

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report : June 5, 2018

Auditor Information

Name: Wynnie R. Testamark	Email: wynnie@bellsouth.net
Company Name: American Correctional Association	
Mailing Address: 206 N. Washington St.	City, State, Zip: Alexandria, VA 22314
Telephone: 703.224.0000	Date of Facility Visit: April 18 - 20, 2018

Agency Information

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

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Edgecombe Residential Treatment Facility			
Physical Address: 611 Edgecombe Avenue , New York, New York			
Mailing Address (if different than above):			
Telephone Number: 212-923-2575			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

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

Facility Website with PREA Information:

<http://www.doccs.ny.gov/PREA/PREAINfo.html>

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Seiveright Miller	Title: Superintendent
Email: Seiveright.Miller@doccs.ny.gov	Telephone: 212-923-2575 ext. 2000

Facility PREA Compliance Manager

Name: Thomas Short	Title: Captain (PREA Point Person)
Email: Thomas.Short@doccs.ny.gov	Telephone: 212-923-2575

Facility Health Service Administrator

Name: Azeem Khawaja	Title: Doctor
Email: Azeem.Khawaja@doccs.ny.gov	Telephone: 212-923-2675 ext 6100

Facility Characteristics

Designated Facility Capacity: 183	Current Population of Facility: 136
Number of residents admitted to facility during the past 12 months	343
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	296
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	340
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	<input checked="" type="checkbox"/> Adults <div style="text-align: center;">19 - 67</div> <input type="checkbox"/> Juveniles <small>Click or tap here to enter text.</small>
	<input type="checkbox"/> Youthful residents <small>Click or tap here to enter text.</small>
Average length of stay or time under supervision:	45 days
Facility Security Level:	Minimum
Resident Custody Levels:	Minimum
Number of staff currently employed by the facility who may have contact with residents:	135
Number of staff hired by the facility during the past 12 months who may have contact with residents:	6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3

Physical Plant

Number of Buildings: 1 East/West Side	Number of Single Cell Housing Units: 3
Number of Multiple Occupancy Cell Housing Units:	3
Number of Open Bay/Dorm Housing Units:	3 (Female units has curtains on doors)
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Edgcombe RTF has cameras strategically placed throughout the facility, which includes interior and exterior cameras; ultimately enhancing security and surveillance at the facility.	

Medical

Type of Medical Facility:	1 Part time Physician & 2 Registered Nurses
Forensic sexual assault medical exams are conducted at:	New York Presbyterian Hospital

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	57 (37 volunteers – 20 contractors)
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	31

Audit Findings

Audit Narrative

The PREA audit of Edgecombe Correctional Facility, New York State Department of Corrections and Community Supervision (NYS DOCCS), located at 611 Edgecombe Avenue, New York, New York was conducted on April 18 - 20, 2018, by Wynnie R. Testamark, DOJ Certified PREA Auditor. The audit was coordinated through the American Correctional Association, Alexandria, Virginia.

Approximately three weeks prior to the audit, agency wide and facility specific supplemental documentation was mailed to this auditor via U S Express Mail, which was received, on March 30, 2018. The documentation arrived in digital format (on a flash drive). The documentation consisted of agency policies, directives and facility specific procedures responding to policy, samples of supporting documentation to each standard and the completed Pre-Audit Questionnaire.

Prior to the audit, the American Correctional Association provided the facility with a memorandum noting the scheduled date of the facility audit and tour, contact information to be posted throughout the facility for residents and staff to view. The facility onsite audit and tour was scheduled for, and conducted on, April 18- 20, 2018.

The PREA Resource Audit Instrument used for Community Confinement Facilities was provided by the National PREA Resource Center. There are seven sections: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

The Auditor met with agency staff via phone on Tuesday, April 17, 2018 and discussed the PREA audit process and what to be expected during the on-site portion of the audit.

On April 18, 2018, Jason Effman, Agency PREA Coordinator, and Dawn Butler, Correctional Facility Operations Specialist (CFOS); transported the auditor to Edgecombe Correctional Facility. There, the auditor met with Facility Superintendent Seiveright Miller, and his executive team for an entrance briefing. Shortly thereafter, we began with a tour of the facility.

A facility tour was conducted, all areas of the facility were toured, and I was also able to interact with both staff and residents at this time. Areas toured were, resident processing (intake) screening, Watch Commander's Office, recreation, laundry, store/supply room, food service/ resident dining, medical unit, visitation, mail room, chapel, guidance, library, program areas, training area, mental health, resident recreation area, and maintenance department. I had the opportunity to observe the operations of the facility, and the interaction between staff and residents.

The tour began at 2:30 p.m. and concluded at 4:20 p.m. Accompanying on the tour was

Facility Superintendent Miller, Assistant Deputy Superintendent Malfi, Assistant Deputy Superintendent / PREA Program Compliance Manager Mastroieni, Captain Short, and Institutional Steward Malloy.

The population of the facility on the first day of the audit was 111 (17 females) residents.

Following the tour, the auditor began formal random interviews of residents and staff inclusive of specialized staff and residents present at the facility during the time of the audit. Interviews were conducted in areas of relative privacy. Everyone interviewed participated willingly and appeared to have a good understanding of the PREA standards and the agency's response and requirements regarding the standards, zero tolerance policy and reporting procedures.

All residents expressed a thorough understanding of their right to be free from sexual abuse, harassment, and retaliation. They also knew the appropriate channels in which to report allegations and they were aware of the medical and counseling services available to them.

The auditor reviewed the documentation provided by the facility prior to the facility visit. During the tour, the auditor randomly review additional documentation throughout the facility in order to verify that the samples provided was consistent with regular facility practice. This included viewing postings, pamphlets, employee personnel files, and training documentation for staff, and residents.

The auditor observed signage posted in English, and Spanish, throughout the facility, explaining residents' rights to be free from sexual abuse and how to report allegations of sexual abuse and harassment. The agency's PREA Coordinator in collaboration with facility PREA Compliance Manager, and facility staff, ensuring the information is disseminated (in multiple languages) throughout the facility for everyone to have access.

Throughout the audit, the auditor interviewed a total of 21 staff members, and 16 residents; (12 males & 4 females).

Of the sixteen (16) residents interviewed, two (2) identified themselves as gay/lesbian, (0) Transgender resident, (0) Resident with cognitive disorders, (0) resident who report sexual abuse or harassment, (0) High risk of victimization resident and (0) resident who reported previous abuse or harassment during the intake screening, (0) Disabled resident; (0) Hard of hearing resident, and (2) Limited English Proficient residents.

Edgecombe RTF residential population is comprised of English and Spanish speaking residents. All residents interviewed, spoke and understood English and did not need the assistance of an interpreter. However; Edgecombe RTF has interpreter services if and when the need arises; pursuant to limited English proficiency (LEP).

Edgecombe RTF does not house youthful inmates.

There was no resident who reported sexual abuse; that disclosed sexual victimization during risk screening; nor housed in segregation for risk of sexual victimization at Edgecombe RTF. As previously stated, all residents interviewed demonstrated knowledge of the agency's zero

tolerance policy for sexual abuse, harassment and retaliation, and were able to identify how to report allegations of sexual abuse, harassment & retaliation.

Edgecombe RTF employs (1) Mental Health staff at the facility; in addition, residents have access to mental health services as needed at Sing Sing Correctional Facility through the NYS Office of Mental Health (OMH) as required by New York State Law and as governed by a Memorandum of Understanding executed by the agencies dated September 27, 2016.

Edgecombe RTF employs (135) staff at the time of the audit. The auditor formally interviewed (21) random staff; comprised of all shifts.

There were: (2) Investigators; (2) Staff who perform screening for risk of victimization and abusiveness; (1) Staff member on the incident review team; (1) staff member in charge with monitoring retaliation; (3) staff first responders, both security and non-security staff interviewed; (2) Intake staff member; Case Managers and the PREA Compliance Manager; (2) contractor staff.

In conclusion, a total of (21) staff from all shifts, and (16) resident formal interviews was conducted. All interviews were conducted utilizing the approved PREA questionnaires from the PREA Resource Center.

Edgecombe RTF has not acquired any new facilities or made any expansions or modifications to the existing facility in the past 12 months.

Presently, Edgecombe RTF has cameras strategically placed throughout the facility, which includes interior and exterior cameras; ultimately enhancing security and surveillance at the facility.

Every area of the facility was observed as the standard requires and the auditor observed residents being supervised throughout the audit. There was four (4) areas identified during the tour that needed security enhancement to cover blind spots: (various housing units). As a result, security mirrors were installed before the end of the onsite audit concluded.

After the on-site audit was completed, the auditor conducted an exit briefing with Facility Superintendent, Seiveright Miller and his administrative staff, and provided a preliminary status of the audit findings.

During the report writing period the auditor reviewed additional policies, procedures and supplementary documentation that was received during the audit.

Facility Characteristics

The Edgecombe Residential Treatment Facility (ERTF) is a community residential program operated by New York State Department of Corrections and Community Supervision. It is located at 611 Edgecombe Avenue, in New York, New York. Edgecombe Residential Treatment Facility is in the Washington Heights section of Manhattan.

ERTF is classified as a minimum-security correctional facility for female and male residents 18 years of age and older. It is used for general confinement of and as a residential treatment for inmates. Its principle function is to provide a diversion and a re-entry program for parolees and parole violators. ERTF provides comprehensive substance abuse treatment through the collaborative efforts of the NYS Office of Alcohol and Substance Abuse (OASAS) and the Department of Corrections and Community Supervision (DOCCS). Individual and group counseling services are also offered, as well as community referrals upon discharge, to assist with the individual's re-entry plan.

ERTF also offers a transitional service to the community and home via work release, day reporting, and community residential treatment programming. The facility provides residents with work and educational release programs within, or in close proximity to the communities in which the residents plan to reside following release. Programs are focus around individual and family counseling, and marketable skills and abilities. To assist in facility cleanliness, ERTF retains a limited number of cadre residents.

ERTF receives Work Release residents transferred from other departmental facilities, pre-screened state ready parole violators from Riker's Island (NYC County Jail), and parolees referred by Community Supervision Parole Officers. All residents in the diversion program are screened and evaluated in the processing area by the medical staff (registered nurse) to make certain that there are no existing medical condition that would exclude them from the program. Once accepted, the residents are assigned a bed location and oriented by the Processing Area Supervising Officer to the rules and regulations governing the operations of the facility. Residents are also issued an ID card, State clothing, personal care set up and toiletries.

ERTF is classified as a Mental Health Service Level 4 facility, as defined in Correction Law, Section 2 (3). For Work Release, ERTF is classified as a Mental Health Service Level 2, as defined in Correction Law, Section 2 (28).

Housing units at ERTF consists of multiple occupancy rooms. Male residents are housed on the east and the female residents, on the west of the facility. ERTF design capacity is 183. Residents are housed in dormitory style housing units. Lockers are provided for residents to secure their personal property. Each unit has its own toilet, shower, and washbasin area. Each unit also has a day room where residents can watch TV or pursue other recreational activities. Each floor and housing unit is equipped with a loudspeaker so that pertinent announcements made can be heard.

The Administrative Offices, conference room, Watch Commander's Office, Visitation, mail room, Inmate Processing, and Chaplain offices, is located on the first floor. Also on the first floor are support services to include Medical and Mental Health Services. ERTF does not

have an infirmary. The medical area is primarily used for sick-call screening, emergency referral services, mental health counseling and the dispensing of medication.

On another floor of ERTF, consists of housing units and program areas. The program center area has classrooms dedicated to inmate programs and orientation for new arrivals. The Library and Chapel are also located in the Center area. In addition, the Offender Rehabilitation Coordinators (ORC) as well as Odyssey House staff, the contracted agency that provides the substance abuse treatment services, is located also. ERTF also serves as New York City Hub Training Office. Residents also have access to a large outdoors recreation area. Food Service, Store Rooms, Multiple purpose room, Staff Gymnasium, State Shop/Laundry and Maintenance shop is all located on another floor also.

ERTF offers a host of programs that are therapeutic in nature and designed to help residents modify negative and antisocial behaviors. Programs and community based organizations services offered are: Parole Diversion Program, Treatment Services including Vivitrol and Narcan, Hour Children, Miracle of the Ministry Most High, QCC Tigers, ACCES VR, Dream Makers, Families, Father & Children, UPNEXT, Fortune Society, Albert Einstein Medical Group, Movement Class.

Resource Fairs are conducted and provided from community based organizations that offer services in housing, employment, vocational, substance abuse, mental health, dental, health care and, religious services to residents.

ERTF offers pastoral counseling and worship services on a regular basis. Muslim, Protestant, and Catholic services also. Chaplains also holds services with participants and conduct rounds in the housing units. Work Release participants are visited by chaplains in the housing units and are permitted to attend worship services when out in the community.

A general library is maintained and accessible to all residents daily. In addition, there are book carts in each housing unit with rotated books. Donations from staff in addition to New York City Public Library provides the residents with a variety of reading materials. Books and magazines are permitted through regular mail. The Law Library is also made available on a daily basis.

Edgecombe Residential Treatment Facility currently employs 135 staff inclusive of security and support staff. Staff is presently comprised of Corrections Officers, Sergeants, Lieutenants, and support staff. The Facility Superintendent with two (2) Assistant Deputy Superintendent, Captain, and Institutional Steward oversees the entire operations at Edgecombe Residential Treatment Facility.

New York State Department of Corrections and Community Supervision (NYS DOCCS)
Mission Statement: "To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all inmates' needs are addressed and they are prepared for release, followed by supportive services for all parolees under community supervision to facilitate a successful completion of their sentence"

Summary of Audit Findings

Number of Standards Exceeded: 11

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Standard 115.216: Residents with disabilities and residents who are limited English proficient

Standard 115.217: Hiring and promotion decisions

Standard 115.231: Employee training

Standard 115.232: Volunteer and contractor training

Standard 115.233: Resident education

Standard 115.234: Specialized training: Investigations Standard

Standard 115.235: Specialized training: Medical and mental health care

Standard 115.241: Screening for risk of victimization and abusiveness

Standard 115.264: Staff first responder duties

Standard 115.271: Criminal and administrative agency investigations

Number of Standards Met: 30

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

NYS DOCCS (DOCCS) Directives #4001, #4027A, #4027B, Employee Manual, (2.19, 2.20), Memo from Commissioner (Appointment of Associate Counsel as agency PREA Coordinator-3/14/2012), DOCCS Organizational Chart, Memo Deputy Commissioner (Re: Facility Prison Rape Elimination Act (PREA) Point Person), Email announcement from Associate Commissioner dated 4/23/2013 (Re: Assistant Deputy Superintendent/PREA Compliance Manager Appointment with Duties Description), addresses all elements of this standard. Also, establishes that forced resident on resident sexual harassment, assault, and abuse and all staff on resident 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 agency.

At facility level, a Captain/PREA Point Person (PREA Compliance Manager) is responsible for the staff training and implementation of the PREA compliance program.

The agency employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA Coordinator, through interview has indicated that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

An agency organizational chart and a facility organizational chart depict the positions and the span of control for both agency PREA Coordinator and facility PREA Compliance Manager/PREA Point Person.

Based upon review of NYS DOCCS Directives #4001, 4027A, 4027B, Employee Manual, (2.19, 2.20), Memo from Commissioner (Appointment of Associate Counsel as agency PREA Coordinator-3/14/2012), DOCCS Organizational Chart, Memo Deputy Commissioner (Re: Facility Prison Rape Elimination Act (PREA) Point Person), Email announcement from Associate Commissioner dated 4/23/2013 (Re: Assistant Deputy Superintendent/PREA Compliance Manager Appointment with Duties Description); observations of PREA postings, pamphlets, PREA Staffing and Facility Requirement, PREA Agency Organizational Chart, Edgecombe RTF Organizational Chart and interviews with Facility Superintendent, agency PREA Coordinator, PREA Compliance Manager, PREA Point Person and random staff and residents, Edgecombe RTF exceeds this standard.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Contracts for Community Based Residential Programs are awarded at the Agency level. New contracts require CBRP's to comply with the PREA Community Confinement Facility Standards

The Auditor has reviewed the contracts awarded by New York Department of Corrections and Community Supervision; all are appropriate and are in compliance with PREA standards.

NYS Correction Law section 121 provides that the private ownership or operation of a facility for housing state or local inmates or the private ownership or operation of a facility for the incarceration of other state's inmates is prohibited. Thus, no private prisons are operated on behalf of the Agency.

NYS DOCCS has entered into agreements with private organizations for 15 Community Based Residential Programs to provide up to 6 months of housing and treatment for selected Parolees. Each contract permits contract monitoring and requires the Program to achieve and maintain PREA Compliance, and to arrange for PREA Audits on a schedule set in consultation with the DOCCS Agency-Wide PREA Coordinator

Edgecombe RTF, do not contract directly with private agencies or other entities; therefore this

standard is not applicable.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Based on Directive # 4001, Facility Administrative Coverage & Supervisory Rounds - 02/07/17 (Revised): PREA Staffing and Facility Requirements, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse.

To ensure accountability, supervisory staff conducts and document unannounced PREA rounds within their respective areas, on each shift to identify and deter employee sexual abuse and sexual harassment. A copy of Edgecombe RTF shift logs was reviewed with the pre-audit documentation, which shows this as a regular practice. Policy prohibits staff from alerting other staff members that supervisory rounds are occurring.

This practice was confirmed through staff and resident interviews.

The last PREA Annual Facility Assessment/ Monitoring Plan Review of Edgecombe RTF was completed on 01/3/18.

Deviations from the staffing plan are documented and reported to the Facility Superintendent. Staffing requirements are assessed annually and adjustments are made when necessary. Currently, there are two vacancies at Edgecombe RTF. Since all vacant positions were being filled by the use of overtime, there were no deviations to the established staffing plan and no recommendations were made for any changes to the current staffing levels.

Based on my review of DOCCS Directives #4001, Edgecombe RTF staffing plan, Edgecombe RTF Annual Supervision & Monitoring Plan Review (01/03/18), Employee Manual, Shift Supervisor Rounds, Log entries, and interviews with Facility Superintendent, Captain / PREA Point Person, Shift Supervisors and staff, Edgecombe RTF meets this standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

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

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

The 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 indicated Edgecombe RTF has established processes to limit cross gender viewing.

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.

Cross gender pat down searches, strip searches or visual body cavity searches is prohibited. A staff member of the same gender conduct pat searches and these searches are documented on a pat search log. Female residents interviewed reported that at no time have they been

denied access to programs because a female staff member was not available to pat search them.

Residents are allowed to shower, perform bodily functions and change clothing without staff viewing their breasts, buttocks or genitalia. Staff of the opposite gender announces themselves when they enter the housing units. This practice was also observed during onsite.

Residents interviewed confirmed that this practice is being followed and denoted that they have privacy to toilet, shower and change clothing when staff of the opposite sex is in their housing unit.

All security staff at Edgecombe RTF has received training in how to conduct cross-gender pat down searches and how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible; consistent with security needs.

Based upon review of DOCCS Directives, forms mentioned above, facility staff training records (#35029 Sexual Abuse, #01062 Contraband & Frisk, #22000 Pat Frisk Search and interviews with PREA Compliance Manager, Supervisors and staff, Edgecombe RTF meets this standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

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

Edgecombe RTF has in place the appropriate steps necessary to ensure residents with disabilities, and limited English proficiency have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment.

Agency Directives #2612, #4490 states that the facility shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. Any use in those instances, staff must justify and document in the investigative report.

In addition, Bilingual Posters were observed throughout the facility and in resident housing units, library, and program areas. The Edgecombe RTF population majority is English and Spanish speaking. However, the PREA Video and Sexual abuse prevention pamphlets is available in multiple languages.

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.

At the time of the audit there were no residents with hearing, visual or cognitive impairments, nor any limited English proficient residents. Edgecombe RTF does not utilize residents as interpreters, readers or other types of resident assistants.

In the past 12 months, there have no instances where resident interpreters were utilized.

Based on review of DOCCS Directives #2612, #4490, posters, and signs throughout the facility, housing units, the multiple languages that the PREA video, pamphlets are provided in, the Language Access Plan for LEP, and interviews with staff and residents, Edgecombe RTF exceeds this standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

NYS DOCCS Directive #2216, Fingerprinting/Criminal History Inquiry New Employees and Contractors, Fingerprinting/Criminal History Inquiry New Employees and Contractors; NYS Department of Correctional Services Personal Procedure Manual #406A Recruitment Process; Directive #2112, Report of Criminal Charge; Directive #2012, Release of Employee Personnel and Payroll Information; Memo: from Darren Ayotte, Director of Personnel, 4/30/14, RE: Personnel Procedure #407 – Civilian Promotions, Personal Procedure Manual #407A – Security Promotions, 4/29/14; and Memo: from John M. Czaka, Deputy Commissioner and Counsel, 8/18/15, RE: Prison Rape Elimination Act (PREA) – Background Checks Appendix A, was reviewed and clearly prohibits from hiring or promoting anyone who may have contact with residents who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or the community.

Interviews conducted with the Facility Superintendent, Assistant Deputy Superintendent/PREA Program Compliance Manager, Institutional Steward (Administration), Captain/PREA Point Person, Investigative Staff, random staff, and personnel files reviewed verified that Edgecombe RTF is following the requirements of this standard in hiring and promotion decisions.

In the past 12 months, there have been six (6) persons hired at Edgecombe RTF who may have contact with residents who have had criminal background record checks.

In the past 12 months, there has been one (03) contract for services at Edgecombe RTF, where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents.

Based upon documentation (s) reviewed above and the Facility Superintendent, Assistant Deputy Superintendent/PREA Program Compliance Manager, Institutional Steward (Administration), Captain/PREA Point Person, investigative staff, and random staff interviews, Edgecombe RTF exceeds this standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

NYS DOCCS Directive #3053 requires that the facility takes into consideration the effect that any new design, acquisition, expansion or modifications of the physical plan or monitoring technology might have on the facility’s ability to protect residents from sexual abuse.

Presently, Edgecombe RTF has cameras strategically placed throughout the facility, which includes interior and exterior cameras; ultimately enhancing security and surveillance at the facility.

Edgecombe RTF has not installed or updated no video monitoring system, electronic surveillance system, or other monitoring technology within the last 12 months.

Based on Directive #3053, staff interviews and, auditor observations, Edgecombe RTF meets the standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

According to NYS DOCCS policies, the agency follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse.

NYS DOCCS is responsible for criminal and administrative investigations. The Department's Office of Special Investigations Sex Crimes Division conducts the investigations. The Department works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. DOCCS ensures that all evidence is collected and preserved according to evidence protocols established by the Department of Justice.

Directives for Sexual Abuse Reporting and Investigation and the Inmate on Inmate Sexual Abuse Dispatch and Operational Guidelines outline evidence protocols for administrative investigations and criminal prosecutions. DOCCS utilizes the New York Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Abuse for evidence protocols and forensic medical examinations.

Interviews were conducted with investigators from the Office of Special Investigations. Interviews confirmed that PREA investigations are completed as outlined by the standards and both investigators were very knowledgeable of the investigation process, evidence collection protocols, and the use of the Sexual Abuse Checklist.

Forensic examinations are not performed at Edgecombe RTF. Forensic examinations by SANE/SAFE staff are provided at an outside facility (NY Presbyterian Hospital); with no cost to the resident. An advocate is provided to the resident upon request to provide emotional support.

In the past 12 months, there have been no resident that required SANE/SAFE exams.

Based upon on, Investigative, Medical, Mental Health staff interviews, and documentation reviewed: Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; HSPM 1.60 – Sexual Assault Operational Guidelines – Office of Special Investigations, Immediate Dispatch: Inmate – on – Inmate/Staff – on – Inmate; Department of Health Protocol for the Acute Care of Adult Patient Reporting Sexual Assault; New York State Police Superintendent Letter - RE: Implementation of the PREA Standards; Statement of Compliance (12/18/17) and PPT Presentation: PREA Specialized Training: Investigations, Edgecombe RTF meets this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).] Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

NYS DOCCS Directives #0700 – Office of Special Investigations; #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; and #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate revealed that DOCCS is responsible for criminal and administrative investigations. The Department’s Office of Special Investigations Sex Crimes Division conducts the investigations.

The OSI investigators collaborates with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff–on–Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. In addition, procedures outline evidence protocols for administrative investigations and criminal prosecutions.

The DOCCS Annual Report is made available to the public through the agency website: http://www.doccs.ny.gov/Research/Reports/2017/Annual_Report_on_Sexual_Victimization_2015_Report.pdf, which was reviewed by this auditor.

115.22(c) is Not Applicable. DOCCS has not submitted this authority to any separate entity.

In the past 12 months, according to documentation reviewed, there have been one (1) allegation of sexual abuse and sexual harassment; zero allegations resulting in an administrative investigation; and zero allegations were referred for criminal investigation. According to OSI Investigators, the case is still open.

Based on interviews with the Facility Superintendent, Assistant Deputy Superintendent/PREA Program Compliance Manager, Captain/PREA Point Person, OSI investigators, and reviewed policies/procedures: Directive #0700 – Office of Special Investigations; #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate, and Statement of Compliance (12/18/17), Edgecombe RTF meets this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

NYS DOCCS Directives #7.100 Employee Familiarization, Course Catalog, #7.000 40 Hour Employee Training / Orientation, Memo from Acting Commission (06/26/17), #8.300A Training Manual, and Lesson Plan addresses the agency's training requirements, and mandates all employees, volunteers, and contractors receive training on the agency's zero tolerance policy for sexual abuse and sexual harassment at pre-service and annually at in-service training.

Staff interviewed at Edgecombe RTF was very knowledgeable about the agency zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities concerning prevention, detection, reporting, and response concerning sexual abuse and sexual harassment; The residents' rights to be free from sexual abuse and sexual harassment; Resident and employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and harassment in confinement; The common reaction of victims to sexual abuse and sexual harassment; How to detect signs of sexual abuse and sexual harassment; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents (LBGTI); and how to comply with relevant laws related to mandatory reporting.

Supervisory Staff and staff are given a PREA Overview and Quick Response Guide that cover the history of PREA, definitions of sexual harassment and abuse, incident response, and other PREA issues.

Employees who may have contact with residents receive refresher training on PREA requirements every two years. However, additional PREA training is conducted throughout the year at line up/shift briefing and staff meetings.

In the past 12 months, 132 employees at Edgecombe RTF, who may have contact with residents, were trained and or have had refresher training on the PREA requirements.

Random interviews with staff confirm receiving this training and knew their responsibilities for preventing, detecting and responding to allegations of sexual abuse. Employees sign a PREA Basic Training Acknowledgement form stating that they have received and understood the training they received.

Based on NYS DOCCS Directives #7.100 Employee Familiarization, Course Catalog, #7.000 40 Hour Employee Training / Orientation, Memo from Acting Commission (06/26/17), #8.300A Training Manual, and Lesson Plan / Training Curriculum, staff training files, and interviews with the Assistant Deputy Superintendent/PREA Program Compliance Manager, Captain/PREA

Point Person, Training Lieutenant, and staff, Edgecombe RTF exceeds the standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

NYS DOCCS Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; #4071 – Guidelines for Construction Projects; Directive #4750 – Volunteer Services Program; Acting Commissioner Memo – RE: Policy on the Prevention of Sexual Abuse of Inmates to all Employees, Contractors, Volunteers and Interns, addresses the agency's training

requirements, and mandates all employees, volunteers, and contractors receive training on the agency's zero tolerance policy for sexual abuse and sexual harassment at pre-service and annually at in-service training.

All contractors and volunteers who have contact with residents at Edgecombe RTF receive PREA Orientation training prior to assuming their responsibilities. Orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detection, reporting, and response including zero tolerance. Upon completion of orientation, the volunteer/contractor signs the Acknowledgment Form. Signed forms are maintained at the facility.

There were 57 volunteers and individual contractors, who have contact with residents, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Upon completion of orientation, the volunteer/contractor signs the Acknowledgment Form. Signed forms are maintained at the facility.

Based upon interviews with the Assistant Deputy Superintendent of Programs, Captain / Assistant Deputy Superintendent/PREA Program Compliance Manager, Captain (PREA Point Person), and the following documentation: Directive #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; #4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; #4071 – Guidelines for Construction Projects; Directive #4750 – Volunteer Services Program; Acting Commissioner Memo – RE: Policy on the Prevention of Sexual Abuse of Inmates to all Employees, Contractors, Volunteers and Interns; Sexual Abuse Prevention and Response Lesson Plan - March 2015 Report of Training Form: Sexual Abuse Prevention and Response (PREA) and review of the Volunteer and Contractor training and acknowledgment forms (10/20/17), Edgecombe RTF exceeds this standard.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

NYS DOCCS provides PREA education to all residents beginning at intake into the agency. At reception, residents are provided a PREA pamphlet and inmate handbook, which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. Once arrived at Edgecombe RTF, the resident also receives an Inmate Orientation Manual that includes PREA information and a pamphlet "The Prevention of Sexual Abuse in Prison." Residents also view the PREA video "Ending Sexual Abuse Behind the Walls: An Orientation." Resident education is documented for each resident and maintained in the residents s file.

These materials and pamphlets are primarily in English and Spanish but they are also available in Polish, Russian, Haitian Creole, Italian, Chinese and Korean. Audiotapes, 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.

Edgecombe RTF admitted 343 residents during past 12 months who were given PREA information at intake.

Random residents interviewed acknowledged receiving the PREA training information and were knowledgeable of the agency's zero- tolerance policy, on how to report incidents of sexual abuse and sexual harassment. Also, all were aware of the contact information located throughout the facility and were provided PREA specific Literature/Video presentation during initial processing and upon arrival at Edgecombe RTF.

Based upon random interviews with staff/residents, Superintendent and the following documentation: Directives #4021 – Offender Reception/Classification; #4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; Deputy Commissioner for Program Services Memo – RE: PREA: Inmate Orientation Film Implementation; Associate Commissioner Memo – RE: New and Updated PREA Material; Associate Commissioner Memo – RE: Sexual Abuse Prevention Inmate Orientation Outline; Edgecombe RTF: Inmate Orientation Sign-in Sheets PREA Posters and Pamphlets, Edgecombe RTF exceeds this standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Office of Special Investigations (OSI) Sex Crimes Division Investigators are required to

complete the following training curriculum 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 completed all annual training required of all DOCCS staff:

National Institute of Corrections Training (Section Overview) PREA: Investigating Sexual abuse in Confinement Settings (DOCCS Course Code #17072) Updated 1/11/17; OSI Policy and Procedures (9/1/15);

PowerPoint Presentation Excerpt: PREA Specialized Training-5/31/16 RE: Investigations; PowerPoint Presentation: Sexual Abuse Investigations and PREA-2014 regulates the agency specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Investigating Physical and Sexual Abuse Training in an Institutional Setting (11/14-16/16).

Auditor interviewed two (2) NYS DOCCS Investigators from (OSI) Sex Crime Division. Both investigators interviewed had completed multiple training courses including the NIC PREA Investigating Sexual Abuse in a Confinement Setting. OSI Sex Crimes Investigators covers a region that's inclusive of Edgecombe RTF and responds as needed within their region.

Based on review of the above policies, power point presentation excerpts, training documentations, and interviews with Assistant Deputy Superintendent / PREA Program Compliance Manager, and OSI Investigators, Edgecombe RTF exceeds this standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

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

Agency procedures below outlines how the agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities is to be trained in: 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment.

NYS DOCCS Training Manual Subject 7.000; 40 hours Orientation/Initial Employee Training, Non-Peace Officer Employees at Facilities -7/10/17 (Mandatory); #81016 Inmate Sexual Assault Post Exposure Protocol (10/26/16); #17083 PREA Training for Medical & Mental Health Providers (1/24/18); and Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 (6/3/2015) and PREA Standards.

Edgecombe RTF residents receive mental health services through the NYS Office of Mental Health (OMH) as required by New York State Law and as governed by a Memorandum of Understanding executed by the agencies dated September 27, 2016.

No forensic medical exams are conducted at Edgecombe RTF but can provide emergency medical healthcare if needed. Forensic examinations by SANE/SAFE staff are provided at NY Presbyterian Hospital. These services are at no cost to the residents.

Interviews with medical and mental staff revealed 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.

Based on reviewed training documentation (01/24/18); PPT, Regional Training Forms, Specialized Training Medical/Mental Health Staff stated above, Office Of Mental Health (OMH) Memorandum of Understanding and interviews conducted with Medical, Mental Health staff, and Assistant Deputy Superintendent/ PREA Program Compliance Manager, Edgecombe RTF exceeds this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Based on Directive #4027A, Sexual Abuse Prevention & Intervention – 11/29/17 Inmate-on-Inmate, FOM #1.106 PREA Risk Screening, Form 115.41M PREA Risk Screening Form -Male & Female Facility; Memo New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity (SOGI); the agency requires that residents be screened upon admission for risk of sexual abuse victimization or sexual abusiveness toward other residents.

PREA Risk Screening form is used to screen residents upon admission and was found to contain all requirements of this standard. Policy also states, residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a detailed review of any available records, which can assist in determining risk assessment, is required.

Random interviews with residents confirmed that screening upon intake is being completed. In interview with two ORC, they articulated their responsibilities in the screening process.

Within the past 12 months, there were 340 residents at Edgecombe RTF (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. Edgecombe RTF exceeds mandate of the standard. Residents are screened within 24 hours of their entry into the facility.

Within the past 12 months, there was 296 residents at Edgecombe RTF (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Based on interviews with Assistant Deputy Superintendent/ PREA Program Compliance Manager, Deputy Superintendent of Programs, Captain (PREA Point Person), Medical staff, ORC's staff, random staff and random residents as well as review of policies/procedures and supporting documentation: Directive #4027A, Sexual Abuse Prevention & Intervention –

11/29/17 Inmate-on-Inmate, FOM #1.106 PREA Risk Screening, Form 115.41M PREA Risk Screening Form -Male & Female Facility; Memo New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity (SOGI); #4021A DRAFT receipt; examples of completed risk screening forms (male & female), and facility PAQ, Edgecombe RTF exceeds this standard.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents

to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

It is the policy of NYS DOCCS that all residents transferred into its facility be screened by a Sergeant or above, ordinarily within 24-hours of arrival at the facility, and reassessed by an assigned ORC ordinarily within 14-days of arrival at the facility. Accordingly, the Captain/PREA Point Person makes a final risk assessment determination ordinarily within 30 days of the resident's arrival at the facility.

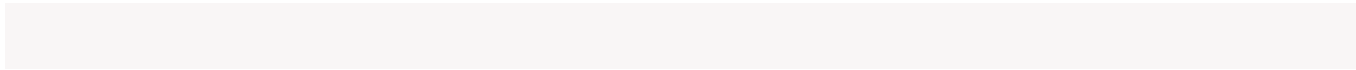
The facility utilizes information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Transgender or intersex (TI) resident's housing is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems; placement is reassessed as needed; TI resident's own view with respect to his or her own safety is given consideration; TI residents are given the opportunity to shower separately from other residents.

Edgecombe RTF does not house gay, bisexual, transgender or intersex residents in dedicated housing units.

Edgecombe RTF did not have any transgender or intersex residents at the time of the audit.

At the time of the audit, there were two (2) residents at Edgecombe RTF that identified as being lesbian. This Auditor interviewed one resident; the other resident was on job assignment.

Based on documentation reviewed: Directive #4009, Minimum Provisions for Health and Morale; Memorandums from Deputy Commissioners, Jason D. Effman, Associate Commissioner, and Ann Marie McGrath, Assistant Commissioner, 10/27/14, RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity (SOGI); Edgecombe RTF FOM #701, PREA Risk Screening Forms #4021 & 4021A, Memo (01/12/18) referenced: Inmate Showers, and interviews conducted with Assistant Deputy Superintendent/PREA Program Compliance Manager, Captain (PREA Point Person), and Medical staff, Edgecombe RTF meets this standard.



REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

NYS DOCCS has procedures allowing for multiple internal and external ways for residents to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are given to residents at intake, during orientation, in the PREA brochure, and on posters throughout the facility.

Specifically, the PREA pamphlet, *The Prevention of Sexual Abuse in Prison: What Inmates Need to Know*, tells residents they can report verbally and in writing to staff, the PREA Point Person, the Office of Special Investigations, and report to an outside agency (New York State Commission of Correction SCOC). They are also advised that they can report allegations through a third party or send an anonymous report.

Agency does not detained solely for civil immigration purposes. However, Consular Official contact information is available to residents.

Residents and staff interviewed were well versed in the multiple ways in which residents can report allegations.

Based upon review of the Employee Manual (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; Memo from Beilein, T. (SCOC 5/24/17), *The Prevention of Sexual Abuse in Prison Pamphlet*, observations and interviews with staff and residents Edgecombe RTF meets this standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

NYS DOCCS procedure requires that residents be provided access to outside victim

advocates for emotional support services through Just Detention International Resource Guide or local MOU related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Based upon review of Directive #4404, Inmate Legal Visits; Directive #4421, Privileged Correspondence; Directive #4423, Inmate Telephone Calls; the Memorandum from the Associate Commissioner: Just Detention International Resource Guide; Inmate Orientation Handbook, Contract between NYSCASA and Crime Victim Treatment Center of Mt Sinai St Luke's and Mt Sinai West; (2/14/17), observations of posters/brochures and interviews with Medical, Mental Health staff, Captain (PREA Point Person), and staff, Edgecombe RTF meets this standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

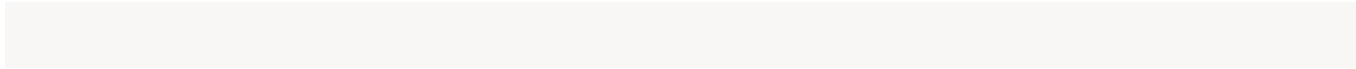
NYS DOCCS website was reviewed to ensure compliance with 115.54(a) and verified that it contained information stipulated in standard on third party reporting of alleged PREA incidents.

Additionally, 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.

Third Party reporting information is also included in the PREA Resident Education pamphlet, which is provided to each resident at intake. PREA Posters were observed throughout the

facility and posted in resident's housing unit. All information stated above is provided in English, Spanish and multiple other languages as needed.

Based upon above-mentioned documentations, facility specific examples, and interviews with Facility Superintendent, Assistant Deputy Superintendent PREA Program Compliance Manager, Captain (PREA Point Person), random staff and residents, Edgecombe RTF meets this standard.



OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

NYS DOCCS policies provides clear guidance to all staff regarding their obligation to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the alleged incident took place at the residents' current facility or not; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Agency policies also, require all reports and information related to allegations remain confidential to the extent necessary for treatment, investigation and for other management decisions.

Interviews with random staff all confirmed compliance and all articulated the reporting process and what is required of them when doing so. Staff was also aware of the requirement to immediately report all allegations of sexual abuse and/or harassment as well as the requirement to document the report in writing as soon as possible. Each staff also knew the importance of confidentiality.

Based upon review of the Employee Manual Section 2.20; Directive #0700, Office of Special Investigations; #4027A, Sexual Abuse Prevention and Intervention, Inmate on Inmate; #4028A,

Sexual Abuse Prevention and Intervention, Staff on Inmate; the Memorandum from Associate Commissioner, Sexual Abuse Response and Containment Checklist; and the Office of Mental Health (OMH) Memorandum of Understanding, interviews with Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point Person), random staff and medical/mental health staff, Edgecombe RTF meets this standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Agency's Directives: #4040, Inmate Grievance Program; #4948, Protective Custody Status; and #2168A Sexual Victimization: Involuntary Protective Custody Recommendation form (06/29/17), addresses this standard and specifically states all staff shall take immediate action to protect residents at risk of imminent sexual abuse.

Random interviews with staff confirmed when a resident is subject to substantial risk, the resident will be relocated and assessed in order for staff to take the appropriate action. All staff members were aware of the requirement to immediately remove the resident from the area of the imminent threat.

In the past 12 months, Edgecombe RTF has had zero incidences where facility determined that a resident was a subject to a substantial risk of imminent sexual abuse.

Based upon reviewed Directives #4040, Inmate Grievance Program; #4948, Protective

Custody Status; and #2168A Sexual Victimization: Involuntary Protective Custody Recommendation form (06/29/17), and interviews conducted, Edgecombe RTF meets this standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Agency's policies mandates that upon receiving an allegation that an inmate was the victim of sexual violence or staff sexual misconduct while confined at another institution or facility, Facility Superintendent where the allegation was received shall notify the head of the institution or appropriate office of the agency where the alleged incident occurred within 72 hours after receiving the allegation. Notification is to be made via electronic mail utilizing Form 115.63; and OSI must be copied also on all such notification via email.

In the past 12 months, Edgecombe RTF did not received any residents into the facility that has claimed or alleged he/she was sexually abused while confined at another facility.

In the past 12 months, Edgecombe RTF had no allegations of sexual abuse the facility received from other facilities.

Based upon review of the Memorandum for the Associate Commissioner, Reporting to Other Confinement Facilities, Jail Administrators Contact list (06/23/17), and interviews with the Facility Superintendent, Assistant Deputy Superintendent / PREA Program Compliance Manager, OSI Investigators and staff, Edgecombe RTF meets this standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

NYS DOCCS Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate; Associate Commissioner Memo – RE: PREA Coordinated Response Plan; Sexual Abuse Response and Containment Checklist; Deputy Commissioner Memo – RE: PREA Coordinated Response Plan; and Sexual Abuse Prevention, provide information explaining the duties of staff that are first responders to allegations of sexual abuse or acts of sexual abuse.

The directives requires all staff to follow the protocol as dictated by this standard, including the separation of the alleged victim from the alleged abuser, preservation of evidence and the crime scene and to not allow the victim or abuser to take any action that would destroy physical evidence if the alleged incident took place within a time frame that would still allow for collection of that evidence.

In addition, Edgecombe RTF provides facility staff with a pocket reference to show compliance. The pocket reference is given to all staff as a quick reference guide for staff response to allegations of sexual violence against residents. The reference covers all steps to take during incidents of sexual abuse and if followed assures compliance.

All staff interviewed during the tour, during random staff interviews and during First Responder interviews knew how to respond to and appropriately handle allegations of sexual assault as a first responder.

In the past 12 months, Edgecombe RTF had no allegations of sexual abuse.

Based upon random staff interviews and review of the following policies/procedures: Directive #4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; #4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate; Associate Commissioner Memo – RE: PREA Coordinated Response Plan; Sexual Abuse Response and Containment Checklist; Deputy Commissioner Memo – RE: PREA Coordinated Response Plan; Sexual Abuse Prevention and Response (SAPR) Lesson Plan, FOM #700 Coordinated Response Plan (12/1/17), Edgecombe RTF exceeds this standard.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Edgecombe RTF has developed a Facility Response Plan to utilize in conjunction with agency directives. The Response Plan details the required duties of every staff member involved in the handling of sexual abuse cases, from First Responders, Supervisory staff, Investigative staff Administrative staff, and the list of Medical and Mental Health providers.

Edgecombe RTF's Coordinated Response Plan to an Incident of Inmate Sexual Abuse was reviewed and the plan coordinates actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, Office of Special Investigations, facility, and victim advocates.

The Response Checklist ensures all process steps are accomplished and notifications are made. The facility specific plan (FOM#700 12/1/17) also addresses, SAFE/SANE hospitals, third party and anonymous reports (documentation, and referral to the Office of Special Investigations), victim advocates, and notifications.

Based upon review of Associate Commissioner Memo – RE: PREA Coordinated Response Plan and Sexual Abuse Response and Edgecombe RTF (FOM #700): Coordinated Response Plan to an incident of Inmate Sexual Abuse; and interviews with Facility Superintendent, Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point

Person), Investigative staff, Medical staff, and random staff interviews, Edgecombe RTF meets this standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

NYS DOCCS Directive #2110, Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings; Directive #2114, Functions of the Bureau of Labor Relations, Union Contracts continuation after Expiration –Taylor Law Tri-borough amendment and Duration of Agreements on various Bargaining Units was reviewed by this auditor.

The aforementioned directives ensure neither the agency or any other governmental entity responsible for collective bargaining on the agency's behalf enters into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Based upon Directive #2110, Employee Discipline-Suspension from Duty During the

Continuation of Disciplinary Proceedings; Directive #2114, Functions of the Bureau of Labor Relations, various Union Contracts reviewed, and interviews with the Facility Superintendent, Assistant Superintendent (Programs), Institutional Steward, and Captain / PREA Point Person), Edgcombe RTF meets this standard.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

NYS DOCCS policies specifically states retaliatory measures against employees and offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.

NYS DOCCS policy also requires staff to monitor, for a minimum of 90 days following a report, the treatment of residents and/or employees for treatment, which might suggest retaliation. The policy outlines the following as items to be monitored during periods of retaliation monitoring: periodic status checks, disciplinary reports, housing or program changes or negative performance reviews or reassignments.

The policy goes on to state retaliatory measures as coercion, threats of punishment, or any other activity intended to discourage or prevent staff or offenders from reporting or cooperating with investigations. Additionally the policy explicitly addresses a prohibition against retaliation against staff.

There have been no incidents of retaliation during this audit period.

Based upon review of the Employee Manual 2.19; Memorandum from the Associate Commissioner, Agency Protection against Retaliation, PREA Retaliation Monitoring Forms and interviews with the Facility Superintendent, Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point Person) and staff, Edgecombe RTF meets this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

NYS DOCCS policies and procedures address investigations of sexual abuse and sexual harassment in its institutions. The policies dictates that OSI Investigators and staff conduct investigations into allegations of sexual abuse and harassment immediately upon becoming aware of the allegation, regardless of how the report is received.

Agency guidelines also states that residents who allege sexual abuse are not required to submit to a polygraph examination 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.

The policy goes on to say that the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews with OSI Investigators confirm they receive numerous training specific to conducting sexual abuse investigations in confinement setting. OSI Investigators participate in a 3-week investigations school and the OJT with an experienced investigator. In addition, other trainings required: PREA; a victim-centered approach to investigations; legal issues including Miranda, Garrity; and burdens of proof; DOCCS medical response policies; individualized credibility assessments; understanding trauma; working with victim advocates; and NIC course "Investigating Sexual Abuse in a Confinement Setting" a course on interview and interrogation, and evidence collection courses.

This was verified during the interview with OSI investigative staff and Assistant Deputy Superintendent / PREA Program Compliance Manager. The review of investigations during the audit revealed all allegations received were immediately addressed.

Physical (paper) case documents shall be maintained by the OSI in storage location for a minimum for seven years. Oversight of these files is the responsibility of the ICM Unit. After seven years, the respective Deputy Chief of Investigations or his/her designee for consideration of continued retention or destruction shall review a case file. If no active litigation holds, criminal proceedings, or records request exists, the physical case folder will be destroyed and the destruction of the file shall be documented in the electronic case file. The electronic case file is permanently maintained.

During the past 12 months, Edgecombe RTF did not have any substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

Based upon 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 Division Dispatch and Operational Guidelines, Inmate on Inmate Sexual Abuse; OSI Sex Crimes Division 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, Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point Person), OSI investigators; and review of closed investigations, OSI Investigators training files and curriculum, Edgecombe RTF exceeds standard requirements.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

A review of the Memorandum from Deputy Chief of Investigations: Sex Crimes Division Close out Procedures (7/29/15) and Power Point Presentation Excerpt: PREA Specialized Training: Investigation, and Response Lesson Plan (5/31/16), which clearly states no standard greater than a preponderance of the evidence for determining whether allegations of Sexual Abuse or Harassment are substantiated. This was confirmed during my interview with two OSI Investigators.

Based upon review of the directives, training documentation, OSI Closeout Procedures, and interview with OSI Investigators, Edgecombe RTF meets this standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

NYS DOCCS documentation reviewed: Memorandum from Chief, Office of Special Investigations, Notification of Investigative Determination; the Memorandum from the Deputy Chief of Special Investigations and Sex Crimes Division Close Out Procedures (07/29/15); all conveyed that all residents who make allegations of sexual abuse shall be informed whether the allegations have been substantiated, unsubstantiated, or unfounded; and the process in reporting to residents as required in said standard.

In the past 12 months, there have been zero (0) criminal and/or administrative investigations of alleged resident sexual abuse that were completed.

During this Audit period Edgecombe Correctional Facility has not had any Unsubstantiated/Substantiated or Unfounded cases of record.

Interviews with the Facility Superintendent, Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point Person) and OSI Investigators verified that the facility is following agency's protocols.

Based upon review of the Memorandum from Chief, Office of Special Investigations, Notification of Investigative Determination (09/14/15); the Memorandum from the Deputy Chief of Special Investigations and Sex Crimes Division Close Out Procedures (07/29/15); interviews with the Facility Superintendent, Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point Person), and OSI Investigators, Edgecombe RTF meets this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Agency procedures define termination as the presumptive sanction and that disciplinary history, circumstances of the act and sanctions of similar offenses will be considered. Staff who would have been terminated if not for their resignation will be reported to law enforcement agencies, unless the activity was not criminal, and to any applicable 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 at Edgecombe RTF.

Based on review of: Directives #2110, Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings; #2111, Sexual Abuse Prevention and Intervention, Staff on Inmate; # 4028A, Sexual Abuse Prevention and Intervention, and Memorandum from the Deputy Commissioner for Administrative Services, Prison Rape Elimination Act Presumptive Disciplinary Sanctions for Staff Sexual Misconduct; interviews with Facility Superintendent, Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point Person), Institutional Steward, and random staff interviews, Edgecombe RTF meets this standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Reviewed procedures prohibit contractors or volunteers who engaged in sexual abuse to have contact with residents and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The OSI Investigative staff, confirmed they will investigate allegations reported against contractors/volunteers as any other PREA case and would refer allegations for criminal prosecution if warranted.

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

Review of facility volunteer package acknowledgement forms and interview with Volunteer Coordinator, verified volunteers knowledge of policies and procedures.

Based upon reviewed Directives #4750 Volunteer Service Program, Memorandum from the Acting Commissioner reference the Policy on the Prevention of Sexual Abuse of Inmates (9/4/13), #2605 Sexual Harassment in the Workplace (12/21/15) and OSI Reporting of Misconduct to Outside Agencies (2/3/16); Review of Memo: from Acting Commissioner, Office of Ministerial, Family and Volunteer Services (Signature Form); Division of Ministerial, Family and Volunteer Services Volunteer Information Packet, (6/10/14), and interviews with Facility Superintendent, Assistant Deputy Superintendent of Programs, Assistant Deputy Superintendent / PREA Program Compliance Manager, Institutional Steward, and OSI Investigators, Edgecombe RTF meets this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

NYS DOCCS policies and procedures outlines disciplinary sanctions that may be imposed on residents who engage in sexual abuse and sexual harassment. Residents are subject to discipline internally for resident on resident sexual abuse. Residents are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the

resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Furthermore, it shall be determined whether the resident's mental disabilities or mental illness contributed to the individuals' behavior.

The agency does not allow for consensual sexual relations.

In the past 12 months, there have been no administrative findings of resident on resident sexual abuse that have occurred at Edgecombe RTF.

In the past 12 months, there have been no criminal findings of guilt for resident on resident sexual abuse that occurred Edgecombe RTF.

Based upon reviewed Directives #4027A Sexual Abuse Prevention & Intervention Inmate on Inmate; #4028A Sexual Abuse Prevention & Intervention Staff on Inmate; #4932 Standards Behavior & Allowances; interviews with Facility Superintendent, Deputy Superintendent Programs, Assistant Deputy Superintendent / PREA Program Compliance Manager, Captain (PREA Point Person), OSI Investigators, random staff and residents, Edgecombe RTF meets this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

NYS DOCCS Directives and Policies require that residents 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. Also, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Edgecombe RTF residents receive mental health services through the NYS Office of Mental Health (OMH) as required by New York State Law and as governed by a Memorandum of Understanding executed by the agencies dated September 27, 2016.

No forensic medical exams are not conducted at Edgecombe RTF; but can provide emergency medical healthcare if needed. Forensic examinations by SANE/SAFE staff are provided at one of the local hospitals: NY Presbyterian Hospital, Harlem Hospital or Mt. Sinai Hospital.

During this audit cycle, no victim's referral for offsite emergency medical or mental health services related to PREA.

Based on: HSPM 1.60: Sexual Assaults Training Manual Initial Employee Training/40 Hour Orientation, the Memorandum of Understanding between the Department of Mental Health and the NYS DOCCS; N.Y. Public Health Law-2807, FOM #700 Coordinated Response Plan, and interviews with Assistant Deputy Superintendent of Programs, and Assistant Deputy Superintendent / PREA Program Compliance Manager, medical and mental health staff; Edgecombe RTF meets this standard.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

NYS DOCCS policies address all elements of the standards. Procedures are also in place to ensure residents receive timely unimpeded access to emergency medical treatment, and crisis intervention services without delay. Medical and mental treatment including evaluations, on-going care, and treatment to all residents that have been identified as victims and/or abusers are provided at no cost to the residents and are consistent with the community level of care.

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse, victims receive timely and comprehensive information about to all lawful pregnancy-related medical services. All victims are offered tests for sexually transmitted infections. Local providers provide these services off site.

Onsite visit interviews conducted with random staff and residents confirmed residents' access to outside confidential support services.

In addition, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interviews with medical and medical health staff, and residents, all verified agency's process.

Based on my review of HSPM#1.44, Health Screening of Inmates; HSPM1.12B Inmate Blood borne 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 residents, Edgecombe RTF meets this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

NYS DOCCS 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.

At Edgecombe RTF, the ADS/PREA Compliance Manager will normally chair the Incident Review Team. The Captain/PREA Point Person as well as a Senior Offender Rehabilitation Coordinator as designated by the Facility Superintendent will make up the rest of the Incident Review Team. Input is obtained from the investigator, area sergeant, crisis intervention team, mental health, medical, and others as deemed appropriate to complete the review.

A Correctional Facility Operations Specialist from the agency-wide PREA Coordinator's Office is available to participate in the process by telephone as requested to provide guidance to the incident review team.

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. The standard requires agency to look at the different factors that possibly motivated the incident.

Upon completion of the report it is forwarded to the Facility Superintendent, PREA Compliance Manager, and Agency PREA Coordinator for review. The facility shall then implement recommendations that result from the review, or document the reasons for not making the implementations.

In the past 12 months, there were no criminal and/or administrative investigations of alleged sexual abuse incidents that required an incident review.

Based on my review of Memorandum from the Deputy Commissioner and the Associate Commissioner, Prison Rape Elimination Act Procedural Enhancements Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits, interviews with the Facility Superintendent, Assistant Deputy Superintendent / PREA Program Compliance Manager, and Captain (PREA Point Person), Edgecombe RTF meets this standard.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

The Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publications Manual, and the DATA Dictionary, Directive #4027B: Sexual Abuse Reporting & Investigation- Inmate on Inmate, and Directive #4028B: Sexual Abuse Reporting & Investigation- Staff-on-Inmate / Staff-on-Parolee; addresses 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 was reviewed.

According to policy, the Facility’s Deputy Superintendent for Security is responsible for collecting and reporting monthly of all sexual abuse data. Data is collected on the Monthly Sexual Abuse Threat/Incident Summary (forms #2103SAII and #2103SASI), which is a chronological listing of each sexual abuse, threat, or compliant that occurs in a month. This information is then forwarded to the Deputy Commissioner for Correctional Facilities and the Associate Commissioner/PREA Coordinator monthly.

The agency collects the uniform data using a standardized instrument and data dictionary based on the most recent definitions provided by the Bureau of Justice Statistics, per the Office of Program Planning, Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual.

The latest Annual Report on Sexual Victimization report covering the period 2014-2015 is available on the DOCCS website at:
http://www.doccs.ny.gov/Research/Reports/2017/Annual_Report_on_Sexual_Victimization_2015_Report.pdf and was reviewed by this auditor.

Based upon review of the Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publications Manual, Directive #4027B Sexual Abuse Reporting & Investigation- Inmate on Inmate, and Directive #4028B: Sexual Abuse Reporting & Investigation- Staff-on-Inmate / Staff-on-Parolee and, the DATA Dictionary, observations and interviews with Agency PREA Coordinator, and Assistant Deputy Superintendent /PREA Program Compliance Manager, Edgecombe RTF meets this standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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 Analyst 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. Policy also allows for data to be redacted if it presents a threat to safety and security.

The Acting Commissioner publishes only aggregated data after review and approval. The 2015 Annual Report is made available to the public through the agency website:

http://www.doccs.ny.gov/Research/Reports/2017/Annual_Report_on_Sexual_Victimization_2015_Report.pdf, which was reviewed by this auditor.

Based on agency's policies mentioned above, NYS DOCCS Annual Data Report, Edgecombe RTF meets the standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

DOCCS PREA Data Collection, Review, Retention, and Publication Manual (revised on 8/18/15) outlines procedures for data collection, review, storage and reporting of sexual abuse data and ensures that the incident based information and aggregate data is collected and securely retained for at least ten (10) years as required by PREA standard 115.87.

The data is retained and secured by Office of Special Investigations, and the PREA Analyst.

Prior to publishing the annual report, the agency removes all personal identifiers.

The 2015 Annual Report is made available to the public through the agency's website: http://www.doccs.ny.gov/Research/Reports/2017/Annual_Report_on_Sexual_Victimization_2015_Report.pdf, which was reviewed by this auditor.

Based on the aforementioned information, interviews with Assistant Deputy Superintendent/PREA Program Compliance Manager, and Captain (PREA Point Person), Edgecombe RTF meets the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The Auditor reviewed the NYS DOCCS web page at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html containing the 47 audit reports for PREA audits completed from November 6, 2015 through May 01, 2018.

The Auditor verified that the NYS DOCCS has, beginning in the audit year 3 of cycle 1, ensured that least one-third of each facility type operated by the agency; and scheduled to be

audited. A total of 19 NYS DOCCS facilities are scheduled for audits during audit year 2 of cycle 2, including 18 Adult Prisons and 1 Community Confinement Facility.

NYS Correction Law section 121 provides that the private ownership or operation of a facility for housing state or local residents or the private ownership or operation of a facility for the incarceration of other state's resident is prohibited. Thus, no private prisons are operated on behalf of the Agency.

NYS DOCCS has entered into agreements with private organizations for 12 Community Based Residential Programs to provide up to 6 months of housing and treatment for selected Parolees. These contracts were effective starting 5/1/17 (6 programs) and 10/1/17 (6 programs). Each contract permits contract monitoring and requires the Program to achieve and maintain PREA Compliance, and to arrange for PREA Audits on a schedule set in consultation with the DOCCS Agency-Wide PREA Coordinator. Audits are scheduled at 2 per year per contract with the first pair to be completed on or about 1 year after the start of the contract (i.e., two by May 2018, two by October 2018, etc.), thus ensuring that one-third of each facility type operated by a private organization on behalf of the agency will be audited during each forthcoming audit year.

During the audit, the facility administration and staff provided the Auditor access to all areas of Edgecombe Correctional Facility. Any relevant documents or information requested was provided; and a private area and access to randomly selected resident and staff for interviews was provided. Additionally, posted signs advising how residents could send confidential information or correspondence to the Auditor like legal counsel was observed throughout the facility and resident housing units.

Based on information above mentioned, Edgecombe RTF meets the standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

The Auditor reviewed the NYS DOCCS web page at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html containing the 47 audit reports for PREA audits completed from November 6, 2015 through May 01, 2018.

Based on the information reviewed, Edgecombe RTF meets the 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Wynn R. Testamark

June 5th, 2018

Auditor Signature

Date

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

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