates for displaying appropriate behavior by remaining free of Misbehavior Reports.

LEVEL I:

- Newly received inmates or inmates who have displayed recent or continuous misbehavior. Level I inmates are allowed headphones with their initial property issuance.

LEVEL II:

- Inmates who have displayed satisfactory behavior for a minimum of 60 days.
- Restraints are removed during exercise, visits and when taking tests.
- Allowed earphones, monthly Commissary purchases, and winter coats in cells from October to April.
- Through the Special Housing Management Committee (SHMC), inmates are eligible for a reduction of their remaining SHU sanction after they have served at least half of their sanction of 90 days or more, and have shown positive adjustment.
- Inmates confined to PIMS Level II will be allowed to place one (1) collect phone call, while on PIMS Level II.

LEVEL III:

- Inmates who have displayed satisfactory behavior at Level II for a minimum of 90 days.
- In addition to the above, Level III inmates can have personal sneakers and shorts for exercise, can purchase candy at Commissary, receive an additional shower each week and can place a collect call every 30 days after the first 30 days on Level III.
- Through the Special Housing Management Committee (SHMC), inmates are eligible for a reduction of their remaining SHU sanction after they have served at least half of their sanction of 90 days or more, and have shown positive adjustment.

Southport operates under this very same system today and has added the Joint Case Management Committee as well as the Special Housing Management Committee to monitor all inmate's cases here, and make sanction adjustments as warranted. Currently the C Block (252 SHU cells) is closed for remodeling to implement a new innovative SHU-Alternative Program. The Southport Step-Down Program will have a capacity of 252 inmates to offer a behavioral modification program to long-term SHU inmates with a violent behavioral history and the capacity to benefit from the SDP. The goal is to move the inmates who successfully complete the program will be able to move back to general population, consistent with achieving overall program success and the safety and security of participants and staff. The SDP will be a three-phase progressive program for inmates serving a minimum of 9 months of SHU confinement. Inmates will progress through the stages earning fewer restrictions and increased incentives, as they meet benchmarks and individual goals. The structural design of this new unit will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect inmates from sexual abuse. In addition, video monitoring system, electronic surveillance system, or other monitoring technology will be considered how such technology may enhance the facility's ability to protect inmates from sexual abuse to meet with PREA guidelines.

Southport Correctional Facility is currently staffed with 373 employees. Security staff total 284, with 89 civilians to make up this one of a kind facility. Programs available at the facility are listed below:

Academic Education/Cell Study Program:

- Currently 238 inmate participants of all levels
- GED/TASC tests (3 times per year)
48 graduates during the current audit period

Library Services:

- 28,738 books & magazines delivered to SHU inmates in 2016
- 4,831 books and magazines read by Cadre inmates in 2016

Counseling Services:

- Daily Rounds: 3,500 inmate contacts/month
- SHU Programs
 - Aggression Replacement Training Workbook Program
 - Alcohol/Substance Abuse Workbook Program
- Cadre Programs
 - Transitional Services 3
 - Alcohol/Substance Abuse Treatment
 - Aggression Replacement Training
 - Thinking for A Change

Chaplain Services/All Denominations

- Two Full Time Chaplains

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 5

Click or tap here to enter text.

Number of Standards Met: 40

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Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

NA

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.11 requires that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The State of New York Department of Corrections and Community Supervision (DOCCS) have written directives mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Directive #4027A Sexual Abuse Prevention and Intervention Inmate on Inmate and Directive #4028A Sexual Abuse Prevention and Intervention Staff on Inmate address zero tolerance towards all forms of sexual abuse and sexual harassment. They also outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The Department's Employee Manual also outlines the zero tolerance policy in Sections 2.19 and 2.20. The Agency-Wide PREA Coordinator is an Associate Commissioner; the appointment is documented through directive memo of March 14, 2012. He has direct access to the Commissioner and has the authority to manage the agency's PREA Program. His office supervises the sixteen (16) regional PREA Compliance Managers and provides training and guidance as needed. Agency updates and changes are forwarded from this office to the units. Information updates and directives are shared during weekly conference calls with the regional PREA Compliance Managers. The Agency's PREA Coordinator was present on the first day of this audit. The DOCCS has a designated a regional PREA Compliance Manager that covers the Southport Correctional facility. The PREA Compliance Manager is classified as an Assistant Deputy Superintendent. The PREA Compliance Manager has done an outstanding job of implementing and ensuring that the PREA standards are met at Southport Correctional Facility. The PREA Compliance Manager was present during this audit and facilitated the staff and inmate interviews. Typically, each facility within the Department has identified a "point person" that will ensure that effective practices and procedures are in place at the facility to ensure compliant with standards. The Point person is Joseph Bradley, Captain. Interviews of the Agency-wide PREA Coordinator, PREA Compliance Manager and PREA point person indicated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Through observation of bulletin boards, posters, handouts and materials, review of inmate and staff handbooks, training curriculums and interviews with staff and inmates it was apparent that the Southport Correctional Facility is committed to zero tolerance of sexual abuse and sexual harassment. Each staff member is provided a card identifying the steps to take as a first responder, reporting requirements, and how to report privately to the Office of Special Investigations. The facility has trained all staff, volunteers and contractors in regard to zero tolerance of sexual abuse and sexual harassment. All inmates are provided with verbal and written PREA information on the day they arrive at the facility. All new inmates are required to attend a PREA orientation class within the first week at the facility. The agency is committed to PREA and has created a PREA compliant culture. Based on the review of directives and other documentation, observation while on-site and interviews with staff and inmates, the auditor finds that Southport Correctional Facility "exceeds" the requirement for Standard 115.11.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive 4027A Sexual Abuse Prevention & Intervention Inmate-on-Inmate
Directive 4028A Sexual Abuse Prevention & Intervention Staff-on-Inmate
New York State Department of Corrections and Community Supervision Employee Manual
Memorandum – Appointment of PREA Coordinator for DOCCS New York-DOCCS Organizational Chart
PREA Point Person Interview
PREA Compliance Manager Interview
Agency PREA Coordinator Interview

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.12 is Non-applicable since Southport Correctional Facility does not contract directly with any private agencies or other entities. NYS Correction Law section 121 provides that the private ownership or operation of a facility for housing state or local inmates or the private ownership or operation of a facility for the incarceration of other state's inmates is prohibited. Thus, no private prisons are operated on behalf of the Agency. NYS DOCCS has entered into agreements with private organizations for 12 Community Based Residential Programs to provide up to 6 months of housing and treatment for selected Parolees. These contracts were effective starting 5/1/17 (6 programs) and 10/1/17 (6 programs). Each contract permits contract monitoring and requires the Program to achieve and maintain PREA Compliance, and to arrange for PREA Audits on a schedule set in consultation with the DOCCS Agency-Wide PREA Coordinator. Audits are scheduled at 2 per year per contract with the first pair to be completed on or about 1 year after the start of the contract (i.e., two by May 2018, two by October 2018, etc.), thus ensuring that one-third of each facility type operated by a private organization on behalf of the agency will be audited during each forthcoming audit year.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of

inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Southport Correctional Facility is a maximum security facility with 788 Special Housing Unit (SHU) cells and 75 double cells cadre unit. The staffing plan accounts for generally accepted detention and correctional practices; DOCCS follows applicable State and local laws, regulations and standards to determine staffing levels. Southport Correctional Facility has no Judicial, Federal or other internal or external findings of inadequate staffing. All components of the facility's physical plant, composition of the inmate population and placement of supervisory staff are also considered. Deviations from the staffing plan are documented and reported to the Superintendent. Staffing requirements are assessed annually and adjustments are made if necessary. Unannounced rounds are completed by supervisors on each shift and documented in a permanent log book. Southport provided a copy of their tour logs with the pre-audit documentation which shows this as a regular practice. During the onsite visit, supervisors demonstrate how unannounced rounds are documented. Inmate interviews also indicated that supervisors made regular rounds. Policy prohibits staff from alerting other staff members that supervisory rounds are occurring.

Policy, Materials, Interviews and Other Evidence Reviewed
New York-DOCCS Employee Manual
Directive #4001, Facility Administrative Coverage & Supervisory Rounds
Southport Correctional Facility Post Closure Report
Staffing Plan Review
Example Log Book Entries; Executive Team and Security Supervisor announced / unannounced rounds.
Examples of Weekly Administrative Activity Report
Examples of Security Supervisor Reports
Supervisory Staff interviews
Random Staff Interviews
Random Inmate Interviews

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard does not apply. Southport Correctional Facility does not house youthful offenders under the age of 18.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #0088 Southport Correctional Facility

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Southport Correctional Facility policy prohibits cross-gender pat searches, strip searches or cross gender visual body cavity searches. All strip searches are authorized by a supervisor and documented. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except when such viewing is incidental to routine checks. Staff is trained to conduct cross-gender pat-down searches, in case of an emergency, and searches of transgender and intersex inmates using the least intrusive method possible. Staff interviews showed a thorough understanding of the inmate search policy. All security staff received annual training, online training, shift briefing training in conjunction with the PREA video training, which covers policy and procedures concerning searches. As observed by the auditor, staff are knowledgeable and professional in conducting searches. 100% of the security staff have received the appropriate training which is documented and on the PAQ. Policy and procedures also allow inmates to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Moreover, staff alert inmates to their presence when entering a housing unit of the opposite gender by announcing themselves.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #2230 Guidelines for Assignment of Male and Female Correction Officers
Directive #4001 Facility Administrative Coverage & Supervisory Rounds
Directive #4910 Control & Search for Contraband
HSPM 1.37 Body Cavity Search
HSPM 1.19 Health Appraisal
Contraband & Frisk Training Report
Random Staff interviews
Random Inmate interviews

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Southport Correctional Facility takes steps and has a policy which ensures inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Southport provides inmates with materials which are available in English and Spanish as well as several other languages. Additionally, the facility has Spanish translators available if needed. They also have access to a translation hotline. PREA posters and educational materials are provided in English and Spanish. Inmates who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Inmate who are blind or sight are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Southport does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate's safety, the performance of first-responder duties, or the investigation of an inmate's allegations.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #2612, Inmates with Sensorial Disabilities
Directive #4490, Cultural and Language Access Services
Associate Commissioner Memo – RE: “Ending Sexual Abuse Behind the Walls: An Orientation”
DVD and time-coded transcripts in English and Polish
Sample pamphlet translations: What Inmates Need to Know
Language Access Plan for LEP Individuals
Form 4021A – Southport Correctional Facility Draft Receipt
Form 115.33 Report of Inmate Training: “Ending Sexual Abuse Behind the Walls with Spanish Subtitles
Draft (Intake) Sergeant Interview
Random Staff Interviews
Random Inmate Interviews

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The New York State Department of Corrections and Community Supervision (NY-DOCCS) prohibits hiring and/or promoting anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. NY-DOCCS completes criminal background checks on all new employees, contract staff and volunteers before they are allowed to have contact with inmates. NY-DOCCS policy requires that all new employees be asked whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or been civilly or administratively adjudicated to have engaged in the activity described above. NY-DOCCS has an agreement with the New York State Division of Criminal Justice Services to notify the agency of any arrest of an employee, contract staff or volunteer unless the Division is prohibited by State statute to do so. This process is immediate and continuous and exceeds the standard requiring background checks at least every five years. Additionally, policy requires staff to report any criminal charges immediately.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #2216, Fingerprinting/Criminal History Inquiry – New Employee and Contractors
Directive #2112, Report of Criminal Charge
Directive #2012, Release of Employee Personnel and Payroll Information
NYS Department of Correctional Services Personnel Procedure Manual
Director of Personnel Memo – RE: Personnel Procedure #407 – Civilian Promotions, Personnel Procedure
Manual #407A – Security Promotions

Director of Personnel Memo – RE: Fair Chance Hiring Application Revisions and Statewide Employment Application
Deputy Commissioner and Counsel – RE: Prison Rape Elimination Act – Background Checks Availability Inquiry Correction Sergeant
Form EIU23 – Personal History Questionnaire
Southport Correctional Facility Form 1253, Personal History and Interview Record Sample Derogatory Denial or Approval on Background Check
Superintendent interview
Human Resources Manager Interview
Investigative Staff Interview
Random Staff Interviews

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The New York State Department of Corrections and Community Supervision (NY-DOCCS) considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect inmates from sexual abuse. There have been no additions or major modifications to the facility since the PREA standards were adopted. Protection of inmates from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated. There have been several modifications/enhancements made in consideration of PREA such as: some doors had windows installed in the mess hall and hospital areas for better visibility; a blind spot was removed in the mosque; labels were put on doors to clearly identify what they are for and frosted glass was added to some doors in the infirmary for better privacy. Currently the C Block (252 SHU cells) is closed for remodeling and a new innovative SHU-Alternative Program is being designed, the Southport Step-Down Program. The structural design of this new unit will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect inmates from sexual abuse. In addition, video monitoring system, electronic surveillance system, or other monitoring technology will be considered how such technology may enhance the facility's ability to protect inmates from sexual abuse to meet with PREA guidelines

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #3053, Alterations and Construction Request
Southport Correctional Facility Form #1612 Alteration/Construction Request, RE: PREA
Compliance for Standard 115.18
Facility Tour
Pre-Audit Questionnaire
Facility Diagrams (Camera Placement)

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The New York Department of Corrections and Community Supervision (NY-DOCCS) is responsible for criminal and administrative investigations. The Department's Office of Special Investigations Sex Crimes Division conducts the investigations. The Department works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. Directives for Sexual Abuse Reporting and Investigation and the Inmate on Inmate Sexual Abuse Dispatch and Operational Guidelines outline evidence protocols for administrative investigations and criminal prosecutions. NY-DOCCS utilizes the New York Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Abuse for evidence protocols and forensic medical

examinations. Interviews were conducted with investigators from the Office of Special Investigations. Interviews confirmed that PREA investigations are completed as outlined by the standards and both investigators were very knowledgeable of the investigation process, evidence collection protocols, and the use of the Sexual Abuse Checklist. Emergency healthcare as well as forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. An advocate is provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. There were no forensic medical exams performed by SANE/SAFE staff during the last twelve months.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate

HSPM 1.60 – Sexual Assault Operational Guidelines – Office of Special Investigations, Immediate Dispatch: Inmate – on – Inmate/Staff – on – Inmate

Department of Health Protocol for the Acute Care of Adult Patient Reporting Sexual Assault

New York State Police Superintendent Letter - RE: Implementation of the PREA Standards

Public Health Law 2807 requiring general hospital to provide services for persons from a correctional facility

Power Point Presentation Excerpt: PREA Specialized Training: Investigations

Investigative Staff Interview

Medical Staff Interview

PREA Compliance Manager Interview

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Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS Directives, Sexual Abuse Reporting and Investigations Inmate on Inmate, Sexual Abuse Reporting and Investigations Staff on Inmate and Office of Sexual Investigations Sex Crimes Unit, require that all allegations of sexual abuse and sexual harassment be referred for investigation. The Office of Special Investigations Sex Crimes Division conducts these investigations. The Department works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. All allegations are investigated and reported with findings as required by this standard. Documentation of the administrative investigation is maintained by the Office of Special Investigations Sex Crimes Division and outcomes are shared with the Superintendent. Interviews conducted with investigators from the Office of Special Investigations demonstrated a significant understanding of their responsibilities and the responsibilities of the New York State Police Bureau of Criminal Investigation in an investigation. The roles and responsibilities of each agency are clearly defined in policy. The agency's policy is available on the agency's website.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #0700 – Office of Special Investigations

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate
Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate
Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate
Superintendent Interview
Investigative Staff Interview
PREA Compliance Manager Interview
Random Staff Interviews
Inmate Interviews

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS training for staff pertaining to sexual abuse prevention and reporting predates the PREA requirements. In 2015, NY-DOCCS expanded the training to a three-hour course which replaced the previous two-hour class. The expanded training addresses all PREA requirements including their zero tolerance policy, the agency's policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. This training course is required for all employees once during their career. A refresher, covering Sexual Abuse Prevention and Response, is required every two years during in-service training. Additionally, training is provided to staff during line up (roll call) and staff meetings. During interviews, officers were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Each officer is provided a pocket card identifying the steps to take as a first responder and how to report to the Office of Special Investigations.

It is also noted that the training of the staff, (and volunteers, contractors, and inmates) is under the professional and effective leadership of a very knowledgeable and expert executive staff. Additionally, it is the commitment of the Associate Commissioner/Agency PREA Coordinator, the Superintendent, the PREA Compliance Manager/Deputy Superintendent, the PREA Point Person and others closely tied to the effort of the agency to prevent, detect, report, and respond to PREA issues and to the safety and security of staff and inmates that the PREA auditor wishes to acknowledge and compliment. Thus, recommending an "exceeds" for this standard, 115.31. Based on the staff training records, information packets and posters throughout the facility, verbal communications between staff and inmates, and based on the policy and directives, training materials reviewed, and again, the interviews with staff and the observation of day-to-day operations at Southport Correctional Facility, the auditor assesses this standard as exceeds.

Policy, Materials, Interviews and Other Evidence Reviewed

Training Manual Subject: 0.100 – Frequency Training Chart and Training Bulletins

Training Bulletin #7, PREA: Sexual Abuse Prevention and Response

Training Manual Subject: 6.500 – Facility Familiarization

Training Manual Subject: 6.600 – Initial Employee Training 40-hour Orientation

Acting Commissioner Memo – RE: Policies and Standards Generally Applicable to all Employees

Deputy and Associate Commissioner Memo – RE: Sexual Abuse Prevention and Response Training

Sexual Abuse Prevention and Response Lesson Plan

Southport Correctional Facility Training Completion Report – Sexual Abuse Prevention and Response

Southport Correctional Facility Training Completion Report – Sexual Abuse Prevention and Response (Refresher) Random Staff Interviews

PREA Compliance Manager Interview

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All contractors and volunteers who have contact with inmates at the Southport Correctional Facility receive PREA training prior to working in the facility. Orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detection, reporting, and response including zero tolerance. Upon completion of orientation, the volunteer/contractor signs the Division of Ministerial, Family and Volunteer Services Acknowledgment Form. Signed forms are maintained at the facility.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate
Directive #4071 – Guidelines for Construction Projects
Directive #4750 – Volunteer Services Program
Acting Commissioner Memo – RE: Policy on the Prevention of Sexual Abuse of Offenders to all
Employees, Contractors, Volunteers and Interns
PREA Point Person Interview
Contract Staff Interview

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The State of New York Department of Corrections and Community Supervision (NY-DOCCS) provides PREA education to all inmates beginning at intake into the agency. At reception, inmates are provided a PREA pamphlet and inmate handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving inmates at the facility, the Draft Sergeant covers the PREA information with the inmate. The inmate also receives an Inmate Orientation Manual that includes PREA information and a pamphlet "The Prevention of Sexual Abuse in Prison." These materials cover the agency's zero tolerance policy and how to report incidents. Inmates also view the PREA video "Ending

Sexual Abuse Behind the Walls: An Orientation.” Inmate education is documented for each inmate and maintained in the inmates file. Random inmate interviews confirm they have received PREA information at intake and during orientation at the facility. Additionally, PREA information is posted in all housing and common areas.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4021 – Offender Reception/Classification

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Deputy Commissioner for Program Services Memo – RE: PREA: Inmate Orientation Film Implementation

Associate Commissioner Memo – RE: New and Updated PREA Material

Associate Commissioner Memo – RE: Reasonable Accommodations

Inmate Orientation Outline

Southport Correctional Facility: Inmate Orientation Sign-in Sheets

PREA Posters and Pamphlets

Superintendent Interview

Draft Sergeant Interview

Random Staff Interviews

Random Inmate Interviews

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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(NY-DOCCS) investigators receive specialized training to conduct sexual abuse investigations in confinement settings. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Investigators are required to complete annual mandatory training for investigations. Specialized training was verified through the investigator interviews and training records.

Policy, Materials, Interviews and Other Evidence Reviewed

Office of Special Investigations Policy and Procedures – Training Requirements for Sex Crime Investigators

Power Point Presentation: PREA Specialized Training for Investigators

Investigating Physical and Sexual Abuse in an Institutional Setting

National Institute of Corrections Training – PREA: Investigating Sexual Abuse in Confinement

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The State of New York Department of Corrections and Community Supervision (NY-DOCCS) require that all full and part-time medical and mental health care practitioners complete specialized training. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The facility's healthcare practitioners do not conduct forensic medical exams. Emergency medical healthcare, along with forensic examinations by SANE/SAFE staff, are provided at an outside hospital facility with no cost to the inmate.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4750 – Volunteer Service Program, Division of Health Services

Power Point Training Manual – 7.100, 40 Hour Orientation Program for Full-time, Non-security staff at Facilities

Training Manual Subject 6.600, Mandatory Initial Training, Non-security staff at Facilities

Office of Mental Health Memorandum of Understanding

Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA Standards

Telemed: Inmate Sexual Assault Post Exposure Protocol PREA

Southport Correctional Facility KHRT Code #17083 – Medical/Mental Health Training

OMH/Medical Staff RTF for Medical/Mental Health Training

Medical/Mental Health Staff Interviews

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The New York Department of Corrections and Community Supervision (NY-DOCCS) screens all inmates for risk of victimization and abusiveness upon arrival. The screening is completed by the Draft Sergeant within the first couple hours of arrival. The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previously incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Within the first thirty (30) days of arrival at the facility, staff reassesses the inmate's risk of victimization or abusiveness based upon any additional,

relevant information received by the facility since the intake screening. Inmates are not disciplined for refusing answer questions during the screening process. Information obtained during the initial assessment and reassessment is placed in the inmate's classification file. Only authorized staff has access to these files.

Policy, Materials, Interviews and Other Evidence Reviewed
Southport Correctional Facility Form # 8.07 PREA Risk Screening
Southport Correctional Facility examples of form 115.41M
Southport Correctional Facility KHRT Training report for #17085 – PREA Risk Screening
Draft Staff Interview
Random Staff Interviews
Random Inmate Interviews

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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The New York Department of Corrections and Community Supervision (NY-DOCCS) uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Southport Correctional Facility makes individualized determinations about how to ensure the safety of each inmate. Transgender or intersex inmate's housing is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems. Transgender or intersex inmate's placement is reassessed as needed. Transgender or intersex inmate's own view with respect to his or her own safety is given consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Southport does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated unit based solely on identification or status.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4027A – Sexual Abuse Prevention & Intervention, Inmate – on – Inmate

Directive #4401 – Guidance & Counseling Services

Directive #4009 – Minimum Provisions for Health and Morale

Deputy Commissioner Memo – RE: Ne Procedure Necessitated by Directive #4027A, Sexual Abuse Prevention & Intervention, Inmate – on – Inmate

Associate Commissioner Memo – RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity

Southport Correctional Facility Operations Manual #11.21 Housing Unit Procedures

Southport Correctional Facility Sexual Orientation and Gender Identity Form

Inmate Detention Files

Draft Sergeant Interview

Random Staff Interviews

Random Inmate Interviews

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NY-DOCCS policy on protective custody prohibits the placement of inmates at high risk for sexual victimization in the involuntary segregated housing unless an assessment of all available alternatives have been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing placement is made the placement is review on a weekly basis until other housing can be found. Segregated housing assignment will not exceed a period of thirty (30) days. Inmates placed in protective custody shall have access to programs privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. The auditor reviewed the form (2168A) outlining an involuntary protective custody recommendation and the following considerations would be addressed concerning inmate placement: whether to retain the current housing unit; placement in a cell/ bunk near the officer stationed; placement in the facility in the infirmary/hospital area; transfer the inmate/victim to another unit; transfer the inmate/aggressor to another unit; placement of the inmate/aggressor in a Special Housing Unit (SHU); admission of the inmate/victim to an outside hospital; admission of inmate/aggressor to an outside hospital; placement of victim or aggressor in specialized unit to satisfy treatment needs; other; followed with a request for an explanation for alternatives considered and determined to be unavailable. This form, and the review form (2170A) confirmed that alternatives are

available and that involuntary segregation is not lightly used by the agency. Southport Correctional Facility has not used involuntary protective custody in the past 12 months. The Pre-Audit Questionnaire indicates that zero (0) number of inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for any time.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #4948 – Protective Custody Status
Inmate Detention File
PREA Compliance Manager Interview
PREA Point Person Interview
Draft Sergeant Interview

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NY-DOCCS has procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with inmates at intake, during orientation, in the PREA brochure, and on posters throughout the facility. The PREA Brochure, The Prevention of Sexual Abuse in Prison What Inmates Need to Know, informs inmates they can report verbally and in writing to staff, write the PREA Point Person, write the Office of Special Investigations, and report to an outside agency to the New York State Commission of Correction. Inmates may also report allegations through a third party or send an anonymous report. The inmates may also use a toll-free hotline (#77). Although, the hotline is primarily used for crisis counseling, the outside agency that operates the hotline does forward any reported incidents to NY-DOCCS when requested to do so by the inmate. Inmate interviews indicated they were comfortable reporting sexual abuse or sexual harassment and they knew the different methods available for reporting. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of inmates.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate

Employee Manual Section – 2.20

Sexual Abuse Prevention and Response (SAPR) Lesson Plan

General Confinement: The Prevention of Sexual Abuse in Prison: "What Inmates Need to Know"
Pamphlet

Memo dated 5/24/17 from Commission of Corrections Chairman Beilein verifying they will keep inmate requests for anonymity.

PREA Compliance Manager

Random Staff Interviews

Random Inmate Interviews

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS does not use their grievance process to address incidents of sexual abuse or harassment. If a sexual abuse or sexual harassment allegation is received through a grievance, it is removed from the grievance process and immediately submitted to the PREA Point Person and investigate as a PREA occurrence. The agency directive #4040 Inmate Grievance Program stipulates that the NYSDOCCS has a zero tolerance for sexual abuse and sexual harassment. "Consistent with this policy and the Prison Rape Elimination Act (PREA)... An inmate is not required to file a grievance concerning an alleged incident of sexual abuse or sexual harassment to satisfy the Prison Litigation Reform Act..." (PLRA). To further outline grievance procedures, timeframes, third-party assistance, and discipline concerning this standard and its subsections a-g, the NYSDOCCS not only addresses such in the above directive, but outlines in a summary memorandum concerning sexual abuse and sexual harassment complaints the following: "any inmate grievance filed regarding a complaint of sexual abuse or sexual harassment shall immediately be reported by the inmate grievance program supervisor to the Watch Commander for further handling in accordance with departmental policies. The complaint shall be deemed exhausted upon filing for PLRA purposes. If the grievance does not set forth any additional matters that require a response, the grievance shall be closed." A notice is then sent to

the inmate filing the complaint, stating that an investigation will be started in accordance with the department's sexual abuse and sexual harassment reporting and investigation policies.

This standard is non-applicable

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #4040 – Inmate Grievance Program
PREA Point Person Interview

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NY-DOCCS provides access to victim advocates for emotional support services through a hotline and mailing addresses. Inmates can write the New York State Commission of Correction confidentially and remain anonymous upon request. Inmates are allowed to write rape crisis programs free of charge. Correspondence to rape crisis programs is processed as privileged mail. The NY-DOCCS has a contract with the Crime Victims Treatment Center for victim advocate services. This information is posted in all housing areas near the inmate phones. Staff and inmates were aware of available services. The auditor contacted the Executive Director of the Crime Victims Treatment Center who indicated that they have provided services to one inmate from Southport for advocacy and phone counseling. He also indicated that they have a strong working relationship with the facility.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4423 – Inmate Telephone Calls

Directive #4404 – Inmate Legal Visits

Directive #4421 – Privileged Correspondence

Associate Commissioner Memo – RE: Just Detention International Resource Guide

NY-DOCCS “Help for Victims of Sexual Abuse in Prison” Pamphlet

Sexual Abuse Hotline #77 Poster (English/Spanish)

MOU with Crime Victims Treatment Center

Correspondence with Executive Director of Crime Victims Treatment Center

Medical Staff Interviews

Random Staff Interviews

Random Inmate Interviews

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The NY-DOCCS website provides a link to the DOCCS Office of Special Investigations as a method for third party reporting of sexual abuse and sexual harassment. The website encourages family members and the public to report allegations of sexual abuse to the facility immediately. Third party reporting information is provided on the website and in inmate brochures, pamphlets, and handouts.

Policy, Materials, Interviews and Other Evidence Reviewed
 NY-DOCCS PREA Policy Web Page (<http://www.doccs.ny.gov/PREA/PREAinfo.html>)
 Random Staff Interviews
 Random Inmate Interviews
 Interview with Investigators

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS policy requires all staff to immediately report and document sexual abuse and sexual harassment, including third-party and anonymous reports. Staff is prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved. Medical staff is required to report sexual abuse and harassment. During the initial medical screening, medical staff notifies inmates of their duty to report and limits to confidentiality.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate

Directive #0700 – Office of Special Investigations

Employee Manual Section – 2.20

Office of Mental Health Memorandum of Understanding

Associate Commissioner Memo – RE: PREA Coordinated Response Plan; PREA Standard

115.65/265 and Sexual Abuse Response and Containment Checklist

Medical Staff Interview

Random Staff Interviews

Random Inmate Interviews

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS policy requires staff to take immediate action to protect any inmate subject to substantial risk of sexual abuse. Policies outline the immediate steps that are to be taken to protect inmates with a substantial risk of sexual abuse. Inmates at risk are immediately removed from the area and placed in a safe location. Staff interviews showed a thorough understanding of the steps needed to protect an inmate at risk for sexual abuse. Southport Correctional Facility has not had any reports of an inmate who was at substantial risk of imminent sexual abuse during the 12 months prior to the audit.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #4040 – Inmate Grievance Program
Directive #4948 – Protective Custody Status
Superintendent Interview
PREA Point Person Interview
Random Staff Interviews
Random Inmate Interviews

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS policy require upon receiving an allegation that an inmate was sexually abused while confined at another facility, that the Superintendent of the facility that received the allegation must notify the head of the facility where the sexual abuse is alleged to have occurred within 72 hours. The facility must also notify the Office of Special Investigations. During the past year one inmate reported being sexually assaulted at their previous facility. Southport Correctional Facility has received one report of sexual abuse from another facility regarding an incident at Southport during the past 12 months. All proper notifications were completed and documented within the acceptable time frame.

Policy, Materials, Interviews and Other Evidence Reviewed
Associate Commissioner Memo – RE: PREA Standard 115.63/263 Report of Sexual Abuse Jail Administrator Contact Information
Report of Sexual Abuse Notification made from Southport Correctional Facility to Auburn Correctional Facility
Notification Letter from Central New York Psychiatric Center to Southport Correctional Facility
Investigative Staff Interview
Superintendent Interview
PREA Compliance Manager Interview

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS has a policy and provides training to all first responders which include the separation of the alleged victim and abuser; preservation and protection of the crime scene until appropriate steps can be taken to collect evidence; the collection of physical evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff is very knowledgeable of their responsibilities when responding to reports of sexual abuse. The auditor also reviewed, with random staff, scripted questions about first responder duties, including: "If you are the first person to be alerted that an inmate has allegedly been

the victim of sexual abuse. What is your responsibility in that situation?" All interviews were positive and favorable and it was clear that staff were knowledgeable about their duties and responsibilities as first responders. Based on the agency policy and directives, and interviews with specialized staff, and random staff, the auditor assesses this standard as exceeds.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate

Associate Commissioner Memo – RE: PREA Coordinated Response Plan Sexual Abuse Response and Containment Checklist

Deputy Commissioner Memo – RE: Response to Inmate Sexual Activity

Sexual Abuse Prevention and Response (SAPR) Lesson Plan

Random Staff Interviews

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The plan coordinates actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, Office of Special Investigations, facility administration, and victim advocates. A checklist is utilized to ensure all process steps are completed and notifications are made. The facility specific plan addresses, SAFE/SANE hospitals, third-party and anonymous

reports (documentation, and referral to the Office of Special Investigations), victim advocates, and notifications.

Policy, Materials, Interviews and Other Evidence Reviewed
Associate Commissioner Memo – RE: PREA Coordinated Response Plan and Sexual Abuse Response and
Containment Checklist
Medical Staff Interview
Investigative Staff Interview
Random Staff Interviews

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS union contracts allow for the removal of staff accused of sexual abuse from contact with inmates pending the outcome of an investigation. The facility may remove alleged staff sexual abusers from contact with any inmates or place an employee on administrative leave pending the outcome of an investigation. The auditor reviewed the above-mentioned directives, union agreements, and union contracts continuation after expiration. The auditor also discussed with key staff, preservation of the ability to protect inmates from contact with abusers.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #2110 – Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings
Directive #2114 – Function of the Bureau of Labor Relations
New York State Employee Union Contracts
Superintendent Interview
Investigative Staff Interview

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NY-DOCCS has policies and processes in place to protect inmates and staff that report sexual abuse and harassment. The PREA Compliance Manager is responsible for monitoring retaliation at Southport. Those that report are monitored for at least ninety (90) days. Monitoring includes any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. NY-DOCCS policy allows the monitoring period to be continued as needed. Monitoring does continue upon transfer to another facility. Retaliation is monitored at a minimum, 30, 60, and 90 days and longer if necessary. A retaliation monitoring form details this 30-day intermittent review with a conclusion allowing for the completion of monitoring, the termination of monitoring or to continue monitoring. The agency/facility is required to act promptly to remedy any such retaliation. In the past 12 months, there have been zero (0) number of incidents of retaliation.

Policy, Materials, Interviews and Other Evidence Reviewed

Employee Manual – 2.19

Associate Commissioner Memo – RE: Agency Protection against Retaliation, PREA Standard

PREA Audit Report 25

115.67/267, and Retaliation Monitoring Form-115.67/115.67A

Southport Correctional Facility example: Retaliation Monitoring Form 115.67

Southport Correctional Facility example: Monitoring Form 115.67A Staff

PREA Compliance Manager Interview

Superintendent Interview

Inmate victim interviews

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Southport does not maintain inmates in a Protective Custody status. The majority of the inmates at Southport are in a disciplinary, single-cell setting. If an inmate in the cadre were to require protective custody to protect him from sexual abuse, the facility has options to temporally separate him from other inmates pending a transfer. Victims placed in an alternate setting are monitored and seen by medical and mental health. Placement is reviewed within twenty-four hours and again within thirty days. Alternative housing is generally found within thirty days of placement. Southport documents any restriction or loss of privileges due to being placed in an alternate setting. Southport Correctional facility did not have any inmate on protective custody status that had reported sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #4948 – Protective Custody Status
PREA Compliance Manager Interview
Superintendent Interview
Random Staff Interviews

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

NY-DOCCS has a special Sex Crimes Unit in the Office of Special Investigations (OSI) which conducts investigations as outlined in the PREA Standards. Investigators receive specialized training in sexual abuse investigations pursuant to Standard 115.34. When evidence appears to support criminal prosecution, the OSI conducts interviews only after consulting with prosecutors whether interviews may hinder subsequent criminal prosecution. Administrative investigations include an effort to determine whether staff actions or failures contributed to the abuse and are documented in written reports. Criminal investigations are also documented in a written report that contains a description of all evidence. Substantiated allegations of conduct that appears to be criminal are referred for prosecution and written reports are saved for a minimum of 7 years. Electronic case file, which includes, at a minimum, a copy of the signed written investigative report and any other critical documents (e.g., medical reports, depositions, etc.) are permanently maintained. By agency policy every allegation of sexual abuse and sexual harassment is investigated. The auditor again reviewed the letter, reference "Implementation of the Prison Rape Elimination Act Standards" between the Superintendent of the New York State Police and the Acting Commissioner of the NYSDOCCS that outlines compliance with PREA, duties and responsibility, evidence, interviews, investigative findings, and further addresses standards for Adult Prisons and Jails: 115.21 Evidence Protocol and Forensic Medical Examinations; 115.22 Policies to Ensure Referrals of Allegations for Investigations; 115.34 Specialized Training: Investigations; 115.71 Criminal and Administrative Agency Investigations. Further, the auditor reviewed OSI policy and procedure: Training Requirements for Sex Crimes Investigators; Office of Special Investigations, Sex Crimes Unit Guidelines; OSI policy and procedure, Intake, and Case Management Unit; and PREA Specialized Training: Investigators. The auditor interviewed the Assistant Deputy Chief of Investigations and an investigator of the Sex Crimes Unit with scripted and formal interviews. The interviews were impressive, the investigative staff was very knowledgeable and expert concerning PREA. Based on the interviews with specialized staff, administrative staff, and based on policy and procedures/directives, investigative reports, and review of investigative files, the auditor assesses this standard as exceeds.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #0700 – Office of Special Investigations

Directive #2011 – Disposition of Departmental Records

OSI Policy & Procedure: Training Requirements for Sex Crimes Investigators

OSI Policy and Procedure: Intake and Case Management Unit – Complaint Process and Case File Management

Office of Special Investigations Sex Crimes Unit: Inmate on Inmate Dispatch and Operational Guidelines

Office of Special Investigations Sex Crimes Unit: Staff on Inmate Dispatch and Operational Guidelines

Power Point Presentation: PREA Specialized Training: Investigations

New York State Police Superintendent Letter RE: Implementation of the PREA Standards

Investigative Staff Interview

Superintendent Interview

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews with investigative staff indicate that NY-DOCCS imposes a standard of preponderance of evidence for proof, or a lower standard, when determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigation reports provided additional support further demonstrating compliance with this PREA standard.

Policy, Materials, Interviews and Other Evidence Reviewed
Deputy Chief of Investigations - Memo RE: Sex Crimes Division Close Out Procedures
Sexual Abuse Prevention and Response Lesson Plan
Investigative Staff Interview

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NY-DOCCS Office of Special Investigations (OSI) has a process in place to notify the inmate upon close out of an investigation, which will indicate substantiated, unsubstantiated, or unfounded. The OSI investigator will notify the inmate directly in cases of substantiated or unsubstantiated cases and record it in the case file. Unfounded investigations are sent to the inmate's facility and provided to the inmate via the legal mail process. All inmates were notified of the findings of the past year investigations.

Policy, Materials, Interviews and Other Evidence Reviewed
Office of Special Investigations Chief – Memo RE: Notification of Investigative Determination
Office of Special Investigations Deputy Chief – Memo RE: Sex Crimes Division Close Out Procedures
Investigative Staff Interview
PREA Compliance Manager
Examples of Notifications to inmates

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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NY-DOCCS policy addresses disciplinary sanctions of employees up to removal for PREA related issues. The employee manual provided to all employees explains the disciplinary process to them. Southport Correctional has had no incidents of employee suspensions, or termination for issues of sexual abuse or sexual harassment in the past year. Staff interviews revealed an awareness of the departments zero tolerance policy as it pertains to sexual abuse and sexual harassment.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate

Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate

PREA Audit Report 28
Directive #2110 – Employee Discipline – Suspension from Duty During the Continuation of
Disciplinary Proceedings
Employee Manual
PREA Compliance Manager
Investigator Interviews
Random Staff Interviews

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NY-DOCCS has a zero tolerance involving sexual abuse and sexual harassment of inmate by contractors and volunteer. The policy outlines criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. Interviews of contract staff and volunteers showed an awareness of this policy. Southport Correctional Facility has not had any reported incidents of a contractor or volunteer who has engaged in sexual abuse of an inmate.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4750 – Volunteer Service Program

Directive #2605 – Sexual Harassment in the Workplace

Office of Special Investigations: Reporting of Misconduct to Outside Agencies

Division of Ministerial, Family and Volunteer Services

Southport Correctional Facility example of: Acknowledgment of Orientation for new volunteers and contractors

Contract Medical Staff Interview

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NY-DOCCS policy outlines disciplinary sanctions that may be imposed on inmates who engage in sexual abuse and sexual harassment. Inmates are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. In the past 12 months, there have been zero (0) number of administrative findings of inmate on inmate sexual abuse that have occurred at Southport. In the past 12 months, there have been zero (0) number of criminal findings of guilt for inmate on inmate sexual abuse that occurred at Southport. The facility offers therapy, counseling, or other interventions as outlined in the Sex Offender Counseling and Treatment Program Guide. The agency prohibits all sexual activity between inmates as outlined in the directives/policies and procedures.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate
Directive #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate
Directive #4932 – Standards Behavior & Allowances
Random Staff Interviews
Random Inmate Interviews

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Southport Correctional Facility medical staff conducts medical screenings upon intake which are followed up by medical staff within fourteen days of the offender's arrival at the facility. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other select staff, informed consent is obtained before information is shared with additional staff. In the past 12 months 100% of the inmates who disclose prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner at Southport. Inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with mental health.

Policy, Materials, Interviews and Other Evidence Reviewed
Directive #4301 – Mental Health Satellite Services and Commitments to CNYPC – Mental Health
HSPM 1.12B – Inmate Bloodborne Pathogens Significant Exposure
HSPM 1.44 – Health Screening of Inmates
Southport Correctional Facility Example Health Screening
Medical Staff interview
Random Inmate Interviews

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Inmates at Southport Correctional Facility, including inmate victims of sexual abuse, receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The treatment for sexual assault victims, including outside hospital services are provided without financial liability and regardless of whether the victim cooperates in the investigation or not. The nature and scope of services offered to the inmate population are determined by the medical and mental health practitioners at Southport Correctional Facility, according to their professional judgment. Emergency medical services are assessed by the direction of health care staff, 911 services, hospital services, and as determined/provided by medical practitioners. SAFE/SANE hospitals are identified by the Health Services Policy Manual. Southport Correctional facility has protocol in place to transport a victim of sexual abuse to an outside hospital with SANE/SAFE certified staff for medical examination, if required.

Southport also has processes in place to provide emergency prophylactic medications if deemed appropriate by medical staff in consultation with the inmate. Southport Correctional Facility had no incidents that required an inmate being transported to a SANE/SAFE certified hospital for a medical examination in the past year.

Policy, Materials, Interviews and Other Evidence Reviewed

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate

Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate

HSPM 1.60 - Sexual Assault – SAFE/SANE Hospitals

Medical Staff interview

PREA Compliance Manager Interview

Random Staff Interviews

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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NY-DOCCS had protocol in place to provide ongoing medical examination of inmates who claim sexual abuse. Medical staff interviewed was well versed in the emergency protocol to follow with sexual abuse victims. The agency/facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Office of Mental Health, Memorandum of Understanding stipulates (and is quoted) for those who have been identified as victims- "The evaluation and treatment of such victim shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care, following the transfer to or placement in, other facilities, or their release from custody. Further, the facility shall provide victims with mental health services, consistent with the community level of care." Individual counseling is offered to inmates who request on going treatment related to sexual abuse or being a perpetrator of sexual abuse. Case Managers/ Counselors offer both group and individual programs in Anger Replacement and Thinking for a Change to address ongoing mental health needs.

Policy, Materials, Interviews and Other Evidence Reviewed
HSPM 1.60 - Sexual Assault
HSPM 1.12B – Inmate Bloodborne Pathogens Significant Exposure
HSPM 1.44 – Health Screening of Inmates
Medical Staff interview
Mental Health Supervisor Interview
PREA Compliance Manager Interview
Case Manager/Counselor Interviews
Random Staff Interviews
Random Inmate Interviews

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A memorandum from the Agency Deputy Commissioner and the Associate Commissioner/Agency PREA Coordinator referencing PREA Procedural Enhancements outlines procedures for compliance with the standard on Sexual Abuse Incident Reviews. First, it is the agency policy that the facility conducts a Sexual Abuse Incident Review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Further, it is directed that an incident review will take place within 30 days of the conclusion of the abuse investigation, and that the Incident Review Team includes an upper-level management official and allowing input from line supervisors, investigators, and medical and mental health practitioners. The memorandum above also stipulates that the facility prepares a report of findings, recommendations for improvement and submits such a report to the PREA Compliance Manager. It is noted that at the Southport Correctional Facility, in the past 12 months, there have been nine (9) criminal and/or administrative investigations of alleged sexual abuse completed at the facility. All have completed the Sexual Abuse Incident Review in a timely manner. The incident review team reviews the circumstances of the incident; the inmates and staff involved, whether actions taken were consistent with agency policies and procedures, if allegation or investigation indicates a need for policy changes and whether the incident or allegation were

motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation. The report is completed and submitted to the Superintendent, Facility PREA Compliance Manager, and PREA Point Person for review.

Policy, Materials, Interviews and Other Evidence Reviewed
Deputy Commissioner/Associate Commissioner –Memo RE: Prison Rape Elimination Act
Procedural Enhancements Sexual Abuse Response and Containment Checklist; Sexual Abuse
Incident Reviews and Security Staffing Audits
Examples of Sexual Abuse Incident Reviews
PREA Compliance Manager Interview
Superintendent Interview

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Southport Correctional Facility collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, and aggregates the incident based sexual abuse data at least annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. NY-DOCCS reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. Southport Correctional Facility does not contract its inmates to other facilities. NY-DOCCS provides all data from the previous calendar year to the Department of Justice upon request.

Policy, Materials, Interviews and Other Evidence Reviewed

Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual

Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate

Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate

PREA Compliance Manager Interview

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NY-DOCCS PREA Data Collection, Review, Retention, and Publication Manual states the PREA Analyst will prepare and aggregate data collected throughout the agency. An annual report is prepared which includes identification of problem areas, corrective action for each facility, and the agency as a

whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. Before publishing the annual report, the agency removes all personal identifiers. The annual report is made available to the public through the agency's website. NY-DOCCS Annual Report on Sexual Victimization is available for review on the agency's website.

Policy, Materials, Interviews and Other Evidence Reviewed
Office of Program Planning Research and Evaluation
PREA Data Collection, Review, Retention and Publication Manual
NY-DOCCS PREA Web Page (<http://www.doccs.ny.gov/PREA/PREAinfo.html>)
Review of 2015 Annual Report of Sexual Victimization

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOCCS PREA Data Collection, Review, Retention, and Publication Manual (revised on 8/18/15) outline basic procedures for data collection, review, storage and reporting of sexual abuse data. This manual ensures that the incident based information and aggregate data is collected and securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise. The data is retained and secured by OSI and the PREA Analyst. The manual also states the agency will prepare an annual report. The annual report includes: identification of problem areas, corrective action for each facility, and the agency, a comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. Before publishing the annual report, the agency removes all personal identifiers. The annual report is made available to the public through the agency's website. The 2015 Annual Report on Sexual Victimization is available for review on the agency's website at www.doccs.ny.gov/PREA/PREAinfo.html. The report was reviewed as part of the audit process.

Policy, Materials, Interviews and Other Evidence Reviewed
Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual
NY-DOCCS PREA Web Page (<http://www.doccs.ny.gov/PREA/PREAinfo.html>)
PREA Compliance Manager Interview

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Auditor reviewed the NYS DOCCS web page at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html containing the 35 audit reports for PREA audits completed from November 6, 2015 through June 21, 2017. In addition, the Auditor conducted an interview with the Agency-Wide PREA Coordinator and viewed the schedule of audits. Aside from this audit of Southport, two audits of NYS DOCCS prisons are currently in progress. The Auditor verified that the NYS DOCCS has, beginning in audit year 3 of cycle 1, ensured that at least one-third of each facility type operated by the Agency was and is scheduled to be audited. A total of 19 DOCCS facilities are scheduled for

audits during Audit Year 2 of Cycle 2, including 18 Adult Prisons and 1 Community Confinement Facility.

NYS Correction Law section 121 provides that the private ownership or operation of a facility for housing state or local inmates or the private ownership or operation of a facility for the incarceration of other state's inmates is prohibited. Thus, no private prisons are operated on behalf of the Agency. NYS DOCCS has entered into agreements with private organizations for 12 Community Based Residential Programs to provide up to 6 months of housing and treatment for selected Parolees. These contracts were effective starting 5/1/17 (6 programs) and 10/1/17 (6 programs). Each contract permits contract monitoring and requires the Program to achieve and maintain PREA Compliance, and to arrange for PREA Audits on a schedule set in consultation with the DOCCS Agency-Wide PREA Coordinator. Audits are scheduled at 2 per year per contract with the first pair to be completed on or about 1 year after the start of the contract (i.e., two by May 2018, two by October 2018, etc.), thus ensuring that one-third of each facility type operated by a private organization on behalf of the agency will be audited during each forthcoming audit year.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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The Auditor reviewed the NYS DOCCS web page at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html containing the 35 audit reports for PREA audits completed from November 6, 2015 through June 21, 2017.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Diane Lee

10/17/17

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.