

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 25, 2017

Auditor Information			
Auditor name: Michael Radon			
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Email: michaelradon@yahoo.com			
Telephone number: 413-250-7778			
Date of facility visit: March 13 th to March 15 th , 2017			
Facility Information			
Facility name: Ulster Correctional Facility			
Facility physical address: 750 Berme Road, Napanoch, NY 12458			
Facility mailing address: <i>(if different from above)</i> P. O. Box 800, Napanoch, NY 12458			
Facility telephone number: 845-647-1670			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Anthony J. Annucci			
Number of staff assigned to the facility in the last 12 months: 17			
Designed facility capacity: 882			
Current population of facility: 785			
Facility security levels/inmate custody levels: Medium/Medium and Minimum			
Age range of the population: 18-78			
Name of PREA Compliance Manager: Lucy Buther		Title: Assistant Deputy Superintendent/PREA	
Email address: Lucy.Buther@doccs.ny.gov		Telephone number: 845-647-1670 ext. 1103	
Agency Information			
Name of agency: New York State Department of Corrections and Community Supervision			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1220 Washington Avenue, Albany, NY 12226			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 518-457-8126			
Agency Chief Executive Officer			
Name: Anthony J. Annucci		Title: Acting Commissioner	
Email address: commissioner@doccs.ny.gov		Telephone number: 518-457-8134	
Agency-Wide PREA Coordinator			
Name: Jason D. Effman		Title: Associate Commissioner	
Email address: jason.effman@doccs.ny.gov		Telephone number: 518-457-3955	

AUDIT FINDINGS

NARRATIVE

The New York State Department of Corrections and Community Supervision (NYS DCC) in conjunction with the American Correctional Association scheduled a Prison Rape Elimination Act (PREA) audit for the Ulster Correctional Facility in Napanoch, New York. The date of the audit visit was March 13th through March 15th. Michael Radon, certified PREA auditor was notified of this audit assignment January 2017. This audit assignment was for a single certified PREA auditor.

The audit process began with direct contacts being made with the NYSDCC staff including the PREA coordinator and PREA compliance manager for the facility. In addition, documentation was received for review by the PREA auditor. This documentation included the pre-audit questionnaire (PAQ), all PREA policies and documentation related to each individual standard and current population data. Travel information, arrival time verification, hotel reservation and scheduled meet and greet were delivered. The PREA resource audit instrument for adult prisons and jails furnished by the National PREA Resource Center/Department of Justice was used for the audit. In summary, there are seven individual sections which were reviewed, these included the PAQ, the audit compliance tool, instructions for the audit tour, interview protocols, auditor summary, facility map, and checklist of documentation.

Following receipt of these protocols including posting of notices and making contacts, the auditor began reviewing the materials received beginning with the preaudit questionnaire and all other information which was included on the thumb drive.

Upon arrival to Newburgh Airport the auditor was met by Ulster Correctional Facility staff. On Monday morning March 13th, an initial meeting took place at the facility where the PREA audit process and schedule was reviewed. In addition, all interviews were reviewed and schedule times discussed at this time. The PREA auditor explained to the Ulster Correctional staff that he was there to observe and assess all areas of the facility in order to verify compliance with the adult prison and jail standards.

In addition, the audit focus would include supervision of inmates, security procedures, staff training and use of technology. Emphasis would be placed on intake, reception, screening, housing, healthcare, recreation, and all other locations on the grounds of the facility that inmates have access to.

The tour began approximately at 8:30 a.m. and continued to late morning/early afternoon. The tour consisted of all facility buildings on the grounds, these included offender housing, kitchen, dining, maintenance, warehouse, canteen, all program services and administration. Upon completion of the facility tour a complete review of the PAQ report was reviewed for accuracy and up to date information and discussed any questions or discrepancies with the report. Upon completion of this review the interview process for inmates and staff began. All designated staff for the PREA audit were interviewed including administrative staff (Superintendents), investigative staff (OIG), specialized staff including clinical and medical personnel. Also interviewed were first responders and correctional officers. The specific targeted number of correctional staff was exceeded during this audit.

Inmate interviews included randomly selected inmates, disabled inmates, and a self disclosed inmate who was transgender.

Completion of the audit process including the above activities validated compliance with all PREA standards. All staff and inmates were aware and knowledgeable of PREA and the zero tolerance policy of sexual abuse. Prior to the informal exit meeting the auditor met with the PREA involved staff and reviewed the facility tour and shared observations and suggestions. The informal exit meeting was held with administration at which time preliminary audit findings were reviewed, there were no red flags, issues, or problems of concern at this phase of the audit. It was explained to the administration that during the development of the report supportive documentation would be requested to assist the auditor in the final determination of compliance for standards.

It is worthy to note that existing policy in the Ulster Correctional Facility and New York State Department of Corrections and Community Supervision had already addressed many of the PREA standards and had been in place prior to the implementations of PREA. These conditions for a facility that is safe from sexual abuse and harassment were already considered an operational norm.

DESCRIPTION OF FACILITY CHARACTERISTICS

The physical address of the Ulster Correctional Facility (UCF) is 750 Berme Road, Napanoch, New York. The physical plant is located adjacent to Eastern New York Correctional Center and covers over sixty (60) acres. UCF is a reception and classification center for males with a facility capacity of 882 inmates. The Ulster Correctional Facility is a medium security/medium and minimum custody facility with an age range of inmates from 18 to 78 years old. The overseeing agency for UCF is the New York State Department of Corrections and Community Supervision.

UCF is made up of thirty-one (31) single story brick and cement buildings. There is one (1) special housing unit, thirty-two (32) segregation cells, fourteen (14) open bay dorm housing units; the facility has no multiple occupancy housing cells.

The facility has an exterior fence topped with multiple razor wire strands. The exterior fence is patrolled 24/7, there are also various monitoring systems. There are two (2) towers at Ulster Correctional Facility; one at the sally port and the second in the recreation yard.

Medical and dental services for the inmates are provided by New York DOCCS staff under the direction of a Facility Health Services Director. Mental health services are offered by the New York Office of Mental Health and are directed by the Mental Health Unit Chief. Medical emergencies are transported via ambulance to a nearby hospital; at a greater distance is Mt. Vernon Hospital in White Plains, NY which has a secure medical unit. Ulster Correctional Facility does have an eight (8) bed infirmary with the beds in a single room, there are also two (2) negative pressure rooms. Medical staff at UCF consists of a Nurse Administrator, two (2) full time physicians, registered nurses, a full dental team, and an x-ray technician.

A recreation program at UCF is available seven (7) days a week. There is a spacious recreation yard outside and a gymnasium for basketball and use of fitness equipment. Housing units have day rooms with televisions; there are also board games, cards, checkers/chess, and dominos.

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

SUMMARY OF AUDIT FINDINGS

The auditor used the PREA resource centers standards for prisons and jails. In addition to the assembled information for the 43 standards other documentation were audited and reviewed for consideration of compliance. These tools are the pre-audit questionnaire, compliance tool, facility tour, interview protocols, and checklist of all documentation. The standard results are listed below.

Number of standards exceeded: 5 (115.11, 115.13, 115.31, 115.33, 115.64)

Number of standards met: 36

Number of standards not met: 0

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

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

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

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

Directive 4027A, “Sexual Abuse Prevention & Intervention - Inmate-on-Inmate”

II. POLICY: The New York State Department of Corrections and Community Supervision has zero tolerance for sexual abuse. It is the policy of the Department that coercive inmate-on-inmate sexual conduct is sexual abuse and is not to be tolerated. All allegations of sexual abuse, sexual threats and retaliation concerning an incident of sexual abuse will be thoroughly investigated.

Directive 4028A, “Sexual Abuse Prevention & Intervention - Staff-on-Inmate”

II. POLICY: The New York State Department of Corrections and Community Supervision has zero tolerance for sexual abuse. It is the policy of the Department that staff-on-inmate sexual conduct is sexual abuse and is not to be tolerated. Every incident of staff sexual conduct with an inmate presents a threat to the security of the facility and the Department. All allegations of sexual abuse, sexual threats, staff voyeurism or retaliation concerning an incident of sexual abuse will be thoroughly investigated.

Auditors Comment:

During the audit process the zero tolerance expectation in a correctional facility was well documented, staff were appropriately trained and inmates were informed in a multitude of ways. This was made apparent through the facility tour and the inmate and staff interviews.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

New York State contracts with a number of organizations to provide residential programs for parolees and others subject to community supervision upon release. These include Residential Stabilization Programs (RSP) and Community Based Residential Programs (CBRP). Contracts currently in place were initiated before August 19, 2012. Therefore, the Programs are not currently required to participate in PREA Audits. These programs are working to become Compliant with the PREA Community Confinement Facilities Standards. In accordance with the PREA Standards, 115.212, when new contracts are executed or, in the event that existing contracts are renewed, all programs providing similar services will be required to adopt and comply with the PREA Community Confinement Facilities Standards, including conducting PREA audits, and shall be subject to agency contract monitoring to ensure that the contractor is complying with the standards.

The CBRP is a housing initiative to assist parolees under the jurisdiction of DOCCS to attain stability in the community while providing for individual case needs and community safety.

Documentation:

1. Statement of Non-Applicability – 5/4/15
2. Request For Application (RFA 2016-08) Community Based Residential Program (CBRP) – 8/20/16 – I, IV J, Attachment A 5, Attachment C III

Comment:

Ulster Correctional Facility does not independently contract with any private agencies or other entities: therefore, Bullet (A) does not apply.

Standard 115.13 Supervision and monitoring

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

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

Directive 4001, “Facility Administrative Coverage and Supervisory Rounds”

DESCRIPTION: This directive is designed to provide the guidelines for establishing adequate administrative direction within each facility during the absence of the Superintendent. It also provides direction to ensure that quality daily and weekly rounds are implemented for night shifts, as well as day shifts, of all assigned inmate housing areas and activity areas by Executive Team members, security supervisors, and designated Division Heads.

VI. ROUNDS

A. The Superintendent or Acting Superintendent shall establish a schedule whereby the Superintendent or designee, Executive Team members, and designated Division Heads will, when practical, make rounds of the facility’s living and activity areas at least weekly to encourage informal contact with staff and inmates, as well as observe living and working conditions. Each respective logbook will be signed in red ink and shall indicate that their round of the area was unannounced or announced after reviewing and signing the logbook.

1. Executive Team Members and Designated Division Heads: Shall complete and forward Form #4001A, “Weekly Administrative Activity Report,” to the Superintendent upon completion of their assigned rounds. Superintendents should ensure that Executive Team members make rounds in areas not necessarily under their direct responsibility. If facility policy allows for weekly rounds to be conducted by teams, a single weekly administrative action report must be submitted by the team.
2. Security Supervisors: All Sergeants and Lieutenants who are assigned to an area within the facility (e.g., housing unit, program area) will complete and forward Form #4001B, “Daily Security Supervisor Report,” to their supervisor upon completion of their assigned rounds. The completed Daily Security Supervisor Report is to be turned into the Watch Commander for review then forwarded to the Deputy Superintendent for Security and maintained for a minimum of three years. Watch Commanders are required to complete Form #4001B and submit directly to their supervisor upon completion of their assigned rounds.

C. Employees are prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Documentation:

- 1. Directive #4001, Facility Administrative Coverage & Supervisory Rounds - 08/26/15 - VI A, C, Form 4001 A, Form 4001 B (8/15)
- 2. Employee Manual – 2.44 Rev. 2013

Secondary Documentation:

- 3. Ulster C.F. Plot Plan
- 4. Ulster C.F. Post Closure Report Key
- 5. Ulster C.F. Annual Supervision and Monitoring Plan Review
- 6. Ulster C.F. Facility Housing Log books entries documenting Executive Team and Security Supervisory announce /unannounced rounds on Tour I, (11-7), Tour II (7-3), Tour III (11-7)
- 7. Ulster C.F. Facility Weekly Administrative Activity Report: Form 4001A (8/15) Tour I, Tour II, Tour III rounds
- 8. Ulster C.F. Daily Supervisory Report: Form 4001B (8/15) Tour I, Tour II, Tour III

Auditors Comment:

Post orders were observed addressing duties and responsibilities of staff including unannounced rounds. Interviews confirmed that staff and inmates felt safe. Based on documentation interviews with staff and inmates and observation of the facility, the auditor considers this standard to exceed the expectation.

Standard 115.14 Youthful inmates

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

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

Documentation:

- 3. Directive #0096 – Ulster Correctional Facility

Auditors Comment:

This standard is not applicable to Ulster Correctional Facility as the facility does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Directive 2230, “Guidelines for Assignment of Male and Female Correction Officers”

I. INTRODUCTION: The purpose of this directive is to ensure that the Department’s policies regarding the employment of Correction Officers are in full compliance with the Constitution and Statutes of the United States and the State of New York.*

In complying with the law, the Department is mindful of its duty to balance its various obligations under the law including:

C. The Department’s obligation to its inmates consistent with the provisions of this directive. (The inmates’ privacy will be protected to the extent the Department is able to do so. For instance, if the inmate wishes to take a shower in the yard, he or she must be prepared to be viewed by any employee who may be in or near the yard.)

E. Staff of the opposite gender shall verbally announce their arrival on a housing unit to avoid unnecessarily invading the privacy of inmates of the opposite gender, unless emergency conditions dictate otherwise. An announcement is required when the gender-supervision on a housing unit changes from exclusively same gender, to mixed or cross-gender supervision. The announcement(s) by staff must be accomplished in a manner that is easily heard and/or understood by all inmates on the unit.

III. EMERGENCIES: During emergencies, Correction Officers, regardless of gender, may perform any necessary duties including those otherwise prohibited by reason of gender.

Directive 4001, “Facility Administrative Coverage and Supervisory Rounds”

IDESCRIPTION: This directive is designed to provide the guidelines for establishing adequate administrative direction within each facility during the absence of the Superintendent. It also provides direction to ensure that quality daily and weekly rounds are implemented for night shifts, as well as day shifts, of all assigned inmate housing areas and activity areas by Executive Team members, security supervisors, and designated Division Heads.

B. Staff of the opposite gender shall verbally announce their arrival on a housing unit to avoid unnecessarily invading the privacy of inmates of the opposite gender, unless emergency conditions dictate otherwise. An announcement is required when the gender supervision on a housing unit changes from exclusively same gender, to mixed- or cross-gender supervision.

Directive 4910, “Control of & Search for Contraband”

II. POLICY: The presence of contraband within a facility and its subsequent possession and/or use by inmates threatens the security of the facility, endangers the safety of inmates, employees, visitors, and the community, and impairs rehabilitation programs. Search for and seizure of contraband is a responsibility of facility management.

III. PERSONAL SEARCHES: Searching an inmate’s person is sound correctional practice and a necessary element of contraband control. The employee conducting a personal search must assure its thoroughness and not offend the dignity of the inmate being searched. Staff must refrain from demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, and obscene language or gestures during these searches as well as during other encounters with inmates.

Note: A strip frisk of an inmate who has been diagnosed with Gender Dysphoria/GID shall be conducted by staff of the same gender as the gender classification of the facility. Staff shall apply procedures as appropriate based upon the anatomy of the inmate. The facility (administration/security) shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, a medical provider may determine the inmate’s genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Health Services Policy Manual (HSPM) 1.19, “Health Appraisal”

I. POLICY:

The Department of Corrections and Community Supervision (DOCCS) will provide timely health appraisal and preventive medical care consistent with generally accepted medical standards. Two levels of appraisal are conducted at DOCCS facilities; the initial health appraisal and the periodic health appraisal. The initial health appraisal includes a complete history and physical, initial dental examination, laboratory testing and immunization screening conducted at reception. The periodic health appraisal updates the prior appraisal and is provided in accordance with the Men's Health and Women's Health Primary Care Practice Guidelines.

The facility (administration/security) shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

Documentation:

1. Directive #2230 - Guidelines for Assignment of Male and Female Correction Officers - 3/13/15 – I C; II E; III
2. Directive #4001 – Facility Administrative Coverage & Supervisory Rounds- 8/26/15 – VI B
3. Directive #4910 - Control and Search for Contraband – 9/27/16 III B 3 b (3) Note– III E 1 Note, III G 1 b, 5; Attachment's A, G
4. HSPM 1.37 - Body Cavity Search - 9/20/95 – Entire
5. HSPM 1.19 – Health Appraisal – 2/19/16 – 2A
6. Memo: from Jason D. Effman, Associate Commissioner – 5/14/14
RE: Revisions to Directive #4910 “Control of & Search for Contraband” (All Superintendents/All Staff).

Secondary Documentation:

7. Ulster C.F. Training Records of Course Completion #01062 Contraband and Frisk and Course Completion #2200 Pat Frisk
8. Ulster C.F. Training Record of course completion #35029 Sexual Abuse Prevention and Response
9. Ulster C.F. Memo on Transgender Showers

Comment:

Effective August 20, 2015 facilities shall not permit cross gender pat-down searches of female inmates, absent exigent circumstances. Exigent circumstances mean any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Ulster Correctional Facility does not house female inmates (b)

Auditors Comment:

It was confirmed during the audit that the directives that have been implemented are in place and that inmates and staff confirmed that there was a good sense of privacy in the housing units.

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

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

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

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

Directive 2612, “Inmates With Sensorial Disabilities”

I. POLICY: Title II (Subtitle A) of the Americans with Disabilities Act (ADA) prohibits State and local entities from discriminating against any qualified individual with a disability in their programs, services, and activities. Therefore, the programs and services provided to inmates by this Agency, or those that may be contracted to other entities, must ensure accessibility and usability by qualified inmates in the most integrated setting.

I. Qualified Sign-Language Interpreting Services: A sign language interpreter certified by the National Registry of Interpreters for the Deaf or other National or New York State credentialing authority, or a sign-language interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. The qualifications of an interpreter are determined by the actual ability of the interpreter in a particular interpreting context to facilitate effective communication. Except as otherwise indicated below, qualified interpreters may include inmates, correctional staff, including Correction Officers and volunteers, when their skills meet the above definition and factors such as emotional or personal involvement and considerations of confidentiality will not adversely affect their ability to interpret “effectively, accurately, and impartially” or jeopardize the safety and security of the inmate.

Directive 4490, “Cultural and Language Access Services”

I. PURPOSE: To establish policy and procedures to ensure that all individuals with Limited English Proficiency (LEP) who have contact with the New York State Department of Corrections and Community Supervision (DOCCS or Department) have meaningful access to DOCCS programs, services, and benefits.

B. Use of Inmates/Releasees, Family Members, Friends, or Minors as Interpreters or Translators.

1. Generally, staff shall not rely on an inmate/releasee, an LEP individual’s family member or friend, or a minor as an interpreter or a translator for communications with an individual that involve sensitive, confidential, or privileged information or that create a conflict of interest. For instance, these individuals should not be relied on to interpret for classification reviews, medical or mental health encounters, investigations, inmate tier hearings, community preparation interviews, or administrative segregation hearings. Reliance on inmates/releasees, family members, friends, or minors for these types of communications could result in a breach of confidentiality, a conflict of interest, or an inadequate interpretation or translation. This general prohibition does not apply during exigent circumstances, such as where an extended delay in obtaining qualified interpretation services could compromise an inmate’s/releasee’s safety, the performance of first-response duties in connection with a report of sexual abuse, or the investigation of an inmate’s/releasee’s sexual abuse allegations.

Documentation:

1. Memo: from Jason D. Effman, Associate Commissioner – 10/27/14
Re: Reasonable Accommodations PREA Information
2. Memo: from Jason D. Effman, Associate Commissioner - 10/26/15
RE: “Ending Sexual Abuse Behind the Walls: An Orientation” – Entire
3. Memo: from Jason D. Effman, Associate Commissioner – 12/28/15
RE: “New and Updated PREA Materials”
4. Male Pamphlet: DC0555EC: What Inmates Need To Know English, Chinese, Spanish and Russian Help for Victims of Sexual Abuse in Prison (DC 132) English and Spanish
5. Directive #4490, Cultural and Language Access Services - 1/15/16 – Entire
6. Directive #2612, Inmates with Sensorial Disabilities - 4/30/15 – Section I
7. Language Access Plan for LEP Individuals – 4/1/15

Secondary Documentation:

8. Ulster Correctional Facility Language Line Services Invoice 6/30/16

Auditors Comment:

During the interview process, it was determined that inmates who had limited English proficiency had available interpreters to ensure that the elements of the standard were compliant.

Standard 115.17 Hiring and promotion decisions

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

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

1. Directive #2216 - Fingerprinting /Criminal History Inquiry New Employees and Contractors – 9/17/15 - I, III, Attachment A
2. NYS Department of Correctional Services Personal Procedure Manual #406A Recruitment Process – 4/8/16 – Forms; PPM 406A.1 Recruitment Process Checklist, PPM 406A.2 Employment Telephone Verification
3. Memo: from Darren Ayotte, Director of Personnel - 4/30/14 RE: Personnel Procedure #407 – Civilian Promotions Personal Procedure Manual #407A – Security Promotions - 4/29/14
4. Memo: from John M. Czaka, Deputy Commissioner and Counsel - 8/18/15RE: Prison Rape Elimination Act (PREA) – Background Checks Appendix A
5. Directive #2112 - Report of Criminal Charges – 5/5/15, I
6. Electronic Mail Memo: from Darren Ayotte, Director of Personnel - 7/15/15RE: Fair Chance Hiring Application Revisions and Statewide Employment Application
7. Form 1253 - Personal History and Interview Record - 4/13 Cover, 7a, Eb
8. Availability Inquiry Correction Sergeant – Cover, 3 Entire Availability Inquiry Correction Lieutenant – Cover, 3 Entire
9. Form EIU23 – Personal History Questionnaire – (Rev. 8/14) cover, 20a & b, 21, 22, 25a, 35, 36
10. Directive #2012 - Release of Employee Personnel and Payroll Information 8/7/15 – 11C 6a. & b.

Section: Preventive Planning

Standard: 115.17 Hiring and Promotional Decisions

SECONDARY DOCUMENTATION:

- (a) (b) 11. Civilian Promotional Review for Ulster C.F.
- (d) 12. Contractor Acknowledgement of DOCCS Policy and Criminal History

Check Request

- (f) 13. Sample of: Ulster C.F. Personnel History and Interview Form

Auditors Comment:

Review of Human Resources documentation and interviews with staff determined compliance with this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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Documentation:

1. Directive #3053 - Alterations and Construction Request - 4/5/2016 II, Form 1612

Secondary Documentation:

2. Ulster Correctional Facility Alteration and Construction Request: 1612 Form, request to enhance safety and security in housing unit showers.

Comment:

Ulster Correctional Facility has not installed or updated any video monitoring systems, electronic surveillance system or other monitoring technology during this PREA audit year.

Auditors Comment:

Although upgrades had not taken place in preparation for this PREA audit the existing operational technology was sufficient to meet the operational expectations of the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Documentation:

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

There are no compliance measure for standards (g) and (h)

THIS FOLDER CONTAINS SECURITY MATERIAL. APPROPRIATE CONTROLS ON DISSEMINATION MUST BE USED IN ACCORDANCE WITH DIRECTIVE #0001 TO ENSURE THAT SUCH MATERIAL IS TREATED AS CONFIDENTIAL AND RESTRICTED FROM UNAUTHORIZED ACCESS.

Auditors Comment:

The agency policies have in place PREA trained investigators, they utilize a sexual abuse checklist. Forensic examinations can be conducted by SANE/SAFE staff, all medical exams are offered without financial cost to the victim.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Directive 0700, “Office of Special Investigations (OSI)”

I. BACKGROUND: The New York State Department of Corrections and Community Supervision is responsible for providing a safe, humane, and lawful environment for all inmates and staff. Criminal behavior, staff or inmate abuse, employee misconduct and/or corruption threaten the Department’s ability to provide such an environment and will not be tolerated.

Under Section 112 of the Correction Law: “The commissioner of corrections and community supervision shall have the superintendence, management and control of the correctional facilities in the department and of the inmates confined therein, and of all matters relating to the government, discipline, policing, contracts and fiscal concerns thereof. He or she shall have the power and it shall be his or her duty to inquire into all matters connected with said correctional facilities.” Additionally; “The commissioner shall have the management and control of persons released on community supervision and of all matters relating to such persons’ effective reentry into the community, as well as all contracts and fiscal concerns thereof. The commissioner shall have the power and it shall be his or her duty to inquire into all matters connected with said community supervision.” Further, the Commissioner has designated the Office of Special Investigations (OSI) and its

staff to cooperate with and assist in activities requested by law enforcement agencies in accordance with Correction Law Section 621 which authorizes the Department of Corrections and Community Supervision “to cooperate with agencies of other states and of the United States, having similar powers, to develop and carry on a complete interstate, national and international system of criminal identification and investigation, and to obtain and furnish, or to assist in obtaining and furnishing, any information from and to a law enforcement officer or agency of another jurisdiction to assist in the conduct of an investigation into any criminal matter or for use in a criminal prosecution.” The Office of Special Investigations is responsible for lesson plan review and all training associated with aggravated harassment by an inmate.

The Department of Corrections and Community Supervision’s Chief of Special Investigations reports to the Commissioner and is a member of the Executive Team.

III. FUNCTIONS: The Office of Special Investigations is divided into the following functional units with related responsibilities:

D. Sex Crimes Unit: The Sex Crimes Unit specializes in investigating allegations of sexual misconduct between inmates and Departmental staff as well as inmate-on-inmate sexual abuse, and assists outside law enforcement in the development of cases for criminal prosecution.

IV. PROCEDURE

A. All complaints and information received relative to possible investigations are reviewed, processed, and documented.

Directive 4027A, “Sexual Abuse Prevention & Intervention - Inmate-on-Inmate”

II. POLICY: The New York State Department of Corrections and Community Supervision has zero tolerance for sexual abuse. It is the policy of the Department that coercive inmate-on-inmate sexual conduct is sexual abuse and is not to be tolerated. All allegations of sexual abuse, sexual threats and retaliation concerning an incident of sexual abuse will be thoroughly investigated.

Directive 4028A, “Sexual Abuse Prevention & Intervention - Staff-on-Inmate”

II. POLICY: The New York State Department of Corrections and Community Supervision has zero tolerance for sexual abuse. It is the policy of the Department that staff-on-inmate sexual conduct is sexual abuse and is not to be tolerated. Every incident of staff sexual conduct with an inmate presents a threat to the security of the facility and the Department. All allegations of sexual abuse, sexual threats, staff voyeurism or retaliation concerning an incident of sexual abuse will be thoroughly investigated.

Documentation:

1. Directive #4027B - Sexual Abuse Reporting & Investigation – 2/17/16 Inmate - on - Inmate - VII B; Attachment A
2. Directive #4028B - Sexual Abuse Reporting & Investigation – 3/4/16 Staff - on - Inmate - VI B; Attachment A
3. Directive #0700 - Office of Special Investigations - 10/23/14 I; III D; IV A
4. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16 Inmate - on - Inmate– II
5. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16 Staff - on - Inmate - II
6. Statement of Non – Applicability - 5/15/15

Secondary Documentation:

7. Inmate - on- Inmate Monthly Sexual Abuse /Threat Incident – Summary (Form 2103SAll)
8. Staff -on – Inmate Monthly Sexual Abuse/ Threat Incident – Summary (Form 2103SASI)

Auditors Comment:

Agency policy and facility practice comply with the standard relating to allegations and investigations. All incidents of alleged sexual abuse have referral mechanisms in place for administrative and criminal investigation.

Standard 115.31 Employee training

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

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

Master Documentation:

1. Training Manual Subject: 0.100 - Frequency Training Chart and Training Bulletins - 9/23/15 – Entire Training Bulletin #7, “PREA: Sexual Abuse Prevention and Response”
2. Sexual Abuse Prevention and Response Lesson Plan - March 2015
Report of Training Form: Sexual Abuse Prevention and Response (PREA) RTF – PREA (11/2016)
3. Training Manual Subject: 6.600-Initial Employee Training/40 Hour Employee Orientation – 7/18/16 – Section II, Section IV Page 5, Page 7
4. Training Manual Subject: 6.500 - Facility Familiarization – 8/25/15
5. Memo: from Daniel F. Martuscello III, Deputy Commissioner, and Jason Effman, Associate Commissioner – 4/8/15 – RE: Sexual Abuse Prevention and Response Training - Entire
6. Memo: from Anthony J. Annucci, Acting Commissioner – 7/8/16 -RE: Policies and Standards Generally Applicable to all Employees (Entire)

Secondary Documentation:

7. Ulster C.F. Completed Report for course # 35029 - Sexual Abuse Prevention and Response (PREA)
8. Ulster C.F. Sample of completed Report of Training Form – Sexual Abuse Prevention and Response (RTF – PREA 3/2015)
9. Ulster C.F. Samples of Completed 6.500 Facility Familiarization form and 6.600 Initial Employee Training form

Auditors Comment:

The agency has emphasized employee training for PREA in all of its’ components. It was apparent in reviewing the documentation staff training curriculum and staff interviews that PREA training is a priority.

Standard 115.32 Volunteer and contractor training

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

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

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

Directive 4027A, “Sexual Abuse Prevention & Intervention - Inmate-on-Inmate”

I. DESCRIPTION: This Directive provides information concerning:

- The prevention of INMATE-ON-INMATE sexual abuse and sexual threats;
- The prevention of, detection of and response to allegations of INMATE-ON-INMATE sexual abuse and sexual threats, including prompt and effective intervention to address the safety and treatment needs of an inmate victim of sexual abuse;
- The duty of all staff to report any allegation of sexual abuse of an inmate and to report any actual knowledge or reasonable belief concerning any incident of sexual abuse;
- The duty of staff to report any allegation of retaliation for reporting an incident of sexual abuse or participating in an investigation of an incident of sexual abuse;
- The prevention of, detection of and response to allegations of retaliation for reporting an incident of sexual abuse or participating in an investigation of an incident of sexual abuse; and
- The discipline and/or prosecution of those who commit such acts of sexual abuse, sexual threats or retaliation.

II. POLICY: The New York State Department of Corrections and Community Supervision has zero tolerance for sexual abuse.

IV. PROCEDURE

A. Training

2. All contractors and contract employees, volunteers and interns shall receive orientation and periodic in-service training consistent with their level of inmate contact relating to the prevention, detection and response to inmate-on-inmate sexual abuse.

Directive 4028A, “Sexual Abuse Prevention & Intervention - Staff-on-Inmate”

I. DESCRIPTION: This Directive provides information concerning:

- The prevention of STAFF-ON-INMATE sexual abuse, sexual threats and staff voyeurism;
- The prevention of, detection of and response to allegations of STAFF-ON-INMATE sexual abuse, sexual threats and staff voyeurism, including prompt and effective intervention to address the safety and treatment needs of an inmate victim of sexual abuse;
- The duty of all staff to report any allegation of sexual abuse of an inmate and to report any actual knowledge or reasonable belief concerning any incident of sexual abuse or the existence of an inappropriate relationship between a staff member and an inmate;
- The duty of staff to report any allegation of retaliation for reporting an incident of sexual abuse or participating in an investigation of an incident of sexual abuse;
- The prevention of, detection of and response to allegations of retaliation for reporting an incident of sexual abuse or participating in an investigation of an incident of sexual abuse; and
- The discipline and/or prosecution of those who commit such acts of sexual abuse, sexual threats, staff voyeurism or retaliation.

II. POLICY: The New York State Department of Corrections and Community Supervision has zero tolerance for sexual abuse.

V. PROCEDURE

A. Training

2. All contractors and contract employees, volunteers and interns shall receive orientation and periodic in-service training consistent with their level of inmate contact relating to the prevention, detection and response to staff-on-inmate sexual abuse.

Directive 4750, “Volunteer Services Program”

I. PURPOSE: This directive establishes Department of Corrections and Community Supervision (DOCCS) policies and procedures for the administration and supervision of the Volunteer Services Program.

IV. TYPES OF VOLUNTEERS

C. Volunteer Requirements

1. Under normal circumstance, the minimum age for a volunteer is 21.

a. Exceptions can be made with special approval from the Superintendent for persons ages 17-20 for special one-time programs, or for participants in internship programs or youth employment programs. With regard to internships, all colleges must provide internship paperwork and description of activities.

b. Volunteers who are 17 or 18 years of age must provide written permission from their parent or legal guardian.

- c. If approved, volunteers under the age of 21 must be under direct supervision of DOCCS staff at all times while inside the facility.
- 2. All volunteers providing professional services will require additional screening to ensure that they are certified, licensed, and/or otherwise qualified to provide such services.
- 4. Restrictions: During orientation, volunteers must be cautioned regarding the seriousness of personal/emotional involvement with inmates. This will include visiting, corresponding, and accepting phone calls. In order to avoid any misunderstanding, the following guidelines must be strictly observed:
 - a. Volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an inmate. The New York State Department of Corrections and Community Supervision has a zero tolerance for sexual abuse. It is a crime for any employee to engage in sexual conduct or sexual contact with an inmate. For purposes of Penal Law section 130.05, an employee also includes any person providing direct services to inmates in a State correctional facility pursuant to a contractual arrangement with the Department or, in the case of a volunteer, a written agreement with the Department.

All volunteer applicants will read the most updated version of the Policy on the Prevention of Sexual Abuse of Inmates. All volunteers are to be provided with training and the current Directives #4027A, “Sexual Abuse Prevention and Intervention - Inmate-on-Inmate,” and #4028A, “Sexual Abuse Prevention and Intervention - Staff-on-Inmate.” All volunteer applicants must acknowledge receipt in writing that they will be held accountable for and act in accordance with the policy and the law. All volunteer applicants must acknowledge that they understand the Department’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents under DOCCS sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Directive 4071, “Guidelines for Construction Projects”

I. PURPOSE: The purpose of this directive is to standardize the guidelines for construction projects within the Department of Corrections and Community Supervision (DOCCS).

D. Contractors and Related Employees

3. Each contract worker will be issued a copy of Form #4071A, “Guidelines for Construction Projects.” These guidelines and this directive must be explained to each contract worker for the contracting company by a DOCCS employee. All contractors will acknowledge receipt of this directive and the information in Form #4071A by signature on page 6 of the form.

Documentation:

- 1. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16 Inmate – on - Inmate - IV A 2
- 2. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16 Staff – on - Inmate - V A 2
- 3. Directive #4750 - Volunteer Services Program – 2/8/16 – IV C 4a
- 4. Memo: from Anthony J. Annucci, Acting Commissioner - 9/4/13 RE: Policy on the Prevention of Sexual Abuse of Offenders (revised) to all Employees, Contractors, Volunteers and Interns
- 5. Directive #4071 – Guidelines for Construction Projects – 3/1/16 D 3

Secondary Documentation:

- 6. Construction Guideline FORM 4071A (6/22/16)
- 7. Ulster C.F. : Sample completed: Standards of Conduct for Volunteers Within the New York State Department of Corrections and Community Supervision, FORM #4750 C

Auditors Comment:

Documentation provided demonstrated that all volunteers and contractors who potentially could have contact with inmates were properly trained in PREA policy outlining their unique responsibilities including prevention, detection and response.

Standard 115.33 Inmate education

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

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

Directive 4021, “Offender Reception/Classification”

I. DESCRIPTION: The New York State Department of Corrections and Community Supervision (DOCCS) is responsible for receiving offenders (new commitments, Return Parole Violators (RPV), and court returns) from all 62 counties in New York State. DOCCS is required to receive offenders that have been declared state ready by the county within 10 business days, pursuant to Criminal Procedure Law §430.20 (1) and Correction Law (CL) §601. Once accepted into DOCCS custody, each offender must be fully classified prior to transfer into a general confinement facility.

II. PROCEDURE: The following activities must be completed at the respective Center on the day the offender is received into DOCCS custody.

A. Intake Centers:

9. Prison Rape Elimination Act (PREA) and Suicide Prevention pamphlets distributed to each offender.

B. Reception/Classification Centers:

10. Each offender is to view the Orientation Video (communicable diseases, suicide prevention and sexual abuse).

11. Prison Rape Elimination Act (PREA) and Suicide Prevention pamphlets are distributed to each offender.

Directive 4027A, “Sexual Abuse Prevention & Intervention - Inmate-on-Inmate”

IV. PROCEDURE

A. Training

- a. All inmates shall receive during orientation at reception and at facility orientation after transfer, information which addresses sexual abuse. The information shall be communicated orally and in writing (in English and Spanish), in a language clearly understood by the inmates. This information will address prevention, self protection (situation avoidance), reporting sexual abuse and the availability of treatment and counseling.

Documentation:

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

Secondary Documentation:

7. Ulster C.F. – Report of Inmate PREA Training Participation

Auditors Comment:

It was apparent after reviewing all policies and procedures, secondary documentation, and facility observation that PREA expectations were part of the culture of the facility. This was validated by interviews with staff, inmates, and administration.

Standard 115.34 Specialized training: Investigations

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

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

Documentation:

1. Office of Special Investigations Policy and Procedure - 9/1/15 Training Requirements for Sex Crimes Investigators - Entire
2. Power Point Presentation Excerpt: PREA Specialized Training – 5/31/16 RE: Investigations.
3. Investigating Physical & S.A. in an Institutional Setting 11/14/16-11/16/16 DOCCS Course Code # 17072
4. National Institute of Corrections Training- PREA: Investigating Sexual Abuse in Confinement Settings – With KHRT Training Report for course # 17072, updated 1/11/17
5. Report of Training Form for Sexual Abuse Investigations and PREA Update 6/19/14

Auditors Comment:

The auditor reviewed existing policies for investigations targeting sexual abuse and harassment (PREA) and determined that the training curriculum was inclusive for all PREA requirements. This was also confirmed during investigator interviews.

Standard 115.35 Specialized training: Medical and mental health care

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

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

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

Documentation:

1. Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA Standard
2. Email : PREA - Office of Mental Health Memorandum Of Understanding MOU between OMH and DOCCS 9/14/16
3. Training Manual Subject 6.600 - 2/19/15 Mandatory Initial Training Non - Security Staff at Facilities (Mandatory)
4. Directive #4750 – Volunteer Services Program – 2/28/16 Division of Health Services acknowledgement form
5. Training Manual Subject 7.100 - 8/25/1540 –Hour Orientation Program for Full – time, Non-security Staff at Facilities (Mandatory)

Secondary Documentation:

6. KHRT – Medical and Office of Mental Health Training

Auditor Comment:

The auditor reviewed policies and procedures and was able to observe operations of medical and mental health staff. It was validated that staff were aware of signs and symptoms of sexual abuse or harassment. Staff were aware of reporting procedures to the necessary administrative and supervisory department heads.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Documentation:

1. Memo: from Joseph F. Bellnier, Deputy Commissioner for Correctional Facilities, Jeff McCoy, Deputy Commissioner for Program Services, and Jason D. Effman, Associate Commissioner – 8/26/16 – RE: Prison Rape Elimination Act (PREA) Risk Screening PREA Risk Screening – FOM (Facility Specific) Entire Risk Screening Form - Male Facility Risk Screening Form – Female Facility Form: 4021 Security Screening Form: 4021A Draft Receipt
 2. Memo: from Jason D. Effman, Associate Commissioner and Ann Marie McGrath, Assistant Commissioner - 10/27/14
- PREA Audit Report

Secondary Documentation:

3. Ulster C.F. completed PREA Risk Screening Form
4. Ulster C.F. completed SOGI Form
5. Ulster C.F. PREA Screening F.O.M.

Auditors Comment:

The assessment screening tool was reviewed and appears to be effective in identifying potential victimization and abuse of inmates.

Standard 115.42 Use of screening information

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

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

Documentation:

1. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16 Inmate – on – Inmate – IV B 1, 2
2. Memo: from Lucien LeClaire Jr., Deputy Commissioner and John Nuttal, Deputy Commissioner - 8/4/2005
RE: New Procedure Necessitated by Directive #4027A - Sexual Abuse Prevention & Intervention – Inmate – on - Inmate
3. Memo: from Jason D. Effman, Associate Commissioner, and Ann Marie McGrath, Assistant Commissioner - 10/27/14
RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity (SOGI)
4. Directive #4401 - Guidance & Counseling Services – 2/11/13 III B 1a, b, c, d, 2a
5. Directive #4009 - Minimum Provisions for Health and Morale – 8/21/13 (Date last revised 11/3/15) VII A

Secondary Documentation:

6. Sample of shower permit or other documentation providing a transgender or intersex inmate with separate showers.
7. Sample : Ulster C.F. Completed PREA Screening Form
8. Sample: Ulster C.F. Completed SOGI Form
9. No Compliance Measure

Comment:

Ulster C.F. does not have a “dedicated” housing unit for LGBTI inmates, therefore (g) does not apply.

Auditors Comment:

The screening tool used at the facility was utilized throughout the decision making process and was communicated effectively to the necessary components to determine housing, supervision, and medical/clinical needs.

Standard 115.43 Protective custody

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

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

Directive 4948, “Protective Custody Status”

II. DEFINITIONS

C. Sexual Victimization Involuntary Protective Custody Inmate: An inmate who is appropriate for Involuntary Protective Custody solely because he or she is at high risk for sexual victimization as determined by an assessment conducted pursuant to Directive #4027A, “Sexual Abuse Prevention & Intervention – Inmate-on-Inmate,” and Title 28 C.F.R. §115.41 of the National PREA Standards, or following a report that the inmate was the victim of sexual abuse, where 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, and who does not voluntarily accept admission into Protective Custody Status.

III. ADMISSION AND TRANSFER POLICY

D. Sexual Victimization Involuntary Protective Custody Inmate: An inmate who is appropriate for Involuntary Protective Custody solely because he or she is at high risk for sexual victimization as determined by an assessment conducted pursuant to Directive #4027A, “Sexual Abuse Prevention & Intervention – Inmate-on-Inmate,” and Title 28 C.F.R. §115.41 of the National PREA Standards, or following a report that the inmate was the victim of sexual abuse, may be placed in Involuntary Protective Custody on such basis only after 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A, “Sexual Victimization – Involuntary Protective Custody Recommendation.”

1. If an Involuntary Protective Custody assignment is made pursuant to paragraph (D) of this Section, the assigned Assistant Deputy Superintendent/PREA Compliance Manager or, if the facility does not have an assigned Assistant Deputy Superintendent/PREA Compliance Manager, the facility PREA Point Person must be notified no later than the next business day. The Assistant Deputy Superintendent/PREA Compliance Manager or the facility PREA Point Person shall notify the Associate Commissioner/PREA Coordinator, in writing, of the date and time Form #2168A was completed, and, if applicable, the date and time of the inmate’s removal from Involuntary Protective Custody. Additionally, the facility shall clearly document:

- a. The basis for the facility’s concern for the inmate’s safety; and
- b. Whether a determination has been made that there is no available alternative means of separation from likely abusers, including documentation of what alternatives were considered and assessed to be unavailable.

This information will be recorded on Form #2168A, “Sexual Victimization - Involuntary Protective Custody Recommendation.” Placement in Involuntary Protective Custody pending a hearing may only be authorized by the Watch Commander or above.

Note: If the inmate is placed in Involuntary Protective Custody prior to completion of the recommendation form, the assessment of all available alternatives must be completed within 24 hours of admission.

c. An inmate placed in Involuntary Protective Custody on this basis shall have a hearing conducted within 14 days, in accordance with the provisions of 7 NYCRR Part 254, to determine the need for Protective Custody admission.

2. Inmates placed in Protective Custody on this basis shall have access to programs, privileges, education, and work opportunities to the extent possible.

If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document on Form #4948A, "Restriction of Inmate's Program-Participation:"

- a. The opportunities that have been limited;
- b. The duration of limitation; and
- c. The reasons for such limitation.

3. The facility shall assign such inmates to Involuntary Protective Custody on this basis only until an alternative means of separation from likely abusers can be arranged, and such assignment shall not ordinarily exceed a period of 30 days. An inmate in Involuntary Protective Custody on this basis shall have such status reviewed every 30 days by a three-member committee consisting of a representative of the facility Executive Staff, a Security Supervisor, and a member of the Guidance and Counseling staff. The results of such review shall be documented on Form #2170A, "Involuntary Protective Custody (IPC) Review," and forwarded to the Superintendent for final determination.

Documentation:

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

Secondary Documentation:

2. Sample of Ulster C.F. Protective Custody Admission 6/27/16 / Transfer of Inmate from Protective Custody to Permanent Facility 7/8/16 .

Auditors Comment:

Inmates who are at risk for sexual victimization and require protective custody are reviewed by staff for the most appropriate response including alternatives from segregation.

Standard 115.51 Inmate reporting

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

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

Documentation:

1. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16 Inmate – on – Inmate, IV C
2. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16 Staff – on – Inmate, V B
3. Employee Manual Section - 2.20

4. Sexual Abuse Prevention and Response (SAPR) Lesson Plan, March 2015, pages 65-66
5. Letter: to Anthony J. Annucci, Acting Commissioner from Thomas Beilein, Chairman of the State Commission of Correction - 4/9/14
RE: Inmate and Resident reporting
6. PREA Brochures: The Prevention of Sexual Abuse in Prison: “What Inmates Need to Know” (English/Spanish/ Korean/ males)

Secondary Documentation:

7. Sample of third party reporting – Crime Victims Treatment Center

Comment: (b) Ulster C.F. does not house any inmates that are detained solely for civil immigration. However addresses for diplomatic representatives are available to all inmates through the facility law library.

Auditors Comment:

Offenders may report allegations directly to staff, family members, attorneys and outside law enforcement. This reporting system is made available through hand books, postings, inmate library, and staff which confirms compliance.

Standard 115.52 Exhaustion of administrative remedies

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

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

Directive 4040, “Inmate Grievance Program”

§ 701.2 Definitions.

(j) *Definitions related to Sexual Abuse and Sexual Harassment* - the terms *sexual abuse* and *sexual harassment* shall have the definitions as set forth in the Prison Rape Elimination Act (PREA) Standards (28 C.F.R. § 115.06).

§ 701.3 General policies

(i) *Sexual Abuse and Sexual Harassment Complaints*. The Department has zero tolerance for sexual abuse and sexual harassment. Consistent with this policy and the Prison Rape Elimination Act (PREA) Standards (28 C.F.R. § 115.52(a)), 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) exhaustion requirement (42 U.S.C. § 1997e (a)) before bringing a lawsuit regarding an allegation of sexual abuse as long as the matter was reported as set forth below. For purposes of PREA Standards (28 C.F.R. § 115.52) and the exhaustion requirement, any allegation concerning an incident of sexual abuse or sexual harassment (see Departmental Directives #4027A, “Sexual Abuse Prevention & Intervention - Inmate-on-Inmate,” and #4028A, “Sexual Abuse Prevention & Intervention - Staff-on-Inmate”) shall be deemed exhausted if official documentation confirms that:

- (1) An inmate who alleges being the victim of sexual abuse or sexual harassment reported the incident to facility staff; in writing to Central Office staff; to any outside agency that the Department has identified as having agreed to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials under the PREA Standards (28 C.F.R. § 115.51(b)); or to the Department’s Office of Special Investigations; or
- (2) A third party reported that an inmate is the victim of sexual abuse and the alleged victim confirmed the allegation upon

investigation. A sexual abuse or sexual harassment complaint may be submitted at any time, however, a timely complaint is essential to providing services and proper investigation.

Acceptance of a late complaint does not waive the applicable statute of limitations with respect to any related lawsuit.

Any inmate grievance filed regarding a complaint of sexual abuse or sexual harassment shall immediately be reported by the IGP 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.

Documentation:

1. Directive #4040 - Inmate Grievance Program – 1/20/16 General Policies § 701.3 (i)
- 2.

Auditors Comment:

Examples of documentation including policy, procedure and practice for levels of communication to determine a reasonable decision and remedy were in place.

Standard 115.53 Inmate access to outside confidential support services

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

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

Master Documentation:

1. Directive #4423 - Inmate Telephone Calls - 1/15/14 and Rev. Notice 5/21/15 VIII C 2
2. Directive #4404 - Inmate Legal Visits – 1/27/16 - II A, E, IV J
3. Directive #4421 - Privileged Correspondence – 6/2/16 - II A 4, III A 2, C
4. Memo: from Jason D. Effman, Associate Commissioner to All Superintendents / Concerned Inmate - 4/4/14
RE: Just Detention International Resource Guide
5. Contract extension between DOCCS and designated rape crisis program, 9/23/14-9/15/15

Secondary Documentation:

6. Sample: Flyer RE: Sexual Abuse Hotline Information English / Spanish
7. Sample: Request email and letter for Schedule call for Ulster Inmates with Crime Victim Treatment Center. Mt. Sinai, St. Luke’s & Roosevelt Hospitals, C. Fowley, LCSW

8. Sample: Victim Services Support Pamphlets, English and Spanish

Auditors Comment:

There are lists of support services available to the inmates at the facility. There is a dedicated phone system available in all housing units, this phone system was tested by this auditor in multiple units and found to be in good working order.

Standard 115.54 Third-party reporting

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

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

Master Documentation:

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

Secondary Documentation:

2. Third Party Reporting from Crime Victim Treatment Center 5-10-16

Auditors Comment:

Observations during the audit confirmed that documentation was available throughout the facility for inmate viewing. Review of documentation, interviews with staff and inmates, and observations confirmed compliance with third party reporting of sexual abuse.

Standard 115.61 Staff and agency reporting duties

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

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

Directive 4027A, “Sexual Abuse Prevention & Intervention - Inmate-on-Inmate”

IV. PROCEDURE

C. Reporting and Investigation of Inmate-on-Inmate Sexual Abuse or Sexual Threats: An inmate may report an incident of inmate-on-inmate sexual abuse, sexual threats or any act of retaliation against an inmate for reporting an incident of sexual abuse or for participating in an investigation of an allegation of sexual abuse to any employee. The initial inmate report may be verbal or in writing. For reporting purposes under this Directive, “employee” includes any employee, contractor or contract employee, volunteer or intern of the Department, or any employee, contractor or contract employee assigned to work in a Department correctional facility by any other State agency.

1. An employee who receives a report that an inmate is the victim of an incident of sexual abuse or sexual threats must be aware of the sensitive nature of the situation. The inmate must be treated with due consideration for the effects of sexual abuse.
2. Any employee who receives a report of sexual abuse, sexual threats, or any act of retaliation against an inmate for reporting an incident of sexual abuse or for participating in an investigation of an allegation of sexual abuse shall immediately notify his or her immediate supervisor who shall immediately notify the Watch Commander. In the event the immediate supervisor is not available, the employee shall immediately notify the Watch Commander directly. The employee shall report the specific details, in writing, to the Watch Commander before the end of the shift. A medical practitioner who receives such information in the course of providing medical treatment to an inmate is required to report the minimum information necessary as set forth in 1.60 of the Department of Corrections and Community Supervision’s Health Services Policy Manual.
3. The Watch Commander shall initiate the sexual abuse protocols, including securing the crime scene, where appropriate.
4. Reports of sexual abuse are confidential and information, including but not limited to the identity of the victim, the identity of the person reporting the sexual abuse, the identity of witnesses and the identity of the alleged perpetrator, is only to be shared with essential employees involved in the reporting, investigation, discipline and treatment process, or as otherwise required by law.
5. No reprisals of any kind shall be taken against an inmate or employee for good faith reporting of sexual abuse or sexual threats.

Note: Allegations of inmate-on-inmate sexual abuse may be reported to appropriate law enforcement officials in accordance with Department policy. A person is guilty of falsely reporting an incident if it is proven beyond a reasonable doubt that, knowing the information reported, conveyed or circulated to be false or baseless, he or she reports to a law enforcement officer or agency the alleged occurrence of an offense or incident which did not in fact occur (Penal Law § 240.50). A report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action even if investigation does not establish evidence sufficient to substantiate the allegation.

Directive 4028A, “Sexual Abuse Prevention & Intervention - Staff-on-Inmate”

V. PROCEDURE

B. Reporting and Investigation of Staff-on-Inmate Sexual Abuse or Sexual Threats: An inmate may report an incident of staff-on-inmate sexual abuse, sexual threats, staff voyeurism or any act of retaliation against an inmate for reporting an incident of sexual abuse or for participating in an investigation of an allegation of sexual abuse to any employee. The initial inmate report may be verbal or in writing. For reporting purposes under this Directive, “employee” includes any employee, contractor or contract employee, volunteer or intern of the Department, or any employee, contractor or contract employee assigned to work in a Department correctional facility by any other State agency.

1. An employee who receives a report that an inmate is the victim of an incident of sexual abuse, sexual threats or staff voyeurism must be aware of the sensitive nature of the situation.
The inmate must be treated with due consideration for the effects of sexual abuse.
2. Any employee who receives a report of sexual abuse, sexual threats, staff voyeurism, or any act of retaliation against an inmate for reporting an incident of sexual abuse or for participating in an investigation of an allegation of sexual abuse shall immediately notify his or her immediate supervisor who shall immediately notify the Watch Commander. In the event the immediate supervisor is not available, the employee shall immediately notify the Watch Commander directly. The employee shall report the specific details, in writing, to the Watch Commander before the end of the shift. A medical practitioner who receives such information in the course of providing medical treatment to an inmate is required to report the minimum information necessary as set forth in 1.60 of the Department of Corrections and Community Supervision Health Services Policy Manual.
3. The Watch Commander shall initiate the sexual abuse protocols, including securing the crime scene, where appropriate.
4. Reports of sexual abuse are confidential and information, including but not limited to the identity of the victim, the identity of the person reporting the sexual abuse, the identity of witnesses and the identity of the alleged perpetrator, is only to be shared with essential employees involved in the reporting, investigation, discipline and treatment process, or as otherwise required by law.
5. No reprisals of any kind shall be taken against an inmate or employee for good faith reporting of sexual abuse or sexual threats.

Note: All allegations of staff-on-inmate sexual abuse are reported to appropriate law enforcement officials by the Department’s Office of the Inspector General. A person is guilty of falsely reporting an incident if it is proven beyond a reasonable doubt that, knowing the information reported, conveyed or circulated to be false or baseless, he or she reports to a law enforcement officer or agency the alleged occurrence of an offense or incident which did not in fact occur (Penal Law § 240.50). A report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if investigation does not establish evidence sufficient to substantiate the allegation.

Directive 0700, “Office of Special Investigations (OSI)”

III. FUNCTIONS: The Office of Special Investigations is divided into the following functional units with related responsibilities:

D. Sex Crimes Unit: The Sex Crimes Unit specializes in investigating allegations of sexual misconduct between inmates and Departmental staff as well as inmate-on-inmate sexual abuse, and assists outside law enforcement in the development of cases for criminal prosecution.

Documentation:

1. Directive #4027A - Sexual Abuse Prevention & Intervention – 3/4/16 Inmate-on-Inmate - IV C
2. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16 Staff -on – Inmate - VB
3. Employee Manual Section – 2.20
4. Memorandum of Understanding Between the NYS Office of Mental Health And NYS Department of Corrections and Community Supervision. 9/14/16
5. Memo: from Jason D. Effman, Associate Commissioner – 1/21/16
RE: Sexual Abuse Response and Containment Checklist
6. Directive #0700 - Office of Special Investigations - 10/23/14 – III D

Secondary Documentation:

7. Sample: Ulster C.F. Completed S.A. Containment Checklist

Comment:

Ulster C.F does not house any inmates under the age of 18, therefore bullet “d” does not apply to this facility.

Auditors Comment:

Review of agency and facility policy, procedures and directives confirm staff are aware of their reporting responsibilities of all forms of sexual abuse/harassment that may or may not have occurred in the facility. Policies also prohibit staff from retaliation and also from revealing any information related to an alleged incident.

Standard 115.62 Agency protection duties

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

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

Documentation:

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

Secondary Documentation:

- 3. Sample: Ulster C.F. ; Facility Action regarding Protective Custody Placement and Separatee entry due to PREA safety concerns.

Auditors Comment:

The Ulster Correctional staff is knowledgeable and informed of protection duties. Staff were clearly trained as to appropriate response when an inmate is subject to imminent sexual abuse/sexual harassment.

Standard 115.63 Reporting to other confinement facilities

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

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

TO: All Superintendents
FROM: Jason D. Effman, Associate Commissioner
SUBJECT: Reporting to Other Confinement Facilities (Revised)
PREA Standard 115.63/263
DATE: February 12, 2016

PREA Standard 115.63/263(a) requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred.

In order to have a uniform response to an allegation of sexual abuse that occurred at another agency or facility the following procedure shall be followed:

1. The Superintendent of the facility receiving the allegation shall notify the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred within 72 hours of receipt. Notification shall be made via electronic mail utilizing Form 115.63. The Office of Special Investigations shall be copied on all such notification via electronic mail to specialinvestigations@doccs.ny.gov.

- a. If the facility where the abuse allegedly occurred is a DOCCS facility, the email should be addressed to the Superintendent with copies to the Deputy Superintendent for Security and Assistant Deputy Superintendent/PREA Compliance Manager or Captain/PREA Point Person.
- b. For notifications to the New York City Department of Correction, the electronic mail shall be addressed to both Deputy Directors of Investigation and copied to the NYCDOC PREA Coordinator.

2. If it is difficult to locate the contact information for the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred, send notice to the Central Office-Commissioner/Secretary, Investigations Office or PREA Coordinator of the agency or facility where the abuse allegedly occurred.

3. If the alleged incident occurred within the last (3) three years, the Superintendent shall make a follow-up phone call to the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred to confirm receipt of Form 115.63. |

4. The Deputy Superintendent for Security at each facility shall record the allegation in the Sexual Abuse /Threat Log Book.
 - a. The DSS of the facility that received the allegation will record the Sexual Abuse/Threat Incident Log number provided by the facility where the sexual abuse is alleged to have occurred, including all pertinent information as specified in Directives 4027B (VII) (A), and 4028B (VI) (A). This report will only be counted in the totals for the facility where the incident is alleged to have occurred.
 - b. If the incident is alleged to have occurred in a non-DOCCS facility, the DSS of the facility that received the allegation will record the report and notification in the Sexual Abuse/Threat Incident log. A number will not be assigned and the allegation will not be counted in the facility totals.
5. The original copy of form 115.63 will be maintained by the facility Superintendent, with a copy forwarded to the ADS PREA Compliance Manager or Captain/PREA Point Person.
6. The Office of Special Investigations Sex Crimes Division shall ensure that, for any allegation of abuse that allegedly occurred in a DOCCS facility, the allegation of sexual abuse is or has been investigated in accordance with the Department’s policies, and advise the Superintendent of the facility where the sexual abuse is alleged to have occurred, as to the action to be taken.

Attached is a listing of NYS Jail Administrators with their telephone number, mailing addresses, and e-mail addresses. A word template for Form 115.63 is also attached.

If you have any questions, please consult with your Assistant Deputy Superintendent/PREA Compliance Manager or contact my office at (518) 457-3955.

Documentation:

1. Memo: from Jason D. Effman, Associate Commissioner
RE: Reporting to Other Confinement Facilities (Revised) PREA Standard 115.63 / 263 – 2/12/16 – Entire Form 115.63 Report of Sexual Abuse – 8/2015Jail Administrators contact information
2. Sexual Abuse Threat Incident Log books – Covers Inmate - on - Inmate / Staff – on - Inmate

Secondary Documentation:

3. Sample: Ulster C.F. Report to other confinement

Auditors Comment:

By review of policy and interviews with staff, it was determined that the facility was knowledgeable with this procedure. Review of documentation, observations and interviews validated requirements of this policy were in place.

Standard 115.64 Staff first responder duties

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

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

Documentation:

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

Secondary Documentation:

6. Sample: Ulster C.F. PREA Coordinated Response Plan
7. Sample: Ulster C.F. KHRT for PREA course #35029

Auditors Comment:

Agencys’ policies and procedures were reviewed and directives and other supportive documentation outlined a very clear plan for first responders. This plan was clearly communicated to all staff through trainings, and shift briefings. It was also observed that each staff carried a laminated card clearly outlining step-by-step first responder duties.

Standard 115.65 Coordinated response

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

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

Documentation:

1. Memo: from Jason, D. Effman, Associate Commissioner – 1/21/16
RE: PREA Coordinated Response Plan - Entire
ATTACHMENT A – Sexual Abuse Response and Containment Checklist
2. Ulster Correctional Facility: Coordinated Response Plan to an incident of Inmate Sexual Abuse – 2/3/16

Auditors Comment:

The auditor reviewed procedures outlining systematic notification response for a reported sexual abuse incident. Review of documentation and interviews with staff determined that the notification process was in place.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Documentation:

1. Directive #2110 - Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings - 4/27/15 - III
2. Directive #2114 - Functions of the Bureau of Labor Relations - 7/17/15 IV I, K
3. New York State Governor’s Office of Employee Relations (GOER)
 - Administrative Services Unit (ASU)
 - Operational Services Unit (OSU)
 - Institutional Services Unit (ISU)
 - Professional, Scientific and Technical Services Unit, (PS&T)
 - Security Services Unit (SSU)
 - Security Supervisors Unit (SSPU)

Secondary Documentation:

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

Auditors Comment:

Review of agency’s directives dealing with employee discipline/suspension from duty confirmed the separation of said employee if determined. This requirement is enforced by the agency.

Standard 115.67 Agency protection against retaliation

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

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

Documentation:

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

Auditors Comment:

Documentation reviewed confirmed the requirements of this standard are in place. These policies and procedures are understood by staff and inmates and retaliation requirements are monitored. Personnel policies also cover retaliation monitoring from staff. Review of secondary documentation and interviews with staff and inmates confirm compliance with this standard.

Standard 115.68 Post-allegation protective custody

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

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

Documentation:

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

Secondary Documentation:

2. Sample: Ulster C.F. Voluntary Protective Custody Admission due to PREA issue (arrival date 6/29/16 and date Inmate transferred to permanent facility (7/8/16)

Comment:

Ulster C.F. has not had any inmates placed in Involuntary Protective Custody due to concerns with Sexual Abuse during this audit period (2016-2017) nor during the preceding 12 months prior to the audit year.

Auditors Comment:

The necessary policies and procedures and practices for compliance of this standard are in place and can be utilized if necessary, however, the agency and the facility utilize alternative methods for inmate protection.

Standard 115.71 Criminal and administrative agency investigations

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

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

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

Directive 0700, "Office of Special Investigations (OSI)"

III. FUNCTIONS: The Office of Special Investigations is divided into the following functional units with related responsibilities:

D. Sex Crimes Unit: The Sex Crimes Unit specializes in investigating allegations of sexual misconduct between inmates and Departmental staff as well as inmate-on-inmate sexual abuse, and assists outside law enforcement in the development of cases for criminal prosecution.

Directive 2011, "Disposition of Departmental Records"

I. DESCRIPTION: This directive provides guidelines for disposition of Departmental records that have served their function and are now obsolete.

B. Definitions

1. The term records means "all books, papers, maps, photographs, or other documentary materials, regardless of physical form or characteristics, made or received by any agency of the state or by the legislature or the judiciary in pursuance of law or in connection with the transaction of public business and preserved or appropriate for preservation by that agency or its legitimate successor as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities, or because of the information contained therein." (Arts and Cultural Affairs Law, Section 57.05.)

3. The term minimum retention period refers to that period of time which must elapse and/or that event which must occur before a record or a record series may be destroyed.

D. Retention/Disposition Schedules

2. These schedules do not apply to:

b. Records being used for audits or legal actions, including printouts of any e-mail records pertaining to the subject matter of the audit or legal action. These records must be kept until the audit is satisfied or the legal action ends, even if their minimum retention period has passed;

II. PROCEDURE

B. Office/Unit Heads shall determine when records under their control have exceeded their usefulness or are obsolete. The incorporated retention/disposition schedules shall then be examined to ascertain if records so identified are listed. If listed, and the minimum retention period has passed, the Office/Unit Head shall prepare and sign an entry in the "Records Disposition Log," Form #1075, and then proceed with disposition or destruction as appropriate. The facility "Records Disposition Log," Form #1075, shall be established and maintained by the Deputy Superintendent for Administration which may be photocopied locally.

Whenever it is necessary to store records pending destruction, use Form #1075A, "Records in Storage Pending Disposition," to mark and track the storage boxes or containers.

Documentation:

1. Power Point Presentation: PREA Specialized Training: Investigations 8/4/15
2. OSI Policy and Procedure: Training Requirements for Sex Crimes Investigators – 9/1/15
3. Office of Special Investigations Sex Crimes Division Inmate on Inmate Sexual Abuse
4. Office of Special Investigations Sex Crimes Division Staff on Inmate Sexual Abuse
5. Directive #0700 - Office of Special Investigations - 10/23/14 – Entire
6. Letter to Joseph A. D'Amico, Superintendent New York State Police - 5/2/14
RE: Implementation of the PREA Standards
7. New York Criminal Procedure Law §160.45 Polygraph Tests; prohibition Against
8. Directive #2011 – Disposition of Departmental Records – 2011 – Entire 1B 1, 3 D2 b, IIB – Attachment A
9. OSI Policy and Procedure: Intake and Case Management Unit, Entire – Complaint Processing & Case File Management – 2/15/16

Secondary Documentation:

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

Auditors Comment:

Policies and procedures and directives dealing with investigations were reviewed. Staff confirmed that these steps are being followed. Internal investigations reviewed were accurate and descriptive and documented that outside referrals when necessary could and would occur.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Master Documentation:

1. Memo: from Christian Nunez, Deputy Chief of Investigations – 7/29/15
RE: Sex Crimes Division (SCD) Close Out Procedures
2. Power Point Presentation Excerpts: PREA Specialized Training: Investigations - 8/4/15

Auditors Comment:

During the interview process with investigators the discussion of a “preponderance of evidence” was used in determining allegations of sexual abuse and harassment. These investigators were well informed and clear on the steps necessary with their existing policies, procedures and practices.

Standard 115.73 Reporting to inmates

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

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

Documentation:

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

Secondary Documentation:

3. Sample: Ulster C.F. Notification of Investigative Determination
4. Subparagraph (b) is not applicable

Auditors Comment:

Notification to inmates per policy and procedure are informed both verbally and in writing regarding the outcome of allegations. Verbal notification to inmates is also documented.

Standard 115.76 Disciplinary sanctions for staff

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

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

Documentation:

1. Directive #2110 – Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings – 4/27/15 – III Attachment A Attachment B Attachment C
2. Employee Manual – Rev. 2013 – 2.19
3. Directive #4028A – Sexual Abuse Prevention & Intervention Staff– on - Inmate – 3/4/16 – I, II
4. Directive #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate – 3/4/16 – I, II
5. Directive #2605 – Sexual Harassment in the Workplace – 12/21/15 – VI
6. Memo: from Daniel F. Martuscello III, Deputy Commissioner for Administrative Services – 2/5/16 RE: Prison Rape Elimination Act Presumptive Disciplinary Sanction for Staff Sexual Misconduct
7. Directive #2111 – Report of Employee Misconduct – 1/5/16 I, II, III, IV, V

Note: Ulster Correctional Facility has not had any incidents of Employee Suspension or termination for issues of Sexual Abuse or Sexual Harassment, nor any Unusual Incidents regarding Employees arrest for sexual misconduct incidents.

Auditors Comment:

During the audit personnel policies and procedures were reviewed and interviews with staff and human resources confirmed disciplinary sanctions for staff existed.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Documentation:

1. Directive #2605 - Sexual Harassment in the Workplace - 12/21/15 – VI A, B
2. Directive #4750 - Volunteer Services Program – 2/8/16 – IV C 4 a
3. Office of Special Investigations: Reporting of Misconduct to Outside Agencies – 2/3/16 – Policy II
4. Memo: from Anthony J. Annucci, Acting Commissioner - 9/4/13
RE: Policy on the Prevention of Sexual Abuse of Offenders (revised)
Office of Ministerial, Family and Volunteer Services 2015 – Signature Form
5. Division of Ministerial, Family and Volunteer Services
Volunteer Information Packet, Rev. 6/10/14, Page 20

Secondary Documentation:

6. Sample: Application for Volunteer Status - Acknowledgement of Orientation.

Comment: Ulster Correctional Facility has not had any reported incidents of a contractor or volunteer who has engaged in sexual abuse of an inmate.

Auditors Comment:

Policy for corrective action for contractors and volunteers were reviewed. Policies clearly prohibit any contact with alleged victim/inmates. The procedures also require reporting to law enforcement agencies any incident that appears to be criminal. Complete review of this documentation, interviews with staff, and investigators found this standard to be compliant.

Standard 115.78 Disciplinary sanctions for inmates

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

- Does Not Meet Standard (requires corrective action)

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

Documentation:

1. Memo: from Joseph F. Bellnier, Deputy Commissioner - 7/22/14
RE: Disciplinary Disposition Guidelines
2. Directive #4932 - Chapter V, Standards Behavior & Allowances – 1/20/16 Entire
3. Sex Offender Counseling and Treatment Program (SOCTP) Guidelines 11/2008
4. Directive #4028A - Sexual Abuse Prevention & Intervention – 3/4/16 Staff - on – Inmate – II Note, V B 5
5. Directive #4027A - Sexual Abuse Prevention & Intervention - 3/4/16 Inmate - on – Inmate – II, III C1, IV C Note

Comment:

Ulster C.F. has not had an inmate with disciplinary sanctions in violation of inmate rules regarding sex offenses.

Auditors Comment:

The disciplinary process takes into consideration all areas of potential disorders including behavioral, mental, and environmental issues before determining what sanctions, if any should be imposed. It was confirmed that the disciplinary sanctions comply with this PREA standard.

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

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

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

Documentation:

1. Directive #4301 – Mental Health Satellite Services and Commitments to CNYPC - 8/18/15 – IV, DOCCS – Mental Health Referral Form 3150
2. Memo: from Carl J. Koenigsmann, M.D., Deputy Commissioner / Chief Medical Officer – 3/16/15
RE: Health Screening Forms 3278RC / 3278TR Attachment B, Attachment C
3. HSPM 1.12B - Inmate Bloodborne Pathogens Significant Exposure Protocols – 1/26/16 – II
4. Email : PREA - Office of Mental Health Memorandum Of Understanding MOU between OMH and DOCCS, 9/14/16

5. Memo From AC Van Buren, Confidentiality Disclaimer
6. HSPM 1.44 – Health Screening of Inmates – 2/19/16 – II B

Secondary Documentation:

7. Sample: Completed Health Screening Forms 3278RC / 3278TR
8. Sample: Ulster C.F. completed DOCCS – Mental Health Referral

Auditors Comment:

The screening of all inmates at Ulster Correctional is immediate. Upon intake the written screening instrument is utilized. The information regarding sexual victimization abuse is limited to medical and mental health practitioners. Staff interviews confirmed that they had received specialized training regarding sexual abuse and sexual harassment and were knowledgeable of the procedures to take to supervisory staff. Staff and inmate interviews and observations confirmed compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

Documentation:

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

Comment:

Ulster Correctional Facility has not had any sexual assault victims transported to a SAFE/SANE Hospital during this audit year.

Auditors Comment:

The facility utilizes local emergency services and has SANE/SAFE staff available and provides victim advocate services for required crisis intervention. Review of documentation, interviews with medical/mental health staff confirm access to emergency, and mental health services.

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

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

- Does Not Meet Standard (requires corrective action)

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

Documentation:

1. HSPM 1.60 - Sexual Assault – 8/3/15 – Entire
2. Email : PREA - Office of Mental Health Memorandum Of Understanding
To: All Superintendents (Interim MOU between OMH and DOCCS) 6/18/14
3. HSPM 1.12B - Inmate Bloodborne Pathogens Significant Exposure Protocol 1/26/16 – 1, 2, 3
4. HSPM 1.44 – Health Screening of Inmates – 2/19/16

Secondary Documentation:

5. Sample: Form 3278RC Health Screening for Reception/Classification and Form 3278TR Health Screening for Intrasystem/SHU Transfer

Comments:

Ulster C.F. does not house female inmates, therefore bullets (d) and (e) are not applicable to this facility.

Auditors Comment:

During the audit medical and mental health treatment documents were reviewed and demonstrated the practice as required by this standard and outlined an agency policy for aftercare services. In addition, manuals, secondary documentation, and interviews with staff and inmates confirmed the opportunity for ongoing medical and mental health care for victims and abusers a priority.

Standard 115.86 Sexual abuse incident reviews

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

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

Documentation:

1. Memo: from Joseph F. Bellnier, Deputy Commissioner and Jason D. Effman, Associate Commissioner - 5/9/14
RE: Prison Rape Elimination Act Procedural Enhancements Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident

Comment:

Ulster C.F. has not had an incident of substantiated sexual abuse during this audit period, (2016-2017) nor during the preceding 12 months prior to the audit year.

Auditors Comment:

The sexual abuse incident review team was in place and would meet to review any incidences that occurred within the facility. Staff interviews confirmed the existence of the team and the staff identified to participate.

Standard 115.87 Data collection

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

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

Documentation:

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

Secondary Documentation:

5. Samples: Ulster C.F. Forms 2103SAII and 2103SASI

Auditors Comment:

Monthly summary reports were reviewed, the agency aggregates incident based sexual abuse data atleast annually.

Standard 115.88 Data review for corrective action

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

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

Documentation:

1. Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual 8/18/15 (revised) - Entire
2. DOCCS PREA Policy Web Page – 2/5/16 – Entire 1/20/16 - Link to Annual Report on Sexual Victimization

Supplemental Information:

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

Auditors Comment:

Interviews with senior staff confirmed review of annual reports, results of data collection, and reviews of potential corrective action. In addition, the agency website was reviewed and confirmed required reporting of corrective action.

Standard 115.89 Data storage, publication, and destruction

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

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

Documentation:

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

Auditors Comment:

Existing policy of records, retention schedule and management were reviewed which also confirmed storage, publication, and destruction.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Michael A. Radon

April 25, 2017

Auditor Signature

Date