

PREA AUDIT REPORT INTERIM FINAL

ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Robert B. Ezell			
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Email: rbezell@msn.com			
Telephone number: 405-659-8970			
Date of facility visit: 2-4 November 2016			
Facility Information			
Facility name: Wende Correctional Facility			
Facility physical address: 3040 Wende Road, Alden, New York 14004 -1187			
Facility mailing address: (if different from above)			
Facility telephone number: (716) 937-4000			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	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: Stewart Eckert			
Number of staff assigned to the facility in the last 12 months: 1042			
Designed facility capacity: 919			
Current population of facility: 872			
Facility security levels/inmate custody levels: Maximum			
Age range of the population: 18-93			
Name of PREA Compliance Manager: Edward J Meyer		Title:	Captain & PREA Point Person
Email address: Edward.Meyer@doccs.ny.gov		Telephone number:	(716) 937-4000
Agency Information			
Name of agency: New York Department of Corrections and Community Supervision			
Governing authority or parent agency: (if applicable)			
Physical address: 1220 Washing Avenue, Albany, NY 12226-2050			
Mailing address: (if different from above)			
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 Effman	Title:	Associate Commissioner
Email address: Jason.effman@doccs.ny.gov	Telephone number:	(518) 457-3955

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of Wende Correctional Facility (WCF), New York Department of Corrections and Community Supervision (DOCCS) was conducted on November 2-4, 2016, by United States Department of Justice Certified PREA Auditor Robert B. Ezell. The Adult Prisons and Jails audit instrument was used to conduct the WCF audit and was furnished by the National PREA Resource Center. Prior to the audit, WCF provided this auditor with appropriate policies, procedures, and facility documentation related to the standards for review. No female inmates are housed at the WCF. The audit was coordinated through the American Correctional Association (ACA), Alexandria, Virginia.

Prior to the audit, this auditor contacted Just Detention International to determine if they had received any contacts from the WCF inmates. They had and requested my mailing address to provide to those inmates who desired to contact me. I received correspondence from two inmates prior to the start of the audit. Additionally, I attempted to contact the New York State Coalition Against Sexual Assault (NYSCASA) located in Albany, NY, to determine if they had been contacted by any WCF inmates, however, they never returned any of my phone calls.

On Sunday, October 30, 2016, a get acquainted dinner was held by Superintendent Eckert and his Executive Staff. Also attending was the DOCCS Associate Commissioner who has been designated as the Agency Wide PREA Coordinator. This auditor was part of an ACA Re-Accreditation team which was on site from October 30th thru noon on November 2nd. The PREA Audit commenced approximately noon on November 2nd. During the dinner, the PREA audit was discussed with the facility PREA Compliance Manager (PREA Point Person) and other staff.

On the morning of October 31, 2016, an informal briefing was conducted with facility department manager and correctional staff, at the conclusion of the ACA in-briefing. This auditor discussed the PREA audit process and schedule and the approximate number of specialized and random staff that were going to be interviewed during the audit.

The facility tour was conducted the morning of October 31st and the afternoon of November 2nd. All areas of the facility which were accessible to inmates were observed. These areas included Inmate Housing Areas, Segregation, Food Service, Inmate Dining Hall, Regional Medical Unit, Laundry, Visitation, Transportation Hub, State Shop, Commissary, Package Room, Intake, Academic and Vocational areas, Library and Legal Library. Random inmates and staff were informally interviewed during the tours. Inmates were knowledgeable of the facility PREA program and staff were aware of their responsibilities under the PREA guidelines. Appropriate PREA signs and posters were visible throughout all areas of the facility.

Thirty-three (33) staff were interviewed, both formally and informally, during the audit. Staff was randomly selected from each of the three shift rosters and different departments within the facility. Specialized staff interviewed included the Superintendent, PREA Point Person, Intermediate and Higher level facility staff, Medical and Mental Health, Human Resources, Investigative staff, Staff who perform Screening for Risk of Victimization, Staff designated to Monitor Retaliation, Staff who Supervise Inmates in Segregated Housing, Staff who act as First Responders and Intake Staff. This auditor also reviewed previous PREA audit interviews of the DOCCS Acting Commissioner and the Associate Commissioner designated as the Agency PREA Coordinator. Two Contractor were also interviewed.

Random inmates were informally interviewed during the tours. Fifteen inmates were formally interviewed. The random interviewees were selected from the housing rosters and designated lists of inmates provided by the facility. Two from each of the seven housing units plus one inmate from the SHU were interviewed. This included two transgender inmates, one non-English speaking inmate, one blind inmate and one deaf inmate. These interviews verified that female staff are announcing their presence when entering the housing units and that the inmates are receiving the required PREA information. All inmates interviewed indicated that they felt safe at WCF.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Wende Correctional Facility, an existing facility within the New York State Department of Corrections and Community Supervision (DOCCS), is located at 3040 Wende Road, PO Box 1187, Alden, New York, 14004-1187. The facility was constructed in 1924 to serve as the Erie County Penitentiary and farm. It was acquired by the DOCCS and made operational on November 1, 1983. WCF is a maximum-security institution located approximately 16 miles east of Buffalo, New York. It houses general confinement male offenders and functions as an intake center for male offenders from county jails in western New York.

WCF is made up of new and old buildings. In 1983, an entry mega structure, food service complex and gymnasium were added. In 1990, a mental health unit was constructed and in 1998, a Regional Medical Unit was constructed.

The facility consists of seven cell blocks, a mental health unit building and a regional medical unit. Ancillary areas and buildings include administrative offices, inmate dining areas, gymnasium, storehouse, garage, maintenance, and programs. A, B, C and D blocks house general population inmates, who are assigned to various programs. C block houses new inmates received from the county. Protective custody and involuntary protective custody inmates are housed in E block, while F block houses special needs inmates. The special housing unit occupies the first floor of G block, while the second and third floors are honor dorm housing.

Wende is a transportation hub, transporting offenders in and out of the hub as well as between institutions and court and medical transportation.

Among the population served at Wende are sex offenders, visually impaired

and hearing impaired, dialysis patients, substance abusers, severe mental health and intermediate care mental health, as well as general population maximum security adult male felons.

Wende's programs, work and therapeutic activities are designed to meet the needs of a diverse population. Their program goals include preparing men for release to the community and helping them to be a productive part of the facility community.

SUMMARY OF AUDIT FINDINGS

The PREA audit files furnished this auditor by the WCF PREA Point Person were auditor friendly and easy to use both prior to the on-site portion of the audit and afterwards. The Adult Prison and Jails Prison Rape Elimination Act Standards consist of forty-three (43) standards. Five standards (115.11, 115.16, 115.31, 115.33 and 115.64) were found to Exceed the Standards, two standards (115.12 and 115.52) were Not Applicable and thirty-six (36) standards were found to Meet Standards.

Number of standards exceeded: 5

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

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

- X 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.

DOCCS Directives 4027A and 4027B establish that coerced inmate on inmate sexual harassment, assault, and abuse and all staff on inmate sexual harassment, assault, and abuse are prohibited. An Agency Wide PREA Coordinator was appointed on March 4, 2012. This individual is an Associate Commissioner who is responsible for developing, implementing, and overseeing DOCCS efforts to comply with PREA standards throughout the DOCCS. At facility level, an Assistant Deputy Superintendent/PREA Compliance Manager will be responsible for the staff training and implementation of the PREA compliance program. Additionally, a Correctional Captain will be designated as the facility “Point Person” for PREA compliance to assist the Assistant Deputy Superintendent. The Assistant Deputy Superintendent/PREA Compliance Manager had been recently transferred prior to the WCF audit and the Correctional Captain was acting as the facility PREA Compliance Manager and PREA Point Person until the Assistant Deputy Superintendent position is filled. This is in accordance with DOCCS policy.

Staff at WCF are issued a pocket card which outlines the Zero Tolerance Policy and explains how to report sexual harassment, abuse, and assault on one side of the card. The other side of the card reviews the first responder duties. Supervisory Staff are given a PREA Overview and Quick Response Guide which covers the history of PREA, definitions of sexual harassment and abuse, incident response, and other PREA issues. Random staff who were interviewed knew clearly the Zero Tolerance Policy on sexual abuse and assault and the reporting process for PREA incidents. Zero Tolerance PREA information is also included in the Employee Manual. Inmates interviewed were aware of the DOCCS Zero Tolerance Policy on Sexual Abuse, Harassment, and Assault. This information is included in the issued Inmate handbook and they are shown the PREA Video upon arrival.

Based on observations during the tour, interviews with inmates and staff, and a review of documentation WCF has created a PREA compliant culture and Exceeds this standard.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

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.

X Not Applicable WCF does not contract for the confinement of their inmates with any private agencies or other entities.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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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WCF has established a staffing plan which provides for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse. WCF provided their staffing plan (plot plan) to this auditor for review. The interview with the Superintendent verified that the staffing plan was developed considering the generally acceptable correctional practices; any judicial findings, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the physical plant, the inmate population, the number and placement of supervisory staff, institutional programs and the shifts they occur on, any applicable state or local laws or regulations, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant information. The annual review of the staffing plan took place on August 23, 2016. Any deviations from the staffing plan were documented and the reasons for the deviation noted

Intermediate and higher level staff are making unannounced rounds as required. This was verified by review of log books, Weekly Administrative Activity Reports and the Daily Security Supervisors Report. Staff are prohibited from notifying other staff that Supervisory rounds are being conducted by Directive #4001, Facility Administrative Coverage & Supervisory Rounds and the Employee Manual.

Based on my review of DOCCS Directives, the WCF staffing plan, and interviews with supervisory staff, WCF meets this standard.

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.

Prior to August 31,2016, WCF had one youthful inmate assigned overnight. The inmate was in transit and was at WCF for less than twenty-four hours. The inmate was placed in the infirmary overnight and kept separate from adult inmates and did not have any sight, sound, or physical contact with adult inmates. A review of the housing logs indicated that the room on one side of him was occupied while he was at WCF. The room where the youthful offender was housed is a medical isolation negative pressure room, it has an attached ante room which opens on the hallway. He could not see any other inmates from his room. Due to the construction of this room, there are no connecting vents or pipe chasses to communicate through. This auditor observed the room he was placed in and its relationship to other rooms in the infirmary during the tour.

Effective August 31, 2016, WCF no longer accepts inmates less than eighteen years of age.

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.

This auditor reviewed Directive #2230, Guidelines for Assignment of Male and Female Correctional Officers, Directive #4001, Facility Administrative Coverage & Supervisory Rounds, Directive #4910 Control and Search of Contraband, the Sexual Abuse Prevention and Response Lesson Plan, HSPM 1.37 Body Cavity Searches, and HSPM 1.19 Health Appraisals and training records that show WCF has established processes to limit cross gender viewing. WCF houses only male inmates. Cross gender strip searches are required to be documented on Report of Strip Search or Strip Frisk form #1140. Only staff of the same gender may be present during a strip search. No cross-gender strip searches or cross gender visual body cavity searches have been performed at WCF during this audit period.

Staff interviewed knew that they would not search or physically examine a transgender or intersex inmate solely to determine his genital status. Inmates interviewed indicated that they are not seen fully naked by female staff.

Based on my review of DOCCS Directives, interviews with staff and inmates, WCF meets this standard.

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.

This auditor reviewed Directive #2612, Inmates with Sensorial Disabilities, Directive #4490, Cultural and Language Access Service, Memorandum from the Associate Commissioner/Agency PREA Coordinator about the language availability of the PREA Video, WCF Directive #0068, and conducted interviews with one deaf and one blind inmate. WCF operates a Special Needs Unit for inmates who present developmental disabilities, and an intensive Intermediate Care Program. The facility takes all necessary steps to ensure inmates with disabilities and inmates

with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Bilingual Posters were observed throughout the facility in inmate housing units, library and law library, program areas, and medical areas. The PREA Video is available in eight languages, English, Spanish, Polish, Russian, Haitian-Creole, Italian, Chinese, and Korean. I have not seen the PREA Video or PREA Pamphlets available in this variety of languages in any of my previous audits. This is clearly above the "minimum" standard requirement. Sexual abuse prevention pamphlets are also available in multiple languages. WCF is teaching sign language to inmates who can then assist deaf inmates with non-sensitive information translations. One inmate interviewed required assistance from a staff member sign language interpreter. Facility staff, the Office of Cultural and Language Access Services staff interpreters, and a Language Line Service are available to the facility for interpretation services as needed.

Based on my review of DOCCS Directives, posters, and signs throughout the facility, the multiple languages that the PREA video pamphlets are available in and interviews with staff and inmates, WCF Exceeds this standard.

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.

This auditor reviewed Directive #2012, Release of Employee Personnel and Payroll Information, Directive #2112, Report of Criminal Charges, Directive # 2216, Fingerprinting/Criminal History Inquiry- New Employees and Contractors, Memorandum from the Deputy Commissioner and Counsel, Division of Criminal Justice Services, Reference PREA Background Checks, and other provided memorandums and personnel forms. WCF does not hire or promote any individual who has engaged in sexual abuse in any prison, jail or lockup. Nor do they hire or promote any persons who have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force or threats or intimidation. DOCCS and WCF makes its best effort to contact all prior institutional employers for information on any substantiated allegations of sexual abuse or harassment.

Initial Background checks are conducted by the Division of Criminal Justice Employee Investigations Unit. The Employee Investigations Unit and WCF are immediately notified of any staff and contractors if they have been arrested. This exceeds the requirement of background checks every five years as this notification is immediate. Additionally, the employee or contractor is required to report any subsequent arrest to their immediate supervisor before reporting for duty.

Interviews were conducted with the Human Resource Manager, the Superintendent, and the PREA Point Person and these verified that WCF is following the provisions of this standard in hiring and promotion decisions. Based on my review of DOCCS Directives, Memorandums and other provided form, interviews with the Human Resource Manager and Superintendent, WCF meets 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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This auditor reviewed Directive #3053, Alterations and Construction Request and Alteration/Construction Request Form 1612 which requires the facility to consider the effect of modifications, renovations, or additions on the facility's ability to protect inmates from sexual abuse. The Superintendent must indicate on this form how the renovations, alterations or modifications will enhance, be neutral, or have a negative impact on the facility's ability to protect the inmates from sexual abuse. Also, completed forms were reviewed to verify that this is in compliance.

Based on my review of DOCCS Directive #3053, completed Form 1612, and interview with staff, WCF meets this standard.

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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This auditor reviewed Directive #4027B Sexual Abuse Reporting and Investigations which outlined a very detailed and thorough investigative process coordinated by the Office of Special Investigations which is responsible for investigating all allegations of sexual abuse or sexual assault. The Sex Crimes Division conducts these investigations. DOCCS and WCF use the New York Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Abuse for evidence protocols and forensic medical examinations. Also reviewed was HSPM 1.60, Sexual Assaults, which provides for the use of emergency off site healthcare provided at no cost to the inmates. This healthcare includes forensic examinations by SAFE/SANE nurses where appropriate. Additionally, a victim advocate will be provided, if requested, to provide emotional support. The DOCCS and the New York State Police Bureau of Criminal Investigation have a working relationship to work cooperatively in all sexual assault/abuse investigations.

This auditor interviewed two investigators from the Office of the Special Investigations who normally respond to incidents of sexual abuse/sexual assault. Both were extremely knowledgeable of the sexual assault investigative process, use of the Sexual Abuse Checklist, and evidence protocols. Both had completion certificates for the National Institute of Corrections Investigating Sexual Abuse in a Confinement Setting webinar.

Based on my review of DOCCS Directives, completed case investigations, and interviews with OSI Investigator, WCF meets this standard.

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.

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This auditor reviewed Directives #0700, Office of Special Investigations which requires that all complaints and information received relative to possible investigations be reviewed, processed, and documented; Directive #4027B, Sexual Abuse Reporting & Investigation Inmate on Inmate which requires the Deputy Superintendent for Security to compile a Monthly Sexual Abuse/Threat Incident Summary that shall be a chronological listing of each sexual abuse or threat incident during the month. This is submitted thru the Superintendent to the Deputy Commissioners for Correctional Facilities. All allegations of sexual abused/assault are investigated by the Sex Crimes Unit of the OSI. DOCCS has a working agreement with the New York State Police Department to work cooperatively in investigations that may involve criminal conduct.

This auditor interviewed two investigators from the Office of the Special Investigations who normally respond to incidents of sexual abuse/sexual assault. Both were extremely knowledgeable of the sexual assault investigative process, use of the Sexual Abuse Checklist and evidence protocols. They understood their responsibilities and the responsibilities of the New York State Police Department in a criminal investigation. Both had completion certificates for the National Institute of Corrections Investigating Sexual Abuse in a Confinement Setting webinar.

There were twelve (12) allegations of sexual abuse/assault at WCF during the past twelve months. All are currently in the investigative phase.

Based on my review of DOCCS Directives 0700 and 4027B, the Monthly Sexual Abuse/Threat Incident Summary, and interviews with OSI Investigators, WCF meets this standard.

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)

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This auditor reviewed Training Manual Subject: 0.100, Frequency Training Chart and Training Bulletin; Training Bulletin #7, PREA Sexual Abuse Prevention and Response; Training Manual Subject:6.500, Facility Familiarization; Training Manual Subject: 6.600, Initial Employee Training/40 Hours Orientation; Memorandums on the Sexual Abuse Prevention and Response Training from the Deputy Commissioner and Associate Commissioner; and the Sexual Abuse Prevention and Response Training Lesson Plan.

New York DOCCS has been training their staff on sexual abuse prevention since 1996 when sexual relationships with inmates was criminalized. The number of hours required training for staff increased in 2015 to three hours initially, with an hour refresher every two years. The above lesson plan is very detailed and addresses all the PREA requirements: the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Additional PREA training is conducted throughout the year at line up and staff meeting training.

Both formal and informal interviews with staff indicate that they are well trained in Sexual Assault Prevention and Response and their duties as first responders. Staff at WCF are issued a pocket card which outlines the Zero Tolerance Policy and explains how to report sexual harassment, abuse and assault on one side of the card. The other side of the card reviews the first responder duties. Supervisory Staff are given a PREA Overview and Quick Response Guide which covers the history of PREA, definitions of sexual harassment and abuse, incident response, and other PREA issues. Random staff who were interviewed knew clearly the Zero Tolerance Policy on sexual abuse and assault and the reporting process for PREA incidents.

Based on my review of the Training Manual Subjects listed above, a review of the Sexual Abuse Prevention and Response Lesson Plan and interviews with both line staff and supervisory staff, WCF clearly Exceeds this standard.

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)

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This auditor reviewed Directive #4027A Sexual Abuse Prevention and Intervention Inmate on Inmate, Directive #4028A Sexual Abuse Prevention and Intervention Staff on Inmate and Directive #4750 Volunteer Services Program which address the requirement for volunteer and contractor orientation, training and acknowledgement that they understand the training. All contractors and volunteers who have contact with inmates at the WCF receive PREA training prior to assuming their responsibilities. This orientation training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. Upon completion, they acknowledge this training.

WCF Volunteer and contractor training records were reviewed and they indicated that the training was presented and that it was understood. Interviews with two contractors also verified that they had received the necessary PREA training.

Based on my review of Directives #4027A and #4750, a review volunteer and contractor training records and discussions with contractors, WCF meets this standard.

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)

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This auditor reviewed Directives #4021, Offender Reception/Classification; #4027A. Sexual Abuse Prevention & Intervention, Various Memorandums from the Deputy Commissioner and the Associate Commissioner in reference to Inmate Orientation Film Implementation, New and Updated PREA Materials, Reasonable Accommodations Information; the Inmate Orientation Outline, and completed PREA Risk Screening Forms.

Bilingual Posters were observed throughout the facility in inmate housing units, common areas, library and law library, program areas, and medical areas. The PREA Video is available in eight languages, English, Spanish, Polish,

Russian, Haitian-Creole, Italian, Chinese and Korean. I have not seen the PREA Video or PREA Pamphlets available in this variety of languages in any of my previous audits. This is clearly above the "minimum" standard requirement. Sexual abuse prevention pamphlets are also available in multiple languages.

When inmates arrive at WCF they receive an Inmate Orientation Manual and a pamphlet "The Prevention of Sexual Abuse in Prison." These materials cover the agency's zero tolerance policy and how to report incidents. These pamphlets are primarily in English and Spanish but they are also available in Polish, Russian, Haitian-Creole, Italian, Chinese and Korean. Audio tapes, cassettes tapes, and CD's are available to the visually impaired. Facility staff, the Office of Cultural and Language Access Services staff interpreters, and a Language Line Service are available to the facility for interpretation services as needed.

Inmates assigned to WCF prior to the implementation of the PREA Standards, were required to see the PREA Video no later than August 14, 2015, in accordance with DOCCS directions.

Formal and informal inmate interviews conducted throughout the course of the on-site audit indicated that they were knowledgeable of the Zero Tolerance Policy and how to report an incident if it occurred.

Based on my review of the above Directives, Memorandums and Intake Screening Forms, observations and interviews with inmates, WCF Exceeds this standard.

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)

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This auditor reviewed OSI Policy and Procedure, Training Requirements for Sex Crimes Investigators; Power Point Presentation Excerpt; PREA Specialized Training Re: Investigations; and Power Point Presentation Excerpt: Sexual Abuse Investigations and PREA.

OSI Sex Crimes Unit Investigators are required to complete the following training curriculum PREA Specialized Training: Investigations, OSI Overview Training, NIC PREA Investigating Sexual Abuse in a Confinement Setting,

and Evidence Collection Training, and Sexual Abuse Investigations and PREA. Additionally, these investigators complete all annual training required of all DOCCS staff. The two investigators interviewed during the on-site audit had completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting. There are currently twenty-one OSI Sex Crimes Investigators in DOCCS. These investigators are not assigned to a specific facility but respond as needed.

Based on my review of the above policies, and power point presentation excerpts, and the interview with OSI Investigators, WCF meets this standard.

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.

This auditor has reviewed the Office of Mental Health Memorandum of Understanding with DOCCS; Directive 4750, Volunteer Services Program; Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA Standards; Training Manual Subject: 6.600 Initial Employee Training/40 Hour Orientation; WCF Medical and Mental Health Staff Training Documentation.

All full and part time medical and mental health staff are required to complete all training outlined in this standard. The training required includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Office of Mental Health staff who work at WCF are covered by the MOU with the DOCCS in regards to receiving the required PREA training. Training was verified by review of sign in sheet.

Interviews with medical and mental health staff indicate that they are knowledgeable of their duties and responsibilities under PREA and know how to properly respond to or report an allegation of sexual abuse or assault. No forensic medical exams are conducted at WCF but can provide emergency medical healthcare if needed. Forensic examinations by SANE/SAFE staff are provided at an outside hospital facility with no cost to the inmate.

Based on my review of the Memorandum of Understanding, Training Manual, Power Point Presentation, sign in sheets completed by medical and mental health staff and staff interviews, WCF meets this standard.

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.

This auditor has reviewed Directive #4027A, Sexual Abuse Prevention and Intervention; PREA Risk Screening Form, FM 115.41M; Memorandum from Deputy Commissioners RE: New Procedure Necessitated by Directive #4027A; Memorandum from Associate Commissioner and Assistant Commissioner RE: New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity.

Initial assessment is conducted of all newly confined inmates at the reception center. This initial assessment is available to staff at receiving institutions and will alert them to any PREA issues involved with transferring inmates. WCF intake staff complete the FM 115.4 on all arriving inmates within the required 72 hours. The screening form include questions regarding mental, physical, and developmental disabilities; age of the inmate; physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions against an adult or child; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the inmate has previously experienced sexual victimization; and the inmate’s own perception of vulnerability. The Form Other Security Characteristics regarding Sexual Orientation and Gender Identity is used depending on the inmates’ answers to specific questions.

The Offender Rehabilitation Coordinators will reassess the inmate’s risks of victimization and abusiveness within 21 working days. Reassessment of inmate’s risk level occur when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization. Quarterly reviews are conducted with the inmate to determine if there are any changes as part of the caseload reviews with the guidance staff. As part of the quarterly caseload reviews, the staff member will review the inmate disciplinary history and any notes in the inmate’s files prior to the meeting. During the inmate, initial medical examination at the facility, additional questions are asked regarding sexual abuse history.

Based on my review of Directive #4027A, Sexual Abuse Prevention and Intervention; PREA Risk Screening Form, FM 115.41M; Memorandum from Deputy Commissioners RE: New Procedure Necessitated by Directive #4027A; Memorandum from Associate Commissioner and Assistant Commissioner RE: New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity, interviews with WCF intake and medical and mental health staff, WCF meets this standard.

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.

This auditor has reviewed Directive #4009, Minimum Provisions for Health and Morale; Directive #4027A, Sexual Abuse Prevention and Intervention; Directive #4001, Guidance and Counseling Services, Memorandums from Deputy Commissioners, RE: New Procedures Necessitated by Directive #4027A; and PREA Risk Screening Forms.

WCF does not house gay, bisexual, transgender or intersex inmates in dedicated units. Housing is determined on a case by case basis with the inmate’s own view with respect to their own safety given serious consideration. Placement and programming assignments for each transgender, or intersex inmate is reassessed at least twice each year per Directive #4401. In accordance with Directive #4009, transgender and intersex inmates may request to shower separately from other inmates. Information collected from the PREA Risk Screening form, intake assessments are available on a “need to know” only basis to staff.

Based on my review of Directive #4009, Minimum Provisions for Health and Morale; Directive #4027A, Sexual Abuse Prevention and Intervention and Directive #4001, Guidance and Counseling Services, observations and interviews with inmates and medical, mental health and security staff, WCF meets this standard.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

This auditor has reviewed Directive #4948, Protective Custody Status which clearly spells out the process for involuntary placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Inmates placed in Segregation must be reviewed every 30 days.

No inmates have been placed in involuntary segregated housing due to being deemed at high risk for sexual victimization in the past twelve months at WCF. Special Housing Unit staff are aware of their duties and responsibilities under this standard.

Based on my review of Directive #4948, Protective Custody Status and interviews with staff, WCF meets this standard.

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.

This auditor has reviewed the Employee Manual, Section -2.20; Directive #4027A, Sexual Abuse Prevention and Intervention, Inmate on Inmate; Directive #4028A, Sexual Abuse Prevention and Intervention, Staff on Inmate; the Sexual Abuse Prevention and Response Lesson Plan; The Prevention of Sexual Abuse in Prison, What Inmates Need

to Know Pamphlet and the letter from the Chairman of the State Commission of Corrections to the DOCCS Acting Commissioner.

Multiple procedures, internally and externally, have been established to allow inmates to report sexual abuse and assault. Inmates receive a copy of The Prevention of Sexual Abuse in Prison, What Inmates Need to Know Pamphlet, at intake which tells the inmate they can contact any staff member or the DOCCS Office of Special Investigation to report sexual abuse or assault internally. Additionally, there are posters throughout the facility which also tell the inmate the reporting options. To report to an external organization, inmates can contact the New York State Commission of Corrections. Reports to the New York State Commission of Correction may be made confidentially and remain anonymous upon request. The New York State Commission of Correction immediately forwards any reports of sexual abuse and sexual harassment to the OSI for investigation.

Inmates may also report allegations to third parties who in turn would contact the DOCCS concerning the allegations. All allegations, including anonymous allegations, are investigated. Even though WCF does not house inmates solely for civil immigration offenses, consular official contact information is available in the library and the legal library. Inmates interviewed indicated they were familiar with the various ways to report sexual abuse or assault information.

The PREA pocket card given to all staff explains how staff can privately report sexual abuse or assault allegations to OSI Sex Crimes Division. Staff interviewed were familiar with the methods to report sexual abuse or assault. They knew that inmates could report sexual assault or abuse allegations verbally or in writing.

Based on my review of the Employee Manual, Directive #4027A, Sexual Abuse Prevention and Intervention, Inmate on Inmate; Directive #4028A, Sexual Abuse Prevention and Intervention, Staff on Inmate; the Sexual Abuse Prevention and Response Lesson Plan; The Prevention of Sexual Abuse in Prison Pamphlet, observations and interviews with staff and inmates, WCF meets this standard.

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.

X Not Applicable Directive #4040, Inmate Grievance Program states that an inmate is not required to submit a grievance to report sexual assault or abuse. If a grievance is filed it is deemed exhausted upon filing with regards to the Prison Litigation Reform Act. Grievance so filed would be removed from the grievance process and given to the PREA Point Person or the Watch Commander to investigate as a PREA allegation.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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.

This auditor has reviewed Directive #4404, Inmate Legal Visits; Directive #4421, Privileged Correspondence; Directive #4423, Inmate Telephone Calls; the Memorandum from the Associate Commissioner: Re: Just Detention International Resource Guide and the WCF Inmate Orientation Manual.

The Inmate Orientation Manual contains detailed information concerning how inmates can access outside confidential support services. The New York Resource Guide prepared by Just Detention International is available in the library, the law library and at Transitional Services. This guide contains a detailed list of programs that can provide services to address needs related to sexual abuse. Inmates can add the phone number to Rape Crisis Center to their authorized phone list by submitting a request to their assigned counselor. Inmates have been informed by memorandum previously that conversations with representatives of Rape Crisis Programs are confidential and information can only be shared with the department if the inmate authorizes it. Inmates can correspond with Rape Crisis Center as privilege correspondence or “legal” mail and victim advocates can visit and have the same privileges as an attorney visit. Staff can assist with “legal” calls with rape crisis program providers and these calls will not be monitored as they are considered confidential.

Based on my review of Directive #4404, Inmate Legal Visits; Directive #4421, Privileged Correspondence; Directive #4423, Inmate Telephone Calls; the Memorandum from the Associate Commissioner: Re: Just Detention International Resource Guide; the WCF Inmate Orientation Manual, observations and interviews with inmates and staff, WCF meets this standard.

Standard 115.54 Third-party reporting

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

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

This auditor reviewed the New York DOCCS website and verified that it contains information under the PREA link on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the facility Superintendent, Watch Commander, PREA Coordinator or the OSI. This information is included in the Prevention of Sexual Abuse in Prison Pamphlet which is provided to each inmate. This information is posted throughout the facility and available in the law library and library. Based on this information and my observations during the tour, WCF meets this standard.

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.

This auditor has reviewed the Employee Manual Section -2.20; Directive #0700, Office of Special Investigations; Directive #4027A, Sexual Abuse Prevention and Intervention, Inmate on Inmate; Directive #4028, Sexual Abuse Prevention and Intervention, Staff on Inmate; the Memorandum from Associate Commissioner, RE: Sexual Abuse Response and Containment Checklist; and the Office of Mental Health (OMH) Memorandum of Understanding.

The Employee Manual and the above directives require that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It also states that staff are not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Staff are prohibited from discussing this information with any staff that do not have an official "need to know". All allegations of sexual abuse, including third party reporting are referred to OSI Sex Crimes Unit for investigation.

The Sexual Abuse Response and Containment Checklist provides for a systematic method to ensure all steps in the initial investigation and notification process are completed and documented. The PREA pocket cards given to staff which outlines the steps taken as the first responder, how to report sexual abuse allegations and how to privately report those allegations to OSI if needed. The OMH Memorandum of Understanding with DOCCS outlines the staff reporting responsibilities regarding allegations of sexual abuse.

Interviews with random and Specialized staff indicated that they were familiar with their reporting responsibilities and how to report any allegations or suspicions of sexual abuse, assault, or harassment immediately.

Based on my review of the Employee Manual Section -2.20; Directive #0700, Office of Special Investigations; Directive #4027A, Sexual Abuse Prevention and Intervention, Inmate on Inmate; Directive #4028, Sexual Abuse Prevention and Intervention, Staff on Inmate; the Memorandum from Associate Commissioner, RE: Sexual Abuse Response and Containment Checklist; and the Office of Mental Health (OMH) Memorandum of Understanding, interviews with random and specialized staff, WCF meets this standard.

Standard 115.62 Agency protection duties

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

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

This auditor reviewed Directive #4040, Inmate Grievance Program; Directive #4948, Protective Custody Status and Directive #4027A Sexual Abuse Prevention and Intervention Inmate and Inmate and #4028A Sexual Abuse Prevention and Intervention Staff and Inmate; and WCF specific documentation.

The PREA Pocket card given to all staff clearly states the first duty is to separate and isolate potential victims, abusers or witnesses. Additionally, Directives #4027A and #4028A require that immediate action be taken by staff to protect any inmate subject to sexual abuse. All staff interviewed knew the first step was to immediately isolate and protect potential victims of sexual abuse.

In the past twelve months, there were no reported instances where inmates had told staff that they were at substantial risk of imminent sexual abuse.

Based on my review of Directive #4040, Inmate Grievance Program; Directive #4948, Protective Custody Status and Directive #4027A Sexual Abuse Prevention and Intervention Inmate and Inmate, and #4028A Sexual Abuse Prevention and Intervention Staff and Inmate, and WCF specific documentation and the fact that there were no reported instances where inmates claimed to be at imminent risk, WCF meets this standard.

Standard 115.63 Reporting to other confinement facilities

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

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.

This auditor reviewed the Memorandum for the Associate Commissioner, RE; Reporting to Other Confinement Facilities and Form 115.63 Report of Sexual Abuse.

DOCCS has clearly established procedures to follow in the event of receiving an allegation from another facility or how to report to another facility that an allegation has been made that an inmate was sexually assaulted or abused. Notification is made electronically by the Superintendent of one institution to the Superintendent of the other institution. OSI Sex Crimes Unit must also be notified so that an investigation can be initiated. Allegations will also be recorded in the Sexual Abuse/Threat Incident Log. Specialized staff and the Superintendent were knowledgeable of their roles if an allegation is received.

During this audit period, there was one allegation received from another facility that an inmate had been sexually abused/assaulted while at WCF several years earlier. A review of the documentation indicates that proper steps were taken and OSI notified.

Based on my review of the Memorandum for the Associate Commissioner, RE; Reporting to Other Confinement Facilities; Form 115.63 Report of Sexual Abuse, interviews with the Superintendent and Specialized staff and a review of the provided documentations, WCF meets this standard.

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.

This auditor has reviewed Directive #4027B, Sexual Abuse Reporting and Investigations, Inmate on Inmate; Directive # 4028B, Sexual Abuse Reporting and Investigation, Staff on Inmate; Memorandum from the Associate Commissioner, RE: PREA Coordinated Response Plan, Sexual Abuse Response and Containment Checklist; and Memorandum from Deputy Commissioner/Chief Medical Officer and Associate Commissioner, RE: Response to Inmate Sexual Activity and the Sexual Abuse Prevention and Response Lesson Plan.

Staff are required by multiple DOCCS directives to immediately report any knowledge, suspicion, or information regarding any instance of sexual assault/abuse. The PREA pocket card has been given to staff, and it outlines the first responder’s steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. The responding staff is to immediately notify their immediate supervisor and the Watch Commander. The Watch Commander will make further notifications to the Superintendent, medical, mental health, and OSI, as noted on the Sexual Abuse and Containment Checklist.

Interviews were conducted with OSI Investigators, higher and intermediate level supervisors, and random staff. It was demonstrated that staff were knowledgeable in the steps as first responder. All staff are considered first responders.

Based on my review of Directive #4027B, Sexual Abuse Reporting and Investigations; Directive # 4028B, Sexual Abuse Reporting and Investigation; Memorandum from the Associate Commissioner, RE: PREA Coordinated Response Plan, Sexual Abuse Response and Containment Checklist; Memorandum from Deputy Commissioner/Chief Medical Officer and Associate Commissioner, RE: Response to Inmate Sexual Activity and the Sexual Abuse Prevention and Response Lesson Plan, interviews with supervisory and line staff, WCF Exceeds this standard.

Standard 115.65 Coordinated response

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

This auditor reviewed the Memorandum from the Associate Commissioner, RE: PREA Coordinated Response Plan and the WCF Form 2006, Coordinated Response Plan to an Incident of Inmate Sexual Abuse.

WCF’s written institutional plan is in their Facility’s Operational Manual #2006 Coordinated Response Plan to an Incident of Inmate Sexual Abuse. This plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, OSI, facility leadership, and victim advocates. A checklist, Sexual Abuser Response and Containment Checklist Form, is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each area is aware of their specific responsibilities under this plan.

Based on the above, WCF meets this standard.

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

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

- Does Not Meet Standard (requires corrective action)

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

This auditor has reviewed Directive #2110, Employee discipline, Suspension from Duty During Continuation of Disciplinary Proceedings; Directive #2114, Functions of the Bureau of Labor; Union Contracts continuation after Expiration – Taylor Law Triborough Amendment and Duration of Agreements on various Bargaining Units.

DOCCS has not entered or renewed any collective bargaining agreements since August 20, 2012. The state has state union contracts with: Administrative Services Unit; Institutional Services Unit; Operational Services Unit; Security Services Unit; Professional, Scientific, and Technical Services Unit, and Security Supervisors Unit. DOCCS union contracts allow removing alleged staff sexual abusers from contact with inmates pending the outcome of the investigations or of a determination of whether and to what extent discipline is warranted.

The facility can remove alleged staff sexual abusers from contact with any inmates or place an employee on administrative leave pending the outcome of an investigation. The interview with the Superintendent verifies that there are no restrictions from removing an employee from inmate contact during an investigation. Documentation would be retained in the individual's personnel file if the allegation was substantiated and removed from the file if not substantiated.

Based on my review of reviewed Directive #2110, Employee discipline, Suspension from Duty During Continuation of Disciplinary Proceedings; Directive #2114, Functions of the Bureau of Labor; Union Contracts continuation after Expiration – Taylor Law Triborough Amendment and Duration of Agreements on various Bargaining Units and interview with the Superintendent, WCF meets this standard.

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.

This auditor has reviewed the Employee Manual 2.19; Memorandum from the Associate Commissioner RE: Agency Protection against Retaliation, PREA Standard 115.67; and Completed PREA Retaliation Monitoring Forms 115.67.

WCF has designated the Correctional Captain as the PREA Point Person and as the staff member who monitors retaliation. Monitoring will include a review of any new disciplinary reports, program changes, housing changes, and any other pertinent information. My interview with the Correctional Captain indicates that he is knowledgeable of these duties. He tracks inmates by use of a spread sheet and completes the PREA Retaliation Monitoring Form on each inmate being monitored. He knows that he can monitor inmates as long as necessary, though normally monitoring will not extend beyond 90 days.

Based on my review of the Employee Manual 2.19; Memorandum from the Associate Commissioner RE: Agency Protection against Retaliation, PREA Standard 115.67; Completed PREA Retaliation Monitoring Forms 115.67 and interview with the Correctional Captain, WCF meets 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.

This auditor has reviewed Directive #4948, Protective Custody Status. This Directive prohibits the placement of inmates who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Inmates that are placed in protective custody on this basis shall have access to programs privileges, education, and work opportunities in accordance with PREA Standard 115.43. If an inmate is placed in involuntary protective custody, his status is reviewed every thirty days. There were no inmates who alleged sexual abuse or were victims of sexual abuse held in involuntary segregation housing in the past twelve months. WCF meets this standard.

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.

This auditor reviewed New York Criminal Procedure Law 160.45 Polygraph Test: prohibitions; Directive #0700 Office of Special Investigations; Directive #2011, Disposition of Department Records; OSI Policy & Procedure: Training Requirements for Sex Crime Investigators; OSI Policy & Procedure; Intake and Case Management Unit; OSI Sex Crimes Unit Dispatch and Operational Guidelines, Inmate on Inmate Sexual Abuse; OSI Sex Crimes Unit Dispatch and Operational Guidelines, Staff on Inmate Sexual Abuse; Power Point Presentation: PREA Specialized Training; Letter to the Acting Commissioner from Superintendent New York State Police.

DOCCS OSI Sex Crimes Unit has primary jurisdiction to investigate initial allegations of inmate sexual abuse occurring within WCF. They work cooperatively with the New York State Police in investigating criminal misconduct. A review of closed investigations and interviews with two OSI Investigators indicate that they follow a uniform evidence protocol to investigate sexual abuse and sexual harassment. Sexual investigations are conducted promptly, early, and objectively including third party and anonymous reports, and the use of investigators who have been specially trained in sexual abuse investigation. Both investigators had completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting webinar in accordance with standard 115.34 and explained the investigative process clearly. They explained that they had a sound working relationship with the New York State Police concerning inmate sexual abuse incidents. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.

Based on my review of New York Criminal Procedure Law 160.45 Polygraph Test: prohibitions; Directive #0700 Office of Special Investigations; Directive #2011, Disposition of Department Records; OSI Policy & Procedure: Training Requirements for Sex Crime Investigators; OSI Policy & Procedure; Intake and Case Management Unit; OSI Sex Crimes Unit Dispatch and Operational Guidelines, Inmate on Inmate Sexual Abuse; OSI Sex Crimes Unit Dispatch and Operational Guidelines, Staff on Inmate Sexual Abuse; Power Point Presentation: PREA Specialized

Training; Letter to the Acting Commissioner from Superintendent New York State Police, interviews with OSI investigators and review of closed investigations, WCF meets this standard.

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.

This auditor has reviewed the Memorandum from Deputy Chief of Investigations: RE: Sex Crimes Division Close out Procedures and the Power Point Presentation Excerpt: PREA Specialized Training: Investigation which clearly states no standard greater than a preponderance of the evidence for determining whether allegations of sexual abuse or harassment are substantiate. This was confirmed during my interview with two OSI investigators. WCF Meets this standard.

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.

This auditor has reviewed the Memorandum from Chief, Office of Special Investigations, RE: Notification of Investigative Determination; the Memorandum from the Deputy Chief of Special Investigations, RE: Sex Crimes Division Close Out Procedures and the Memorandum from the WCF Superintendent.

All inmates who make allegations of sexual abuse shall be informed whether the allegations have been substantiated, unsubstantiated, or unfounded. The OSI investigator is to notify the inmate in person if the outcome of the investigation is determined to be substantiated or unsubstantiated. This notification is documented in the investigative file. For cases that are unfounded, this notification will be made by the facility. All notifications will be in writing and documented.

An inmate who makes allegations that the sexual abuse was perpetrated by a staff member shall be notified of the status of the staff member in writing to include whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another inmate, the facility informs the inmate whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility.

Interviews with the Superintendent and OSI investigators verified that the facility is following the documented procedures. During the past twelve months, no notifications were made to inmates at WCF.

Based on my review of the Memorandum from Chief, Office of Special Investigations, RE: Notification of Investigative Determination; the Memorandum from the Deputy Chief of Special Investigations, RE: Sex Crimes Division Close Out Procedures; the Memorandum from the WCF Superintendent; interview with the Superintendent and interviews with the OSI Investigators, WCF meets this standard

Standard 115.76 Disciplinary sanctions for staff

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

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

This auditor has reviewed Directive #2110, Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings; Directive #2111, Report of Employee Misconduct; Directive #2605, Sexual harassment in the workplace; Directive # 4028B Sexual Abuse Prevention and Intervention, Staff on Inmate; Directive # 4028A, Sexual Abuse Prevention and Intervention, Inmate on Inmate; and Memorandum from the Deputy Commissioner for Administrative Services, RE: Prison Rape Elimination Act Presumptive Disciplinary Sanctions for Staff Sexual Misconduct.

These Directives address all elements in this standard. Staff who are involved in sexual abuse, sexual harassment, or voyeurism with an inmate will be prosecuted to the fullest extent allowed by law. Termination is the presumptive disciplinary sanction for staff who have committed sexual abuse of an inmate. These directives also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Staff who would have been terminated if not for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past twelve months, there have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment.

Based on my review of the above listed Directives and Memorandum, WCF meets this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

This auditor reviewed Directive #4750 Volunteer Service Program, Memorandum from the Acting Commissioner reference the Policy on the Prevention of Sexual Abuse of Offenders, and OSI Reporting of Misconduct to Outside Agencies. These documents prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews with contractors verified that they were knowledgeable of these directives and policy.

There have been no instances in the past twelve months involving contractors or volunteers being accused of PREA violations with inmates.

Based on my review of the above Directives and Memorandum, WCF meets this standard.

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.

This auditor has reviewed Directive #4027A Sexual Abuse Prevention and Intervention Inmate on Inmate; Directive #4028A Sexual Abuse Prevention and Intervention, Staff on Inmate; Directive #4932, Chapter V, Standards Behavior and Allowances; Memorandum from Deputy Commissioner, RE: Disciplinary Disposition Guidelines; and Sex Offender Counseling and Treatment Program Guidelines.

Directive #4027A and the above reference memorandum outline disciplinary sanctions for inmates for sexual abuse and sexual harassment. Inmates are subject to disciplinary sanctions imposed by a formal disciplinary process following administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Additionally, it shall be determined whether the inmate’s mental disabilities or mental illness contributed to his behavior.

Rule violation, tier levels (I, II, III), types of misbehavior, and confinement time clearly indicating a formal disciplinary process resulting in administrative findings are spelled out in the Guidelines for Disciplinary Disposition. DOCCS directives prohibit all sexual activity between inmates to include consensual sexual activity and will process discipline on inmates, but will not consider it sexual abuse. An inmate may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. The directives state an inmate reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely

reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation for purposes of disciplinary action.

In the past twelve months, there were no administrative findings of inmate on inmate sexual abuse. There was no criminal finding of guilty for inmate on inmate sexual abuse.

Based on my review of reviewed Directive #4027A Sexual Abuse Prevention and Intervention Inmate on Inmate; Directive #4028A Sexual Abuse Prevention and Intervention, Staff on Inmate; Directive #4932, Chapter V, Standards Behavior and Allowances; Memorandum from Deputy Commissioner, RE: Disciplinary Disposition Guidelines; and Sex Offender Counseling and Treatment Program Guidelines, WCF meets this standard.

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

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

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

This auditor has reviewed Directive #4301, Mental Health Satellite Services and Commitments to CNYPC & Mental Health Referral Form 3150; HSPM 1.44, Health Screening for Inmates; Memorandum from Deputy Commissioner/Chief Medical Officer, RE: Health Screening Forms 3278RC & 3278 TR; and the Memorandum of Understanding between the Department of Mental Health and the New York DOCCS.

Directive #4301 requires all medical and mental health follow-up within fourteen days for those inmates who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. At the initial intake inmate screening, if the inmate has disclosed prior sexual victimization and/or previously perpetrated sexual abuse, the inmate is referred for medical and mental health services. Additionally, routine medical and mental health referrals will be seen within 14 days. This was verified by interviews with medical and mental health staff.

All information in reference to sexual victimization or abusiveness is strictly limited to medical and mental health staff and other staff as needed. Medical Screening information is shared with appropriate staff, as needed, to make housing, bed, work, education, and program assignments. Informed consents are obtained before reporting prior

sexual victimization that did not occur in an institutional setting. Inmate interviews confirmed that medical and mental health services are available as needed.

Based on my review of Directive #4301, Mental Health Satellite Services and Commitments to CNYPC & Mental Health Referral Form 3150; HSPM 1.44, Health Screening for Inmates; Memorandum from Deputy Commissioner/Chief Medical Officer, RE: Health Screening Forms 3278RC & 3278 TR; and Memorandum of Understanding between the Department of Mental Health and the New York DOCCS, interviews with medical and mental health staff and inmate interviews, WCF meets 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.

This auditor has reviewed Directive #4027 B, Sexual Abuse Prevention and Intervention, Inmate on Inmate; Directive #408B, Sexual Abuse Prevention and Intervention, Staff on Inmate; and HSPM 1.60, Sexual Assaults, SAFE/SANE hospitals.

The above referenced Directives and Policy require that inmates who are victims of sexual abuse be afforded access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Forensic exams are not conducted onsite. If needed, the inmate would be taken to an offsite hospital for the exam. HSPM 1.60, list all the available hospitals in Erie County that have SAFE/SANE nurses available. These exams would be conducted at no cost to the inmate. WCF has a Regional Medical Unit onsite and emergency medical attention for inmates are provided on site, if possible. As with all significant incidents, the Watch Commander would initiate notifications to the necessary parties, including medical and mental health for all sexual abuse/assault incidents. Interviews with medical and mental health staff, and supervisory security staff verified that this process is in accordance with policy. Inmate interviews verified that emergency medical and mental health treatment is available to them as needed and at no cost.

Based on my review of Directive #4027 B, Sexual Abuse Prevention and Intervention, Inmate on Inmate; Directive #408B, Sexual Abuse Prevention and Intervention, Staff on Inmate; HSPM 1.60, Sexual Assaults, SAFE/SANE hospitals, interviews with security, medical and mental health staff and inmates, WCF meets this standard.

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.

This auditor has reviewed HSPM #1.44, Health Screening of Inmates; HSPM 1.12B Inmate Bloodborne Pathogens Significant Exposure Protocol; HSPM #1.60 Sexual Assault, and the Office of Mental Health Memorandum of Understanding with the New York DOCCS.

These policies address all elements of the standards. Section (d) & (e) of this standard are non-applicable as WCF houses only male inmates. Medical and mental treatment including evaluations, on-going care, and treatment to all inmates that have been identified as victims and/or abusers are provided at no cost to the inmates and are consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interviews with medical and medical health staff, inmates, and file reviews verify and document the process.

Based on my review of HSPM #1.44, Health Screening of Inmates; HSPM 1.12B Inmate Bloodborne Pathogens Significant Exposure Protocol; HSPM #1.60 Sexual Assault, and the Office of Mental Health Memorandum of Understanding with the New York DOCCS, interviews with medical and mental health staff and interviews with inmates, WCF meets this standard.

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.

This auditor has reviewed the Memorandum from the Deputy Commissioner and the Associate Commissioner, RE: Prison Rape Elimination Act Procedural Enhancements Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits.

This memorandum requires that a sexual abuse incident review must be conducted within 30 days of the conclusion of the investigation, unless the allegation is deemed to be unfounded. The Assistant Deputy Superintendent/PREA Compliance Manger will normally chair the Incident Review Team. The PREA Point Person will normally be the Security representative to the team and a third member designated by the Superintendent. Input will also be obtained from the investigator, area sergeant, crisis invention team, mental health, medical, and others as deemed appropriate in order to complete the review. The team completes the Sexual Abuse Response and Containment Checklist and considers whether the allegation or investigation indicate a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; and an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. Upon completion of the report it is forwarded to the Superintendent, Facility PREA Compliance Manager, and Agency PREA Coordinator for review. The facility shall implement recommendations that result from the review, or document the reasons for not doing so.

Based on my review of Memorandum from the Deputy Commissioner and the Associate Commissioner, RE: Prison Rape Elimination Act Procedural Enhancements Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits, interviews with the Superintendent and the PREA Point Person, WCF meets this standard.

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.

This auditor reviewed the Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publications Manual and the DATA Dictionary which address all elements of this standard. The DATA Dictionary defines the elements of information collected by the Office of Program, Planning, Research and Evaluation from all incident based documents. The facility's Deputy Superintendent for Security is responsible for collecting and reporting monthly of all sexual abuse data. The latest Annual Report on Sexual Victimization report covering the period 2013-2014 is available on the DOCCS website and was reviewed by this auditor. WCF meets this standard.

Standard 115.88 Data review for corrective action

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

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.

The auditor reviewed the Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publications Manual which address all elements of this standard. The PREA Analysis prepares and aggregates data collected in coordination with the Sexual Abuse Prevention & Education Office and the OSI Sex Crimes Division order to assess and improve the effectiveness of its sexual abuse prevention, detection and response polices and training. An annual report is prepared and includes a comparison with the prior year's data and is published on the Agency website addressing facility specific and Department wide corrective actions. The report does not address any case specific information. Only aggregated data is published after review and approval by the Acting Commissioner. The latest Annual Report on Sexual Victimization report covering the period 2013-2014 is available on the DOCCS website and was reviewed by this auditor. WCF meets this standard.

Standard 115.89 Data storage, publication, and destruction

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

This auditor reviewed the Office of Program Planning Research and Evaluation; PREA data Collection, Review, Retention and Publication Manual which address all elements of this standard. Additionally, the 2013-2014 Annual PREA Report is posted on the DOCCS web site which documents availability to the public of the compiled aggregate agency wide data. Data collected is maintained by the Office of Special Investigations and is maintained for at least 10 years as required by PREA standard 115.87. The latest Annual Report on Sexual Victimization report covering the period 2013-2014 is available on the DOCCS website and was reviewed by this auditor. WCF meets this standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert B. Ezell

8 December 2016

Auditor Signature

Date