

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

Interim Final

Date of Report May 4, 2018

Auditor Information

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Telephone: 715 896-2648	Date of Facility Visit: March 28-30, 2018

Agency Information

Name of Agency: New York State Department of Corrections and Community Supervision (DOCCS)	Governing Authority or Parent Agency <i>(If Applicable)</i> :		
Physical Address: 1220 Washington Avenue	City, State, Zip: Albany, NY 12226-2050		
Mailing Address:	City, State, Zip:		
Telephone: 518 457-8126	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all inmates' needs are addressed and they are prepared for release, followed by supportive services for all parolees under community supervision to facilitate a successful completion of their sentence.			
Agency Website with PREA Information: http://www.doccs.ny.gov/PREA/PREAinfo.html			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Green Haven Correctional Facility			
Physical Address: 594 Route 216, Stormville, NY 12582			
Mailing Address (if different than above):			
Telephone Number: 845 221-2711			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all inmates' needs are addressed and they are prepared for release, followed by supportive services for all parolees under community supervision to facilitate a successful completion of their sentence.			
Facility Website with PREA Information: http://www.doccs.ny.gov/PREA/PREAinfo.html			

Warden/Superintendent

Name: Jamie LaManna	Title: Superintendent
Email: Jamie.lamanna@doccs.ny.gov	Telephone: 845 221-2711

Facility PREA Compliance Manager

Name: Thomas Melville	Title: Captain
Email: Thomas.melville@doccs.ny.gov	Telephone: 814 221-2711

Facility Health Service Administrator

Name: Robert Bentivegna	Title: Doctor
Email: Robert.bentivegna@doccs.ny.gov	Telephone: 845 221-2711

Facility Characteristics

Designated Facility Capacity: 2068		Current Population of Facility: 1904	
Number of inmates admitted to facility during the past 12 months			1065
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			899
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1028
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			443
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 20-83	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			1420 days
Facility security level/inmate custody levels:			Maximum
Number of staff currently employed by the facility who may have contact with inmates:			877
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			17
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			31

Physical Plant

Number of Buildings: 91		Number of Single Cell Housing Units: 29	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		1	
Number of Segregation Cells (Administrative and Disciplinary):		50	

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.):

GHCF Special Housing Unit (SHU) has cameras in all areas. There are video monitors for them in the SHU Officer's bubble as well as the Watch Commander's Office. The video is normally retained for 30 days. Green Haven also has rounds trackers as well. The rounds trackers are in all of the housing blocks, SHU, the residential Crisis Treatment Program (RCTP), and the infirmary. The rounds trackers are used on Tour I every hour by the block officers, every ½ hour by SHU officers, and every 15 minutes by the officers in RCTP. The Tour I Watch Commander and Asst. Watch Commander use the rounds tracker during their rounds. On Tour III the Field Lt. uses the rounds tracker on his rounds.

Medical	
Type of Medical Facility:	Level 1
Forensic sexual assault medical exams are conducted at:	Mid-Hudson Regional Hospital, Vassar Brother's Medical Center, Westchester Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	336
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	32

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Green Haven Correctional Facility (GHCF) located in Stormville, NY, was coordinated through the New York State Department of Corrections and Community Supervision (DOCCS) and the American Correctional Association (ACA). Department of Justice (DOJ) Certified PREA Auditors David Andraska (Lead) and Debra Dawson (Team Member) were notified by an ACA email of the assignment to conduct the PREA certification audit. This is the first PREA audit for this facility. The on-site PREA certification audit was scheduled for March 28-30, 2018, immediately following the conclusion of an ACA reaccreditation audit scheduled for March 26-28, 2018.

The audit process started with communications between the Superintendent and the auditor. A conference call with ADS/Compliance Manager, PREA Point Person, First Deputy Superintendent, Assistant Deputy Superintendents for Programs and Mental Health and the auditor was held on February 23, 2018. Logistics and posting of notices (posting was initiated through the American Correctional Association and the facility) were discussed. The auditor explained the audit process that is designed to assess compliance not only through written policies and procedures but also whether such policies and procedures are reflected in the knowledge and day-to-day practice of staff at all levels. The facility mailed a USB thumb drive to the auditor. The thumb drive contained two essential parts: Part One – PREA Audit: Pre-audit Questionnaire (PAQ), Adult Prisons & Jail; Part Two - Master Folder for each of the 43 PREA Standards. The PAQ itself contained numerous files embedded/hyperlinked within it, which facilitated an efficient process for the auditor to review supporting documentation. The auditor reviewed and evaluated the information provided by the facility as well as the DOCCS website prior to the audit. A Welcome Book was provided when on-site.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, comprised of the following: A) Pre-Audit Questionnaire, sent by GHCF; 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 lead auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the majority of the physical site was toured prior to the actual start of the PREA audit. The PREA audit began on Wednesday morning March 28, 2018 with the PREA audit team member touring the housing units and interviewing offenders as the lead auditor completed the ACA reaccreditation audit and attended the exit meeting. On Wednesday afternoon after the completion of the ACA reaccreditation audit the auditors met with the Superintendent, First Deputy Superintendent, Deputy Superintendent for Security, Programs and Administration, Assistant Deputy Superintendent for Mental Health, ADS/PREA Compliance Manager, Captain/PREA Point Person, Agency-wide PREA Coordinator and other support staff. The lead auditor gave a brief overview of the audit process and schedule. After the meeting, the interview portion of the audit continued. Every area of the facility was

observed as the standards require, and the auditors observed offenders being supervised throughout the audit. The draft (intake) and orientation process was observed. Sight lines, cameras and mirrors were closely examined as were the potential for blind-spots. The auditor spoke to random staff and offenders during the tour. Review of the housing unit log books was conducted to verify immediate/higher level staff make and record unannounced rounds. The Auditors observed announcements being made when female staff was entering offender housing units. The phone system that calls external parties for reporting was tested. During the tour the auditors were able to observe and confirm the required PREA signs, informing offenders of their right to be free of sexual abuse and how to report allegations of sexual abuse and harassment. The signs, posters and pamphlets were available in English and Spanish. The notifications of the PREA audit were posted in all housing units and common areas and documentation of when they were posted was provided. During the audit all areas of the facilities were visited and/or revisited by the auditors.

The inmate count on the first day of the audit was 1904 inmates. This PREA audit was done using the PREA Auditor Handbook, Version 1.0, August 2017. The appropriate sampling methodology and the minimum number of inmates that the auditor was required to interview are from the PREA Auditor Handbook. The sampling methodology used was to select inmates from an up-to-date inmate roster, by housing unit, the first day of the audit to include inmates from each of the housing units and SHU. Random selection of 21 inmates and 20 target inmates resulted in 41 inmates (2.2% of 1904 GHCF inmates) interviewed. Target inmates from the list to consider interviewing at GHCF included: Youthful Inmates N/A; Inmates with a Physical Disability 1; Inmates who are Blind, Deaf, or Hard of Hearing N/A; Inmates who are LEP 1; Inmates with a Cognitive Disability N/A; Inmates who Identify as Lesbian, Gay, or Bisexual 4; Inmates who Identify as Transgender or Intersex 3; Inmates in Segregated Housing for High Risk of Sexual Victimization N/A; Inmates who Reported Sexual Abuse 7; and Inmates who Reported Sexual Victimization during Risk Screening 4. The auditors were not able to interview a selection from each of the target group since the facility did not have inmates from each of the target groups. Written correspondence was received from one inmate and he was interviewed. During the on-site audit, one inmate requested to speak to an auditor and he was also interviewed.

All inmates interviewed acknowledged: the DOCCS's zero tolerance of sexual abuse and sexual harassment; their right to be free from both sexual abuse/harassment and retaliation for reporting; and they have been provided information on how to report verbally, in writing, anonymously and from third parties. Inmates were aware of the 777 hotline number. Most inmates interviewed were aware of the kind of services available outside the facility for dealing with sexual abuse and reported the facility provides mailing addresses and telephone numbers for the outside services.

Sampling techniques for staff interviews included random selection of staff from list of all employees broken down by security and non-security staff; list of employees hired during the last 12 months; list of volunteers and contractors. The auditors used the PREA Audit Instrument for random sample of staff (security and non-security); specialized staff; Warden; and PREA Compliance Manager. Interviews with security, non-security and specialized staff included male and female staff with years of service ranging from 1 month to over to over 25

years. A total of thirty nine (39) formal staff interviews were completed. The number of staff currently employed by the facility that has contact with inmates is 877. Security staff was interviewed from day, evening and night shifts. A total of nineteen (19) random staff were interviewed including security, program and support staff. There was a total of twenty (20) management and specialized staff interviewed which included the Superintendent, PREA Point Person, Grievance Supervisor; Incident Review Team Member; Medical, Mental Health, Intermediate or higher supervisor, Staff who perform screening for risk of victimization and abusiveness, Investigative Staff; Staff who supervise inmates in segregated housing; staff who monitors retaliation, Volunteer; Contractor; Human Resource, Associate Commissioner/Agency Wide PREA Coordinator; Acting Commissioner and Intake Staff. The representative sample of staff, supervisors, and administrators found staff understands their responsibilities under the PREA Standards, as well as the obligations imposed on the facility and agency to implement the agency's zero tolerance of sexual abuse and sexual harassment. All staff interviewed confirmed they have received training and understood DOCCS PREA policies and procedures and are committed to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting and response.

The auditors examined a random sampling of personnel files, staff training files, and volunteer/contractor files that are maintained at the institution. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed "Training Acknowledgement Form" documenting that the staff understood the PREA training received. The auditor selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving and understanding PREA education, as well as documentation of the risk screenings performed.

Investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were twenty six allegations of sexual abuse and sexual harassment received in the past twelve month. Nineteen of the investigations have been closed and seven investigations are ongoing. There was twenty alleged staff on offender sexual misconduct/harassment investigations with thirteen of the investigations closed. The investigative findings for these thirteen cases were three unfounded, and ten unsubstantiated. There was six offender on offender allegations of sexual abuse/harassment investigated and all six cases have been closed. The investigative findings for these six cases were two unfounded and four unsubstantiated.

The auditors provided an out-briefing for the Superintendent and management staff at the conclusion of each work day. An exit meeting was conducted by the auditors at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of their findings. The auditor shared with the Superintendent and the facility's management the positive feedback received from the inmate population, the positive interviews with staff, and the professionalism demonstrated by staff during the audit. The auditors thanked the DOCCS, Superintendent and the GHCF staff for their hard work and commitment to the Prison Rape Elimination Act.

Facility Characteristics

Green Haven Correctional Facility (GHCF) is physically located in Dutchess County, Village of Stormville, New York. Stormville is in the Hudson Valley about one and a half hours from New York City. It is near Interstate 84 and the Taconic Parkway. The site was the former military facility Camp Whitman and was acquired and renamed Green Haven Prison in 1939. The facility is an old fortress style or “Big House” prison built in 1939-41 and was ready to open in 1942 but the war had so reduced the prison population that opening was deferred. The U.S. Army utilized it as a disciplinary barracks from September, 1943 until December 1947. Green Haven was finally opened by the New York Department of Correctional Services (NYDOCS) in September 1949. Around 1972, “Prisons” were renamed as “Correctional Facilities” throughout the state. The facility expansion included; construction in 1954 of an Industry Building #13, with an additional Industry Building #14 added on the back of the prison in 1960 providing a large manufacturing complex for inmates to learn a useful trade, J-Block built to house the Narcotic Rehabilitation offender in mid-1960’s, and St. Paul’s Chapel constructed in 1967 by volunteers, inmates and officers together.

Green Haven Correctional Facility is situated on approximately 789 acres with approximately 54 acres contained within the secure perimeter. The perimeter of the facility’s main compound is enclosed by a concrete wall with wall towers. Gate Corridor posts are located in the strategic locations throughout the facility to assist with the control of movement.

Green Haven employs 877 full-time staff, including 631 Security personnel and 279 Program, Medical, Industry, and Support personnel.

Green Haven has a total bed capacity of 2068 for maximum “A” classified inmates within the perimeter. General confinement inmates are housed in nine housing blocks designated as A, B, C, D, E, F, G, H and J-Blocks, as well as the Intermediate Care Program (ICP) Dorm. A-Block through D-Block, along with J-Block, are West Side housing units. E-Block through H-Block are East Side housing units. Each side of the facility forms a U-Shape, facing the center of the facility where the Kitchen and other supporting functions are located. A-Block through H-Block all have three tiers, with two galleries and a control booth on each tier. Cell doors are controlled by a manually operated locking system (E, F, G & H Blocks) and by an electronically operated locking system (A, B, C & D Blocks). J-Block has two floors, each consisting of 3 galleries which extend off a central lobby area where the officer’s station is located. The first floor has a capacity of 100 inmates and is used to house inmates programmed in Alcohol and Substance Abuse Treatment (ASAT) and Transitional Intermediate Care Program (ICP). The second floor houses up to 99 inmates who are diagnosed as seriously mentally ill and who are participating in the Intermediate Care Program (ICP). Programming for ICP inmates is provided jointly by both Department personnel as well as staff from the New York State Office of Mental Health (OMH). An additional 36 inmates who are assigned to the ICP program, are housed in a dormitory type unit located in Building 2 in the center of the facility. There is a total of 29 single cell housing units (this counts all galleries in all blocks).

Also located in Building 2 is the facility's Special Housing Unit (SHU). This unit is a fifty cell, four-winged area located on the third floor of what was once known as the Hospital Building. The unit houses inmates in disciplinary segregation as well as inmates participating in the SHU diversion programs – Step-Down to the Community and Correctional Alternative Rehabilitation Group Therapy Program (CAR GTP). Out of the fifty cells, twelve are dedicated to participants in the Step-Down to the Community Program.

Those inmates requiring Protective Custody are housed in a dedicated protection unit located in A-Block, A-1 gallery. There are 41 cells in A-1. Inmates in the protection unit are provided with a range of various services (i.e. family reunion visits).

There are numerous enclosed hallways that connect buildings throughout the compound. The hallways have windows on both sides.

The facility has four main recreation yards. Outdoor yard recreation is available daily in the morning, afternoon and evening, excluding count and meal times. There are also two yards designated for the ICP inmates (one for the ICP dorm, one for the ICP located in J-Building) and one for the SHU.

The following buildings are located on the outer perimeter of the facility; Powerhouse, Waste Water Treatment Plant, Water Treatment Plant, Vehicle Maintenance Building, Quality of Working Life Building and Training Academy.

GHCF provides various programs and services in order to increase an inmate's chances of success once he is released from custody. These programs are scheduled at various times throughout the week and staffing levels are heightened to ensure these programs take place in a safe environment. Programs are generally scheduled for daytime shifts (8 am – 4 pm) and early evening (6 pm – 8pm). Examples of programs offered are:

Alcohol and Substance Abuse Treatment (ASAT), Aggression Replacement Training (ART), Academic Education (ABE, ESL, Pre-HSE, HSE, Bard College) Vocational Education (Building Maintenance, Carpentry, Painting, Barbering, Printing, Computer Repair, Computer Operator, Small Engines, Electrical, Custodial Maintenance), Religious Services, Intermediate Care Program (ICP), Recreation Programs, General Library, Law Library, Transitional Services, Work Programs (Mess Hall, Maintenance, Inmate Program Associate, Porters, Clerks, etc.), Industry (CORCRAFT).

Summary of Audit Findings

Comparing policies and practice with data received and reviewed, observations, and interviews to the standard requirements began with the pre-audit activity, continued during the site visit and was completed during the post audit summary report stage.

Number of Standards Exceeded: 5

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Standard 115.17: Hiring and promotion decisions
Standard 115.31: Employee training
Standard 115.33: Inmate education
Standard 115.41: Screening for risk of victimization and abusiveness

Number of Standards Met: 40

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.13: Supervision and monitoring

Tour of the facility found that the ICP dayroom had a “blind spot” and the commissary storage area was left unsupervised when inmates were present in which corrective action was required. The corrective action included placing one mirror in the ICP dayroom. The commissary storage issue was address by issuing a memo and verbally informing commissary staff that the only time the storage door is to be unlocked is when civilian staff or commissary officer is present to supervise inmates. The corrective action was completed prior to the auditor leaving the site.

Standard 115:51: Inmate Reporting

Standard 115.53 Inmate access to outside confidential support services

The auditor tested the 777 number (DOCCS Enhanced Victim Services & Rape Crisis Hotline) while on site and found that if a provider was not available to answer the call, the call was disconnected and not forwarded to voice messaging system and corrective action is required. The PREA Coordinator contacted the new inmate telephone company to correct the settings for the inmate telephone system. The PREA Coordinator confirmed via e-mail that the passive acceptance feature was re-activated. This was confirmed on April 11, 2018 when the Auditor was on-site at another DOCCS facility and tested the 777 number.

Standard 115.73: Reporting to inmates

Interviews with inmates that reported sexual abuse indicated that they were never informed of the outcome of the investigations. Investigative files were reviewed and a copy of the notification was included. Several of the investigations were just completed and notifications were not distributed yet. A corrective action was taken to ensure that all inmates who reported sexual abuse were sent or resent the notifications through the legal mail system. Prior to concluding the on-site audit, the auditor reviewed the legal mail log and confirmed the notifications were delivered.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #4027A, Sexual Abuse & Intervention– Inmate-on-Inmate; Directive #4028A, Sexual Abuse & Intervention-Staff-on-Inmate/Staff-on-Parolee and DOCCS Employees' Manual revised 2013, were reviewed and confirm the agency has written policies in place mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in prohibited behaviors. The Directives also include the agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. Interviews with specialty and random selection staff and inmates confirm they have been trained on PREA policies and procedures and know DOCCS has a zero tolerance toward all forms of sexual abuse and sexual harassment. During the tour of the facility the auditor observed posters regarding DOCCS zero tolerance toward all forms of sexual abuse and sexual harassment strategically placed throughout the facility.

The Agency-Wide PREA Coordinator is an Associate Commissioner; the appointment is documented through directive memo of March 14, 2012 from DOCCS Commissioner and identified in the Agency's organization chart. He has direct access to the Acting Commissioner and has the authority to manage the agency's PREA Program. In an interview with the Associate Commissioner/PREA Coordinator he indicated he is responsible for DOCCS agency-wide PREA requirements and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. He also oversees the Sexual Abuse Prevention and Education Office. His office supervises the fifteen (15) Assistant Deputy Superintendent (ADS) regional PREA Compliance Managers and provides training and guidance as needed. He interacts with the ADS's PREA Compliance Managers routinely. The GHCF regional ADS/PREA Compliance Manager was present for the entire on-site audit and the PREA Coordinator was present for part of the on-site audit.

Each facility within the Department has identified a facility PREA Compliance Manager (PREA Point Person) that will ensure that effective practices and procedures are in place at the facility to ensure compliance with standards. A Captain has been designated as the PREA Point Person for GHCF. The facility's PREA Point Person appointment is confirmed by memo from the Superintendent to the Captain dated November 10, 2016. The PREA Point Person will

liaison with the facility's designated ADS's PREA Compliance Manager and provides guidance on operational matters with respect to the implementation of the PREA standards. Interview with the PREA Point Person confirmed he has sufficient time and authority to coordinate the facility's effort to comply with PREA standards.

The agency's zero tolerance policy for sexual abuse and sexual harassment is a top priority. GHCF is committed to operating in compliance with PREA standards and continues to report all allegations of any form of sexual misconduct to the Office of Special Investigations for review and follow up. Based on review of policies, procedures, documentation, staff training, inmate education, observation of zero tolerance posters and PREA material available during tour of facility and interviews with staff and inmates, confirms GHCF exceeds the requirement for Standard 115.11.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

DOCCS does not contract with other entities for the confinement of inmates. NYS Correction Law § 121 provides “the private operation or management of a correctional facility ... or a local correctional facility ..., 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.” New York State is not permitted to enter into contracts for the confinement of inmates. However, DOCCS has entered into agreements with private organizations for 14 Community Based Residential Programs to provide up to 6 months of housing and treatment for selected Parolees.

The auditor reviewed Request for Application (RFA) 2016.08-08, Community Based Residential Programs (CBRP) dated August 2016. DOCCS has entered into agreements with private organizations for 14 Community Based Residential Programs to provide up to 6 months of housing and treatment to assist parolees under jurisdiction of DOCCS to attain stability in the community while providing for individual case needs and community safety. These contracts were effective starting 10/1/16 (1 program), 5/1/17 (6 programs) and 10/1/17 (7 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 PREA Coordinator. Audits are scheduled at approximately 2 per year per contract beginning about 1 year after the start of the contract. These contracts are under RFA 2016.08 requiring the CBRP’s obligation to adopt and comply with the PREA standards 28 C.F.R. Part 115, including Standards for Community Confinement Facilities. The Contractor agrees to comply with the standards and any subsequent amendments adopted by the United States Department of Justice. Further the Contractor developed a written policy mandating Zero tolerance toward all forms of Sexual Abuse and Sexual Harassment.

DOCCS meets PREA Standard 115.212 by including within its contracts with private agencies or other entities, the entity’s obligation to adopt and comply with the PREA standards. GHCF does not contract nor have any inmates/parolees confined with contract entities.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #4001, Facility Administrative Coverage & Supervisory Rounds; Employee Manual; Email form Associate Commissioner dated 7/5/2017, RE: PREA Standard 115.13 Staffing Plan Review and template; GHCF Facility Plot Plan dated 1/3/18; GHCF Chart and Staffing Review and Memorandum from Superintendent dated 1/9/18, RE: Green Haven Correctional Facility Annual Supervision and Monitoring Plan Review were reviewed and address the requirements of this standard.

GHCF has developed a staffing plan that is based on the eleven criteria listed in Standard 115.13 to include: 1) generally accepted detention and correctional practices; 2) any judicial finding of inadequacy; 3) any findings of inadequacy from Federal investigative agencies; 4) any findings of inadequacy from internal and external oversight bodies; 5) all components of

the facilities physical plant (including “blind spots” or areas where staff or inmates may be isolated); 6) the composition of inmate population; 7) the number and placement of supervisory staff; 8) institutional programs occurring on a particular shift; 9) any applicable State, or local laws, regulations, or standards; 10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; 11) and any other relevant factors. Based on the review of the staffing plan and interviews, the staffing plan was developed by the leadership of GHCF with input from the ADS/PREA Compliance Manager and PREA Point Person. The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated and the reasons for the deviation are documented on the staffing charts and staff tracking sheet reports. The most common reasons for deviating from the staffing plan were Holiday schedule, facility frisk and inclement weather. The Superintendent indicated during his interview that the staffing reports are reviewed daily by the shift Lieutenant. The last staffing plot plan was completed on June 1, 2017. GHCF Staffing Plan was predicated on a maximum capacity of 2068 inmates and average daily population of 1959 inmates. An annual review of the plot plan was completed on January 9, 2018.

Intermediate and higher level staff conduct unannounced rounds. Through reviews of housing area logs, and interviews with staff, it was confirmed that unannounced rounds are done randomly throughout the facility. The intermediate and higher level security staff stated during interviews that they conduct random rounds by changing the pattern of their rounds and listen to radio traffic to ensure announcements are not made to the units. The Superintendent establishes a schedule for management staff to conduct rounds. These rounds are documented on the Weekly Administrative Activity Report Form. DOCCS Directive, #4001 Facility Administrative Coverage and Supervisory Rounds, prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

Standard 115.13 (a) says the agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated). Tour of the facility found that the ICP dayroom had a “blind spot” and the commissary storage area was left unsupervised when inmates were present .requiring corrective action. The corrective action included placing one mirror in the ICP dayroom. The commissary storage issue was address by issuing a memo and verbally informing commissary staff that the only time the storage door is to be unlocked is when civilian staff or commissary officer is present to supervise inmates. The corrective action was completed prior to the auditor leaving the site.

Based on review policies, memos and documentation showing development, review and recommendations of the staffing plan; corrective action taken to eliminate blind spots; observation during tour of the facility and interviews with staff and inmates, the facility meets the requirements of Standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Review of Directive #0053, Green Haven Correctional Facility, indicates the facility meets the mandate of this standard. GHCF is classified as a maximum security correctional facility. The

facility is used for the general confinement of males 21 years of age and older; however males between the ages of 18 and 21 may be placed therein for general confinement purposes. GHCF does not house youthful inmates under age 18.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #4910, Control and Search for Contraband; Directive #2230, Guidelines for Assignment of Male and Female Correction Officers; Directive #4001 - Facility Administrative Coverage & Supervisory Rounds; HSPM 1.19 – Health Appraisal; HSPM 1.37 Body Cavity Searches; Sexual Abuse Prevention and Response (SAPR) Lesson Plan and the Re-Issue of Memorandum from the Deputy Superintendent for Security dated January 19, 2018, RE: PREA Standard 115.15 Limits to Cross-Gender Viewing and Searches were reviewed and address the requirements of this standard. The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero cross-gender strip searches or cross-gender visual body cavity searches at GHCF during the past twelve months.

Interview with random selection of staff and inmates found the facility does not allow cross-gender viewing and searches except in exigent circumstances or when performed by medical practitioners per agency policy. GHCF is an all-male facility.

The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Observation during the tour of the housing units confirms staff of the opposite gender announces their presence when entering an inmate housing unit.

Interviews with random selection of staff and random selection of inmates from each housing unit confirm that inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the Standard. Interviews with staff and inmates confirm staff of the opposite gender announces their presence when entering an inmate housing unit.

Policies are in place to ensure the facility not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interview with a random selection of Lieutenants, Sergeants and Correctional Officers confirm they have been trained not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility did not have such a search occurring in the past 12 months per policy requirements.

Policies are in place to ensure training security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Documentation was provided showing that all security staff have signed a document showing they have received and understand the cross-gender pat-down searches and searches of transgender and intersex inmates. Interviews with random selection of staff confirmed they have received this training in training academy, with initial PREA training and receive in-service PREA training annually.

Based on the review of policies, practices, documentation, training lesson plans and records, observations while touring the facility and interviews with staff and inmates, the facility is compliant with Standard 115.15.

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #2612, Inmates with Sensorial Disabilities; Directive #4490, Cultural and Language Access Services; Memorandum from Associate Commissioner dated October 26, 2015, RE: "Ending Sexual Abuse Behind Walls: An Orientation" (DVD Video); Memorandum from Associate Commissioner dated December 28, 2015, RE: New and Updated PREA Material; Language Access Line Contract and the Language Access Plan for LEP Individuals were reviewed and address the requirements of this standard. Policies in place to ensure the agency takes appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include, when

necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Interviews with two disabled and limited English speaking inmates confirmed the facility provides information about sexual abuse and sexual harassment that they are able to understand and they are aware additional assistance is available to them. Interview with the Agency Head confirmed that DOCCS has a system-wide language access policy that ensures individuals who require assistance with language can still fully participate in critical functions by using the Language Line services for translation of written documents or interpretation of spoken language. There are CD's and Tape Cassettes that provide visually impaired inmate's information. The agency's Office of Cultural and Language Access Services is responsible for implementing DOCCS' Language Access Plan and ensuring that Limited English Proficient (LEP) individuals can access the Department's programs, services and benefits. Vital documents and PREA informational brochures and inmate education film are available in English, Spanish, Italian, Simplified Chinese, Russian, Korean, Polish and Haitian Creole.

Interviews with staff confirm that inmate interpreters for sexual abuse and sexual harassment are not allowed and facility approved interpreters are available for inmates if necessary. In the past 12 months there were zero instances where inmate interpreters, readers, or other types of inmate assistants were used.

Based on review of policies and procedures; observation of posters placed strategically in the facility and interviews with the Agency Head, staff and inmates, the facility is compliant with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #2012, Release of Employee Personnel and Payroll Information; Directive #2112, Report of Criminal Charges; Directive #2216, Fingerprinting/Criminal History Inquiry – New Employees and Contractors; Department of Correctional Services Personnel Procedure Manual #406A Recruitment Process and Form PPM 406A1; Form EIU23 - Personal History Questionnaire; Recruitment Process Checklist, PPM 406A; Personnel Procedure #407– Civilian Promotions; Personal Procedure #407A– Security Promotions, 4/29/14 were reviewed and address the requirements of this standard. Policies are in place to ensure that the agency not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who: 1) 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); 2) 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; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in this section.

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

The interview with the Human Resource staff found prior to appointment the facility performs criminal record background checks and considered pertinent civil or administrative adjudication for every candidate selected for an employment, contractor or potential promotional appointment is conducted. Prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Consistent with Federal, State, and local law, makes 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. In the past 12 months, 17 people who have contact with inmates were hired by GHCF and all employees had criminal background record checks completed.

The agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. There were 120 criminal background record checks conducted on staff covered in the contract for service who might have contact with inmates during the past twelve months.

Applicants and employees complete a Personal History and Interview Record Form answering personnel history questions about sexual abuse and sexual harassment activity. Policies and forms are in place to ensure material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Interview with the Human

Unless prohibited by law, the agency provides 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. Interview with the Human Resource Manager confirms that release of employee personnel and payroll information is per Directive #2012 guidelines for release of specified employee personnel information.

Based on review of policies, procedures and forms; random sample of employee files; and interview with the Human Resource staff, confirms GHCF exceeds the requirements of Standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #3053, Alterations and Construction Request was reviewed and addresses the requirements of this standard. DOCCS considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect inmates from sexual abuse.

GHCF has not made any substantial expansions or modifications of the existing facility or updates of video monitoring surveillance since August 20, 2012.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

DOCCS 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; Letter to Superintendent New York State Police dated May 2, 2014, RE: Implementation of the PREA Standards; Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault Sexual; Abuse Prevention and Response (SAPR) Lesson Plan; GHCF FOM #500 Coordinated Response Plan to an Incident of Inmate Sexual Abuse were reviewed and address the requirements of this standard. Policies are in place to enable DOCCS the responsibility for investigating allegations of sexual abuse and the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

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. The NY State Police Bureau of Criminal Investigations follows the requirements of this standard.

Forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. The outside facility provides treatment and services as required by the laws, regulations, standards and policies established by State of New York and administered by the New York State Department of Health. This includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the Department of Health. The evidence protocol includes sufficient technical detail to aid responders in obtaining useable physical evidence. An advocate is provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. GHCF is an all-male adult facility for inmates 18 years and older. There were two forensic medical exams performed by SANE/SAFE staff during the past 12 months.

Based on policies and documentation reviewed and interviews with Superintendent, Investigators, medical and mental health staff, the facility is compliant with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Directive #4027A - Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, Directive #4028A - Sexual Abuse Prevention & Intervention – Staff-on-Inmate, Directive #4027B - Sexual Abuse Reporting & Investigation – Inmate-on-Inmate, Directive #4028B - Sexual Abuse Reporting & Investigation – Staff-on-Inmate and Directive #0700 - Office of Special Investigations were reviewed and address the requirements of this standard and confirms policies are in place to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

DOCCS has designated the Department's Office of Special Investigation (OSI) as the Department's investigative branch to investigate allegations of serious misconduct in the facilities. The OSI, Sex Crimes Division conducts criminal and administrative investigations of all allegations of sexual abuse. Allegations of sexual harassment are reviewed by OSI and

may either be investigated by OSI or by the facility subject to OSI's review. The Department works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. All allegations are investigated and reported with findings as required by this standard. Documentation of the administrative or criminal investigation is maintained by the Office of Special Investigations Sex Crimes Division and outcomes are shared with the Superintendent. Interviews conducted with investigators from the Office of Special Investigations demonstrated a significant understanding of their responsibilities and the responsibilities of the New York State Police Bureau of Criminal Investigation in an investigation. The roles and responsibilities of each agency are clearly defined in policy. The agency's policy is available on the agency's website.

During the past twelve months 26 allegations of sexual abuse and sexual harassment were received. Six of the allegations resulted in an administrative investigation and twenty of the allegations were referred for criminal investigations.

Based on review of policies, procedures, GHCF PREA log book, investigative files and interview with the Superintendent, PREA Compliance Manager/Point Person, investigators for OSI and GHCF, the facility is compliant with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Directive #4027A Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, Directive #4028A Sexual Abuse Prevention & Intervention - Staff-on-Inmate, DOCCS Training Manual Subject 0.100 – Frequency Training chart and Training Bulletins; Training Manual Subject 8.300A – Recruit Training Catalog of Courses; Training Bulletin #7, “PREA: Sexual Abuse Prevention and Response”; Training Manual Subject: 7.000 – Initial Employee Training/40 Hour Orientation Sexual Abuse Prevention and Response Lesson Plan, and Training Manual Subject: 7.100 - Facility Familiarization were reviewed and address the requirements of this standard. Policies are in place to ensure training all employees who may have contact with inmates on: 1) Its zero-tolerance policy for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedure; 3) Inmates ‘rights to be free from sexual abuse and sexual harassment; 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Training is tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.

Familiarization training policy review confirm all Department employee who have been newly transferred from one facility to another receive familiarization on compliance with PREA and the Department’s Sexual Abuse Prevention and Response Procedures. Such familiarization training is tailored to the gender of the inmate at the facility. GHCF is an all-male facility and by facility policy staff is trained tailored to male inmates.

Interviews with random sample of staff, specialty staff and executive staff; and review of employee signed training rosters; confirm that the PREA training has been given to each new employee and all staff receives PREA training which is included in the annual in-service training. Review of training records show employees received the training and signed they have received and understood their responsibilities under PREA.

Based on review of policies, procedures and the PREA employee training curriculum developed and tracking program in place to confirm all employees who have contact with inmates have received and understand their responsibilities under PREA and interviews with specialty, security and non-security staff, GHCF facility substantially exceeds the requirements of Standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Directive #4027A Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, Directive #4028A Sexual Abuse Prevention & Intervention - Staff-on-Inmate, Memorandum from Acting Commissioner dated September 4, 2013, RE: Policy on the Prevention of Sexual Abuse of Offenders (revised) to all Employees, Contractors, Volunteers, and Interns, Directive #4750 - Volunteer Services Program, Directive #4071 – Guidelines for Construction Projects and Form 4071A were reviewed and address the requirements of this standard. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Review of training records and interviews with training staff, volunteers and contractors; confirm the agency ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteers and contractors who have contact with

inmates confirm they have received and understand the PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Based on review of policies, training documentation and interviews with the PREA Compliance Manager, contractors and volunteers, the facility is compliant with Standard 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Directive #4021–Offender Reception/Classification; Directive #4027A–Sexual Abuse Prevention & intervention; Memorandum from Associate Commissioner dated December 28, 2015, RE: New and Updated PREA Materials Memorandum from Deputy Commissioner for Program Services and PREA Coordinator dated June 18, 2015, RE: PREA: Inmate Orientation Film Implementation; Orientation Sign in sheet and Form 115.33; Memorandum from Associate Commissioner dated October 26, 2015, RE: Ending Sexual Abuse Behind the Walls: An Orientation, GHCF: “Catch up” training of inmate population Schedule; GHCF Specific Example: Orientation Packet/Signed acknowledgement of receipt were reviewed and address the requirement of this standard. Policies are in place to ensure during the intake process, inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Interview with intake staff confirm inmates are provided with information about the Department’s zero- tolerance policy and how to report incidents or suspicions of

sexual abuse or sexual harassment immediately when they arrive at the facility during intake. Interviews with random sample of inmates confirm they receive the PREA information verbally and in writing. The auditor reviewed inmate intake files and observed arrival of new inmates to the facility and saw the PREA packets given to the inmates. There were 1,065 inmates admitted during the past 12 months who were given PREA information at intake.

Policy is in place to ensure within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. There were 899 inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. During the interview with intake staff the Intake Sergeant advised he meets every inmate privately on the day of their arrival to the facility and addresses their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. All inmates in the facility have been educated in PREA and inmates transferred in from another facility receive the PREA information upon arriving at the facility with formal PREA during orientation which is given within 7 day from arriving at the facility. This process was confirmed with interview of random sample of inmates. The auditor attended the inmate comprehensive PREA orientation and observed the training that explained and provided information on their rights to be free from sexual abuse and sexual harassment. GHCF also provided a PREA catch up training for inmates in July of 2015.

The agency has policies that require they provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. Copies of New and Updated PREA Materials and PREA: Inmate Orientation Film Implementation was reviewed and confirms PREA material is available in a variety of languages with interpretation services provided in accordance with the Department's Language Access Policy. In the event that an inmate has difficulty understanding the written material due to a disability or limited reading skills then appropriate staff provides assistance. The agency developed male and female PREA inmate orientation films, "Ending Sexual Abuse Behind the Walls: An Orientation". The project was funded by a Bureau of Justice Assistance PREA Demonstration Project Grant. The film is available in eight languages and has subtitles. The auditor reviewed the films and found them to be excellent content and of professional quality. The films are shown to all inmates during the reception, classification and facility inmate orientation process. Interview with the PREA Compliance Manager/Point Person confirms the Reasonable Accommodations PREA Information ensures reasonable accommodations for inmates with Sensorial Disabilities provides equal access to all information provided to general population. The Department has several facilities for designated inmates with Sensorial Disabilities so there were no inmates in this class at the facility.

Interviews with random sample of inmates confirmed they had received PREA written information and participated in PREA educational sessions and documented in writing their receipt and understanding of the material the day they receive the training. The intake supervising Sergeant also confirmed inmates sign a form when receiving material and training. The auditor reviewed training records to confirm training received, understood and confirming signature.

In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Observations during the tour of the facility found PREA posters, telling inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse, are strategically placed throughout the facility. Each inmate receives an Inmate Orientation Handbook and The Prevention of Sexual Abuse in Prison: What Inmates Need to Know brochures.

Based on review of policies, procedures, documentation and that all inmates arriving at the facility receiving PREA information on day of arrival; inmates receiving complete PREA education training within 7 days of arrival at the facility; professional written PREA materials developed; PREA films available in 8 languages with subtitles and inmates signing acknowledgement forms documenting training received and understood, GHCF substantially exceeds requirement of Standard 115.33.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

DOCCS Office of Special Investigations Policy and Procedure – Training Requirements for Sex Crimes Investigators, Power Point Presentation Excerpt: PREA Specialized Training: Investigations, Lesson Plan - Investigating Physical and Sexual Abuse in an Institutional Settings and National Institute of Corrections Training - PREA: Investigating Sexual Abuse in Confinement Settings were reviewed and address the requirements of this standard. In addition to the general training provided to all employees pursuant to 115.31, DOCCS ensures that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.

Interview with investigative staff found they received training specific to conducting sexual abuse investigations in confinement settings beginning with a three week investigations school and then on-the-job-training with a seasoned investigator. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Investigators are required to complete annual mandatory training for investigations. Review of training records provided to the

auditors confirmed specialized training for investigators was received for 27 OSI investigators. The 5 newly hired investigators were in the process of being trained.

Based on review of policies, procedures and training records, and interviews with investigators, the facility is compliant with Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

Directive #4750 Volunteer Service Program, Division of Health Services; Power Point Training Manual – 7.100, 40 Hour Orientation Program for Full-time, Non-security staff at Facilities; Training Manual Subject 6.600, Mandatory Initial Training, Non-security staff at Facilities; Power Point Presentation: PREA Medical and Mental Health Care HSPM 1.60 and PREA Standards; Office of Mental Health Memorandum of Understanding dated September 14, 2016; Inmate Sexual Assault Post Exposure Protocol PREA were reviewed and address the requirements of this standard. GHCF ensures that all full-and part- time medical and mental health care practitioners who work regularly in its facilities have been trained in: 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirm that full-and-part medical and mental health care practitioners have received training as described above. Medical and mental health care practitioners who work regularly at the facility are 44 with 44 staff receiving the required training for 100%. DOCCS maintains documentation that medical and mental health practitioners have received and understand the training referenced in this standard.

DOCCS does not train medical staff to conduct forensic medical exams as this policy directs medical staff to send inmate victims to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). Interviews with medical staff confirm they do not perform forensic medical exams as the inmate is taken to a medical facility that has SAFE and SANE service.

Based on review of policies, procedures, training records; interviews with medical and mental health staff, the facility is compliant with Standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

DOCCS Directive 4027A Sexual Abuse Prevention & Intervention Inmate-on-Inmate, Memorandum: from Deputy Commissioner for Correctional Facilities, Deputy Commissioner for Program Services, and Associate Commissioner dated August 26, 2016, RE: Prison Rape Elimination Act (PREA) Risk Screening, Risk Screening Form – Male Facility, Form: 4021 Security Screening, Form: 4021A Draft Receipt, and Memo: from Deputy Commissioner/Chief Medical Officer, dated March 16, 2015, RE: Health Screening Forms 3278RC and 3278TR, Memorandum from Associate Commissioner and Assistant Commissioner dated October 27, 2014, RE: New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity (SOGI), Interview Guide Regarding Sexual Orientation and Gender Identity, GHCF FOM #501, PREA Risk Screening were reviewed and address the requirements of this standard. GHCF screens all inmates for risk of victimization and abusiveness upon arrival. The screening is completed by the Draft Sergeant within the first couple hours of arrival. The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previously incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses,

whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Inmates are not disciplined for refusing answer questions during the screening process. Policies outlines who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation and those including only those with a "need to know" allowed to have access.

As part of the inmate's initial medical screening, health service staff also asks questions regarding sexual abuse and safety. This affords the inmate another opportunity to report or disclose any concerns regarding victimization and abusiveness upon transfer to a new facility. Interviews with intake staff, medical and mental health staff confirms policy is in place ensuring intake screening ordinarily takes place within 72 hours of arrival at the facility. Interview with the Sergeant who performs the screening at the facility confirms the screening is by DOCCS policy and that the initial assessment must include a preliminary review by Security and Health Services within 24 hours of an inmate's arrival. During the past 12 months 1,028 inmates entering the facility were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

Review of DOCCS PREA Intake Screening Form 115.41 confirms policies and forms are in place to ensure the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

The Offender Rehabilitation Coordinators (ORC) will reassess the inmate's risks of victimization and abusiveness within the first 30 days of intake or transfer. DOCCS directives addresses the reassessment of inmate's risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization. This information is reviewed quarterly with the inmate to determine if there are any changes as part of the caseload reviews with the guidance staff. As part of the quarterly caseload reviews, the staff member will review the inmate disciplinary history and any notes in the inmate's files prior to the meeting.

In conclusion, based on review of policies and forms; interviews with PREA Coordinator, PREA Point Person, ORCs and the Sergeant responsible for screening; and observations when visiting the screening process for inmates the facility exceed the requirement of Standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Memorandum from Deputy Commissioner for Correctional Facilities, Deputy Commissioner for Program Services, and Associate Commissioner dated August 26, 2016, RE: Prison Rape Elimination Act (PREA) Risk Screening; Risk Screening Form – Male Facility, Form: 4021 Security Screening; Form: 4021A Draft Receipt, Memorandum from Associate Commissioner, and Assistant Commissioner dated October 27, 2014, RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity (SOGI), Directive #4009, Minimum Provisions for Health and Morale and GHCF FOM #501PREA risk Screening were reviewed and address the requirements of this standard. Policy is in place showing how to use the information from the risk screening which is limited to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. According to the Compliance Manager/Point Person the information from the risk screening during intake is reviewed and assessed with security and medical/ mental health staff. Policies are in place to ensure the facility makes individualized determinations about how to ensure the safety of each inmate. Policy is in place to ensure in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in deciding other housing and programming assignments, the agency considers on a case- by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.

Interviews with three transgender inmates indicated staff asked them about their safety with housing and programmatic decisions of when and where education, work and exercise would occur. The transgender inmates said they had not been put in housing area only for transgender inmates and they had not been searched for the sole purpose of determining their genital status. The transgender inmates stated they are treated with respect by security and non-security staff and feel safe in the facility. Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

Based on review of policies and procedures; interviews with PREA Point Person, Sergeant responsible for screening inmates and transgender inmates, the facility is compliant with Standard 115.42.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Directive #4948, Protective Custody Status and Forms 2168A, 2170A, 4948A were reviewed and address the requirements of this standard. Policy is in place to ensure inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. According to interview with the Superintendent, agency policy prohibits placing inmates at high risk for sexual victimization or has alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. During the last 12 months zero inmates at risk of sexual victimization were held or assigned in involuntary segregated housing. Therefore, the auditor was not able to review any files to review.

The agency has a policy to ensure inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: 1) The opportunities that have been limited; 2) The duration of the limitation; and 3) The reasons for such limitations. The auditor observed and confirmed no inmates were in protective custody for protection from sexual abuse during the tour of the housing units. The agency has a policy ensuring the facility assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

GHCF has not placed an inmate in involuntary or voluntary Protective Custody solely due to being a high risk for sexual victimization. Based on review of policy and interviews with the Superintendent, PREA Point Person and staff supervising inmates in segregated housing, the facility is compliant with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Directive #4027A Sexual Abuse Prevention and Intervention Inmate-on-Inmate, Directive #4028A Sexual Abuse Prevention & Intervention Staff-on-Inmate, Abuse Prevention and Response (SAPR) Lesson Plan, The Prevention of Sexual Abuse in Prison: "What Inmates Need to Know" Pamphlet (English and Spanish); Letter to Acting Commissioner from the State Commission of Correction dated May 24, 2017, RE: Inmate and Resident reporting, Sexual Abuse Hotline 777 Program Poster, DOCCS website, PREA Pocket cards and employee manual were reviewed and address the requirements of this standard. Policies and procedures are in place ensuring multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. PREA reporting methods are shared with inmates at intake, during orientation, in the PREA brochure, and on posters throughout the facility. The PREA Brochure, The Prevention of Sexual Abuse in Prison What Inmates Need to Know, informs inmates they can report verbally and in writing to staff, write the PREA Point Person, write the Office of Special Investigations, and report to an outside agency; the New York State Commission of Correction (SCOC). The SCOC agrees to receive all written inmate and resident reports containing sexual abuse and sexual harassment allegations and then immediately forward them to department officials. SCOC will comply with any inmate or resident request to remain anonymous.

Inmates may also report allegations through a third party or send an anonymous report. DOCCS Help for Victims of Sexual Abuse in Prison, DOCCS Enhanced Victim Services & Rape Crisis Hotline DIAL 777 FROM ANY INMATE PHONE brochures are posted in English and Spanish by all inmate phones. Inmates have access to dial 777 for immediate communication with the Crime Victims Treatment Center.

Interviews with random sample of staff, confirmed an inmate may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Verbal reports are promptly documented. Interviews with random sample of inmates confirm that they are very aware of the many ways they can report sexual abuse and how to do so privately. Observations and answers to questions during the tour showed inmate knowledge of PREA and reporting opportunities available to them. The auditor tested the 777 number while on site and found that if a provider was not available to answer the call, the call was disconnected and not forwarded to voice messaging system and corrective action is required. The PREA Coordinator contacted the new inmate telephone company to correct the settings for the inmate telephone system. The PREA Coordinator confirmed via e-mail that the passive acceptance feature was re-activated. This was confirmed on April 11,

2018 when the Auditor was on-site at another DOCCS facility and tested the 777 number. The PREA Brochures; The Prevention of Sexual Abuse in Prison: "What Inmates Need to Know" (English/Spanish, male/female); and interviews with staff and inmates; confirm the agency has policies in place that ensures the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Although DOCCS does not hold inmates for civil immigration purposes, they do have Consular information in all facilities.

Policies are in place to ensure and provide a method for staff to privately report sexual abuse and sexual harassment of inmates. According to interviews with random samples of staff, employees may privately report any suspicion of sexual abuse or sexual harassment of an inmate by contacting the Office of Special Investigation directly. Staff is informed of this reporting procedure by policy and Sexual Abuse Prevention and Response training.

Based on review of policies and procedures, staff training, inmate education, observation during the tour of PREA posters, corrective action taken and interviews with random sample of staff and inmates, the facility compliant with the requirements of Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The DOCCS is exempt from this Standard in accordance with Directive #4040, Inmate Grievance Program – §701.1 (j), § 701.3 (i). Any inmate grievance filed regarding a complaint of sexual abuse or sexual harassment is immediately reported by IGP Supervisor to the Watch Commander for future handling in according with agency policy. The facility is exempt from this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Directive #4423, Inmate Telephone Calls, Directive #4404, Inmate Legal Visits, Directive #4421, Privileged Correspondence, Memo from Associate Commissioner to all

Superintendents dated April 4, 2014, RE: Just Detention International Resource Guide and Memo: from Associate Commissioner to Concerned Inmate dated April 4, 2014, RE: Just Detention International Resource Guide were reviewed and address the requirements of this standard. Policies are in force to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. According to interviews with random sample of inmates they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse, if needed. The inmates confirmed the facility gives those mailing addresses and telephone numbers for the outside services.

Interviews with random sample of inmates and inmates who reported a sexual abuse; confirm policies are in place to ensure the facility informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. According to interviews with random sample of inmates they are aware the facility informs them prior to giving them access to outside support services, the extent to which communications will be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. GHCF does not detain persons detained solely for civil immigration

DOCCS Help for Victims of Sexual Abuse in Prison, *DOCCS Enhanced Victim Services & Rape Crisis Hotline* DIAL 777 FROM ANY INMATE PHONE brochures are posted in English and Spanish by all inmate phones. Inmates have access to dial 777 for immediate communication with the Crime Victims Treatment Center. During interviews with random inmates and random staff each was knowledgeable of the inmates' access to dial 777 for support services. The auditor tested the 777 number while on site and found that if a provider was not available to answer the call, the call was disconnected and not forwarded to voice messaging system and corrective action is required. The PREA Coordinator contacted the new inmate telephone company to correct the settings for the inmate telephone system. When an inmate places a call now to 777 or one of the 777 providers, the system is now set to properly play an outgoing announcement ("you have received a call from [name], an inmate in a New York State correctional facility") and then to advise "this is a free call. Press 1 to accept or just stay on the line." The passive acceptance feature was re-activated to ensure that, if the call does not get answered, the caller can leave a message for the provider by a voice messaging system. This was confirmed on April 11, 2018 when the Auditor was on-site at another DOCCS facility and tested the 777 number.

The agency maintains copies of agreements or documentation showing attempts to enter into such agreements. According to an interview with ADS/PREA Compliance Manager, inmates are furnished with name, address and telephone number for victim advocate service through Just Detention International New York Resource Guide. During the tour of the facility

the auditor reviewed the Just Detention International New York Resource Guide that is available in both the regular library and the law library.

Based on policies, procedures, informational pamphlets and brochures, corrective action taken and interviews with staff and inmates, the facility is compliant with Standard 115.53.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

- Does Not Meet Standard** (*Requires Corrective Action*)

DOCCS PREA Policy Web Page, Letter: to Acting Commissioner from Chairman of the State Commission of Correction dated May 24, 2017, RE: Inmate and Resident reporting were reviewed and address the requirements of this standard. The agency has established a Web Page that establishes a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The website encourages family members and the public to report allegations of sexual abuse to the facility immediately. Third party reporting information is provided on the website and in inmate brochures, pamphlets, and handouts.

The letter from the Chairman of the State Commission of Corrections says in accordance with the PREA standards regarding inmate and resident reporting, the New York State Commission of Correction (SCOC) agrees to receive all written inmate and resident reports containing sexual abuse and sexual harassment allegations and then immediately forward them to New York State Department of Corrections and Community Supervision officials. SCOC will comply with any inmate or resident request to remain anonymous. In addition, the Office of Special Investigations has a page on the agency Website that provides a toll-free complaint line, e-mail address, and on-line complaint form. The auditor reviewed the Website for DOCCS and found

the information available by clicking on the appropriate link. GHCF did not have an instance where there was third party reporting.

Based on review of DOCCS PREA Policy Web Page, documentation and interviews with staff and inmates, the facility is in compliant with Standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #4027A – Sexual Abuse Prevention and Intervention Inmate-on-Inmate, Directive #4028A – Sexual Abuse Prevention and Intervention Staff-on-Inmate, Directive #0700 - Office of Special Investigations, GHCF FOM #500, Coordinated Response Plan to an Incident of Inmate Sexual Abuse and the Employee Manual were reviewed and address the requirements of this standard. Policies are in place to ensure the agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. According to interviews with random sample of staff the agency requires all staff, regardless of title, to report immediately any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff is required to immediately notify his or her immediate supervisor, who immediately notifies the Watch Commander. The employee is required to report the specific details, in writing, to the Watch Commander immediately after verbal notification.

The policies require apart from reporting to designated supervisors or officials, staff does not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Interviews with medical and mental health staff; confirms policy is in place unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor reviewed medical and mental health files for inmates and confirm documentation of incidents and

activity. GHCF does not house any inmates under the age of 18. According to interview with the facility Superintendent all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to designated facility investigators. The auditor reviewed inmate investigation files with investigators and confirm all allegations are investigated.

Based on review of policies, procedures, reports and interviews with the PREA Coordinator, PREA Point Person, medical and mental health staff and random sample of staff, the facility is compliant with Standard 115.61.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #4040 Inmate Grievance Program, §701.6 Procedural Safeguards, and Directive #4948 Protective Custody Status were reviewed and address the requirements of this standard. When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Interviews with Agency Head, Superintendent, and random sample of staff confirm when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse the facility takes immediate action to protect the inmate. According to the Agency Head each case is evaluated by the facility or Office of Special Investigations based upon the nature of the report and the potential harm. Supervisory rounds will also be increased as appropriate. An inmate at risk or a potential predator may be assigned a unit bed change, housing unit change, admission to voluntary protective custody, etc.), or transferred. If no other options are available, a potential victim may be temporarily placed in protective custody until other steps can be taken. During the past 12 months there were zero times the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Based on review of policies and interviews with the Agency Head, Superintendent and random sample of staff, the facility is compliant with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Memorandum from Associate Commissioner dated August 24, 2015, RE: PREA Standard 115.63; PREA Standard 115.63/263; Form 115.63 Report of Sexual Abuse; Jail Administrators contact information were reviewed and address the requirements of this standard. Interviews with the Superintendent and PREA Compliance Manager/Point Person; and review of documentation of allegations: Report of Sexual Abuse notification made from GHCF to another facility, Report of Sexual Abuse notification from another facility to GHCF and the facility's Sexual Abuse Threat Incident Log Book; confirm policy is in place where upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of

the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

GHCF received one notification during the last 12 months of an allegation of sexual abuse that occurred at GHCF from another facility and received two allegations that an inmate was abused while confined at another facility. Interviews with staff and review of files confirms policy is in place showing such notification were provided as soon as possible, but no later than 72 hours after receiving the allegation. According to interview with Agency Head allegations received at one facility involving a different facility are forwarded to the Superintendent of the facility where the abuse allegedly occurred, with a copy of the notification to the Office of Special Investigations. Allegations from other agencies are typically received by the Office of Special Investigations or the Associate Commissioner/PREA Coordinator. Interview with PREA Compliance Manager/Point Person, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation ensures that the allegation is investigated in accordance with these standards. Interview with the Superintendent confirmed that when the allegation is received it is logged in and referred to OSI and monitored.

Based on review of policies, documentation and interviews with Agency Head, Superintendent, PREA Coordinator and PREA Point Person, the facility is compliant with Standard 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #4027A Sexual Abuse Prevention & Intervention Inmate-on-Inmate, Directive #4028A Sexual Abuse Prevention & Intervention Staff-on-inmate, Associate Commissioner Memo dated January 21, 2016, RE: PREA Coordinated Response Plan Sexual Abuse Response and Containment Checklist, Deputy Commissioner Memo dated October 10, 2015, RE: Response to Inmate Sexual Activity, Sexual Abuse Prevention and Response (SAPR) Lesson Plan were reviewed and address the requirements of this standard. All staff attended the SAPR training and are given the PREA pocket card that outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. The responding staff is to immediately notify their immediate supervisor and the Watch Commander. The Watch Commander will make further notifications to the Superintendent, medical, mental health, and OSI, as noted on the Sexual Abuse and Containment Checklist.

During interviews with each of the random staff, volunteer, contractor, higher and intermediate level supervisors and OSI investigations they articulated their knowledge and responsibility in the steps to follow as a first responder. All staff to include volunteers, contractors, civilians, and security personnel is considered first responders. In the past 12 months, 20 allegations of sexual abuse were received. In only one of these allegations was the first security staff to respond to the report separated the alleged victim from the abuser and allowed for the collection of evidence. There were no allegations during the last 12 month responded to by non-security staff.

Based on review of policies, training curriculums and records and interviews with staff, the facility is compliant with Standard 115.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Memorandum from the Associate Commissioner dated January 21, 2016, RE: PREA Coordinated Response Plan and Sexual Abuse Response and Containment Checklist, GHCF FOM #500 Coordinated Response Plan to an Incident of Inmate Sexual Abuse, HSPM 1.60 – Sexual Assault, Office of Special Investigations (OSI) Sex Crimes Division - Dispatch and Operational Guidelines: Inmate-on- Inmate Sexual Abuse and Staff on Inmate Sexual Abuse and the Sexual Abuse Prevention and Response Training curriculum were reviewed and address the requirements of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, OSI, facility leadership, and victim advocates. A checklist, Sexual Abuse Response and Containment Checklist Form, is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each area is aware of their specific responsibilities under this plan.

Based on review of GHCF specific Coordinated Response Plan to an Incident of Inmate Sexual Abuse; interviews with the facility Superintendent, PREA Point Person, medical and mental health staff and random facility staff, the facility is compliant with Standard 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

DOCCS Directive #2110 Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings; Directive #2114 Function of the Bureau of Labor Relations and the New York State Employee Union Contracts were reviewed and address the requirements of this standard. The DOCCS union contracts allow for the removal of staff accused of sexual abuse from contact with inmates pending the outcome of an investigation. The facility may remove alleged staff sexual abusers from contact with any inmates or place an employee on administrative leave pending the outcome of an investigation. Interviews with the Superintendent and OSI Investigators confirmed this policy and practice.

Based on review of policies, Union contracts and interview with Agency Head, Superintendent, and OSI Investigators, the facility is compliant with Standard 115.66.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Employee Manual – Rev. 2013; Memo: from Associate Commissioner dated August 20, 2015, RE: Agency Protection against Retaliation, PREA Standard 115.67/267 and the Retaliation Monitoring Form 115.67 (were reviewed and address the requirements of this standard. Policy are in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. According to interview with the facility Superintendent the agency Retaliation Policy is in place and enforced and the PREA Compliance Manager/Point Person a Captain in the Security Department at the facility has been designated the Retaliation Monitoring Manager.

The agency employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. According to interview with Agency Head decisions on protective measures are made on a case-by-case basis. Both the facility administration and the Office of Special Investigations consider whether the present housing placement is appropriate and, if not, consider whether a move to another housing unit or a transfer to another facility is appropriate. Retaliation monitoring includes review of the inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Department's protocols for retaliation monitoring are initiated for any individual who cooperates with an investigation and expresses a fear of retaliation. Any complaint or evidence of retaliation is referred to the Office of Special Investigations, Sex Crimes Division for investigation and to be promptly remedied.

Interviews with facility Superintendent and Retaliation Manager confirm the facility for at least 90 days following a report of sexual abuse or sexual harassment monitors the conduct and treatment of: an inmate or employee who reported an incident; and an inmate who was reported to have suffered sexual abuse or sexual harassment. Monitoring will continue beyond 90 days is needed. Monitoring includes periodic in-person status checks approximately every 30 days. The number of times an incident of retaliation occurred in the past 12 months was zero.

Based on review of policies, Retaliation Monitoring Forms and interviews with the Agency Head, Superintendent, Retaliation Monitor, the facility is compliant with Standard 115.67.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Directive #4948 Protective Custody Status was reviewed and addresses the requirement of this standard. The Directive prohibits the placement of inmates who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Inmates that are placed in protective custody on this basis shall have access to programs privileges, education, and work opportunities in accordance with PREA Standard 115.43. If an inmate is placed in involuntary protective custody; his status is reviewed every thirty days. Interviews with the Compliance Manage/Point Person, Superintendent, and Supervisor of Segregation confirmed no inmates have been placed in involuntary protective custody who have alleged to have suffered sexual abuse in the past 12 months at GHCF.

Based on review of policies; interviews with facility Superintendent and staff who supervise inmates in segregated housing, observations and questions answered when visiting segregated housing, the facility is found compliant with Standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

Auditor Overall Compliance Determination

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

Directive 4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate/Staff-on-Parolee Directive #0700 Office of Special Investigations; Directive #2011 Disposition of Departmental Records; OSI Policy & Procedure: Training Requirements for Sex Crimes Investigators; New York Criminal Procedure Law 160.45 Polygraph Test; OSI Policy and Procedure: Intake and Case Management Unit – Complaint Process and Case File Management; Office of Special Investigations Sex Crimes Unit: Inmate on Inmate Dispatch and Operational Guidelines; Office of Special Investigations Sex Crimes Unit: Staff on Inmate Dispatch and Operational Guidelines were reviewed and address the requirements of this standard.

Interviews were conducted with three OSI Investigators. Additionally a review of closed investigative files was reviewed. The OSI Investigators indicated they follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments. Sexual abuse investigations are conducted by investigators who have been specially trained in sexual abuse investigation. Training documentation was provided to the auditors confirming all 27 OSI Investigators had completed multiple training courses including the NIC PREA Investigating Sexual Abuse in a Confinement Setting webinar in accordance with standard 115.34. In addition, 5 newly hired investigators were in the process of being trained. The investigative process was articulated by OSI Investigators during the interview process. They explained having a sound working relationship with the New York State Police concerning inmate sexual abuse incidents. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. Substantiated allegations of conduct that appears to be criminal are referred for prosecution and written reports are saved for a minimum of 7 years. Electronic case file, which includes, at a minimum, a copy of the written investigative report and any other critical documents (e.g., medical reports, depositions, etc.) are permanently maintained. GHCF reported that there has been one substantiated allegation that appeared to be criminal that was referred for prosecution since August 20, 2012.

An interview with the Associate Commissioner noted the OSI receives several hundred state-wide cases for review and investigation per year. Therefore, due to the number of investigative cases received, several new staff has been recently hired within the Office of Sex Crime Investigations to enable a more prompt and timely completion of these investigations. All sexual investigations are conducted objectively to include those reported by third party and anonymously.

Based on review of policies and procedures; review of investigative files; interviews with facility Superintendent, PREA Coordinator, PREA Compliance Manager/Point Person, Investigative Staff, the facility is compliant with Standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Memorandum from the Deputy Chief of Investigations dated September 29, 2015, RE: Sex Crimes Division Close Out Procedures; Power Point Presentation Excerpt: PREA Specialized Training: Investigation; Sexual Abuse Prevention and Response Lesson Plan were reviewed and address the requirements of this standard. Interviews with three OSI Investigators confirmed no standard greater than a preponderance of the evidence for determining whether allegations of Sexual Abuse or Harassment are substantiated.

Based on review of policies, lesson plans and interviews with investigators and facility staff, the facility is compliant with Standard 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Memorandum from the Chief, Office of Special Investigations dated September 14, 2015, RE: Notification of Investigative Determination; Memo: from Deputy Chief, Office of Special Investigations dated September 29, 2015, RE: Sex Crimes Division (SCD) Close Out Procedures; Samples of Notification Email and Memorandums were reviewed and address the requirements of this standard. The Office of Special Investigations (OSI) has a process in place to notify the inmate upon close out of the investigation finding of substantiated, unsubstantiated, or unfounded. All notifications shall be in writing and documented. The OSI Investigator is to notify the facility who then notifies the inmate of the outcome of the investigation. An inmate who makes allegations that the sexual abuse was perpetrated by a staff member shall be notified of the status of the staff member in writing to include whether the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another inmate, the facility informs the inmate whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility.

Interviews with inmates that reported sexual abuse indicated that they were never informed of the outcome of the investigations. In the past 12 months, there were five criminal and/or administrative investigation of alleged sexual abuse completed. Investigative files included a copy of the notification. Several of the investigations were just completed and notifications were not distributed yet. A corrective action was taken to ensure that all 5 inmates were sent or resent the notifications through the legal mail system. Discussions with the Superintendent and ADS/PREA Compliance Manager indicated that these notifications were delivered through the legal mail system and that this change will now be the practice for all future notifications. Prior to concluding the on-site audit, the auditor reviewed the legal mail log and confirmed the notifications were delivered.

Based on review of policies, procedures and forms; review of logs; interviews with the Superintendent, ADS/PREA Compliance Manager, PREA Point Person and inmates who reported a sexual abuse as well as the corrective action taken, the facility is compliant with Standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Directive #4028A Sexual Abuse Prevention & Intervention Staff-on-Inmate; Directive #4028B Sexual Abuse Reporting & Investigation Staff-on-Inmate; Directive #2110 Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings; Directive #2111 Report of Employee Misconduct, Employee Manual and the Memo from the Deputy Commissioner for Administrative Services dated February 5, 2016, RE: Prison Rape Elimination Act / Presumptive Disciplinary Sanction for Staff Sexual misconduct were reviewed and address the requirements of this standard.

The Directives addresses disciplinary sanctions of employees up to removal for PREA related issues. The employee manual provided to all employees explains the disciplinary process to them. In the past twelve months, GHCF one incident of an employee termination for issues of sexual abuse or sexual harassment. Staff interviews revealed an awareness of the departments zero tolerance policy as it pertains to sexual abuse and sexual harassment and the consequences for violating the policy.

Based on review of policies, forms and files; interviews with the PREA Compliance Manager, Human Resource Manager and random staff, the facility is compliant with Standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Directive #4750 Volunteer Service Program; Directive #2605 Sexual Harassment in the Workplace, Office of Special Investigations Policy: Reporting of Misconduct to Outside Agencies; Memorandum from the Acting Commissioner reference the Policy on the Prevention of Sexual Abuse of Offenders; Division of Ministerial, Family and Volunteer Services; Guidelines for Construction Projects (Form #4071A), Standard of Conduct Acknowledgement Forms were reviewed and address the requirements of this standard. DOCCS has a zero tolerance for sexual abuse and sexual harassment of inmate by contractors and volunteer. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with volunteers and contractors, all were aware of the policies as outlined and are required to sign an acknowledgement that they received and understand the policies. GHCF reported there were zero incidents reported in past 12 months of volunteers and/or contractors who engaged in sexual abuse of an inmate.

Based on review of policies, procedures and forms; interviews with facility Superintendent and PREA Point Person, and volunteer and contractor, the facility is compliant with Standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

DOCCS Directive #4027A Sexual Abuse Prevention & Intervention Inmate-on-Inmate; Directive #4028A Sexual Abuse Prevention & Intervention Staff-on-Inmate, Directive #4932 Standards Behavior & Allowances and the Hearing Officer Reference Booklet were reviewed and address the requirements of this standard. The listed policies outline disciplinary sanctions that may be imposed on inmates who engage in sexual abuse and sexual harassment. Inmates are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff.

Directive #4027A confirm policies are in place to ensure that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Based on review of policies, procedures, forms and interviews with the facility Superintendent and PREA Point Person, the facility is compliant with Standard 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Memorandum from Deputy Commissioner / Chief Medical Officer dated March 16, 2015 RE: Health Screening Forms, Directive #4301 Mental Health Satellite Services and Commitments to CNYPC, HSPM 1.44 – Health Screening of Inmates, HSPM 1.12B - Inmate Bloodborne Pathogens Significant Exposure Protocols, DOCCS Mental Health Referral Form 3150, Office of Mental Health Memorandum of Understanding with NYDOCCS and GHCF FOM #501 PREA Risk Screening were reviewed and address the requirements of this standard. Directive #4301 requires all medical and mental health follow-up within fourteen days of arrival inmates who have disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institution setting or in the community. If during the initial screening an inmate discloses he has a history of prior sexual victimization and/or previously perpetrated sexual abuse, the inmate is referred to medical and mental health service. Routine medical and mental health referrals are seen within 14 days. An interview with the Mental Health Administrator confirmed that inmates receive at least one interaction with mental health on day one of their arrival and if identified as a victim of sexual abuse and/or previously perpetrated sexual abuse, they would be seen within 14 days as needed until their departure. Information obtained regarding sexual victimization and/or abusiveness is strictly limited to medical and mental health staff, and only staff on a need to know basis.

Information obtained during the medical screening is shared with appropriate staff as needed, to determine housing, work, bed, education, and program assignment.

Based on review of policies, procedures, forms and inmate files and interviews with PREA Point Person, intake staff and medical and mental health staff, the facility is compliant with Standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

DOCCS Directive #4027B – Sexual Abuse Reporting & Investigation Inmate–on–Inmate; Directive #4028B – Sexual Abuse Reporting & Investigation Staff–on–Inmate; HSPM 1.60 - Sexual Assault HSPM 1.12B –Inmate Bloodborn Pathogens Significant Exposure, GHCF FOM #500 – Coordinated Response Plan to an Incident of Inmate Sexual Abuse, Listing of Areas Hospitals with SANE/SAFE Nurses and New York Public Health Law § 2807-c were reviewed and address the requirements of this standard. The listed Directives require inmates who are victims of sexual abuse be afforded access to forensic medical examinations at an outside facility when evidentiary or medically appropriate. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners per their professional judgment. Forensic exams are not conducted onsite. If needed, the inmate would be taken to an offsite hospital for an exam. These exams would be conducted at no cost to the inmate. GHCF has a Level 1 medical unit onsite with 24 hours coverage that ensures emergency medical treatment is provided to the inmate population on site as needed. Immediate notification of the Watch Commander and the Facility Health Services Director is required. As with all significant incidents, the Watch Commander would initiate notifications to the necessary parties, including medical and mental health for all sexual abuse/assault incidents. These procedures were confirmed during the interview process with supervisory security staff, medical and mental health staff.

Based on review of policies, procedures, forms and files; interviews with PREA Point Person, Watch Commander, security and non-security staff and medical and mental health staff find the facility compliant with Standard 115.82.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

HSPM 1.60 - Sexual Assault; HSPM 1.444- Health Screening of Inmates forms; HSPM 1.12B –Inmate Bloodborne Pathogens Significant Exposure; Mental Health Referral Forms; Memorandum of Understanding between DOCCS and OMH and the Office of Mental Health

Memorandum of Understanding were reviewed and address the requirements of this standard. GHCF is designated as a male maximum security facility and does not house female inmates. GHCF has protocol in place to provide ongoing medical examination of inmates who claim sexual abuse. All inmate allegations of sexual assault must be evaluated immediately by the facility health staff. Interviews with the Mental Health and Medical Administrators confirmed the facility has medical coverage for the inmate population and offers sexual abuse victims with medical and mental health services consistent with the community standard of care. Procedures are in place that provides victims of sexual abuse, while incarcerated testing for sexually transmitted infections as medically appropriate. The treatment and evaluation of the victims include appropriate evaluation, treatment and follow-up services at the victim's designated facility upon the victim's departure. These treatment services are provided to the victim without any financial cost regardless of whether or not the victim names the abuser or cooperates with any investigation arising out of the incident. In the past twelve months, GHCF has not had a need for ongoing medical or mental health care for sexual abuse victims and/or abusers.

Based on review of policies, procedures, forms and files; interviews with PREA Compliance Manager/Point Person, and medical and mental health staff find the facility compliant with Standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 Deputy Commissioner/Associate Commissioner Memo dated May 9, 2014 RE: Prison Rape Elimination Act Procedural Enhancements; Sexual Abuse Response and Containment Checklist, Sexual Abuse Incident Reviews and security Staffing Audits were reviewed and address the requirements of this standard. The policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. The review team consists of the PREA Compliance Manager, security staff (Captain/ Point Person) and a third member designated by the Superintendent. Input will be obtained from the Sex Crimes Unit Investigator, the Area Sergeant, and the Crisis Intervention Unit, Health Services, the Office of Mental Health, and others deemed appropriate by the incident review team. The incident review team reviews the circumstances of the incident; the inmates and staff involved, whether actions taken were consistent with agency policies and procedures, if allegation or investigation indicates a need for policy changes and whether the incident or allegation were motivated by race, ethnicity, gender identity, lesbian,

gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; and an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff.

In the past 12 months, there were three sexual abuse incident reviews conducted. The incident review team utilized the Sexual Abuse Response and Containment Checklist and the reviews were conducted within 30 days of the completed sexual abuse investigations. The Sexual Abuse Prevention & Education Office staff will work closely with the facility staff to ensure that this review process is successfully implemented into practice. The facility shall implement recommendations that result from the review, or document the reasons for not making the implementations.

Based on review of policies, procedures, forms and files; interviews with the facility Superintendent, Incident Review Team, PREA Compliance Manager, PREA Point Person, GHCF is compliant with Standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual; Directive #4027B Sexual Abuse Reporting & Investigation Inmate-on-Inmate; Directive #4028B Sexual Abuse Reporting & Investigation - Staff-on-Inmate were reviewed and addresses the requirement of this standard. GHCF collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. DOCCS reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The GHCF does not contract its inmates to other facilities. DOCCS provides all data from the previous calendar year to the Department of Justice upon request.

Based on review of policies, forms and files; interviews with PREA Compliance Manager confirms that the facility is compliant with Standard 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

The Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual was reviewed and addresses the requirement of this standard. The PREA Analyst prepares and aggregates data collected in coordination with the Sexual Abuse Prevention & Education Office and the Office of Special Investigations Sex Crimes Division in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training throughout the year. The annual report includes identification of problem areas, and corrective action for each facility and the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The report is approved by the Associate Commissioner/PREA

Coordinator and the Commissioner. All personal identifiers are removed before the report is published. The NYS DOCCS Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doccs.ny.gov/PREA/PREAinfo.html>. The most current annual report available is for calendar year 2015 and was reviewed by the auditor.

Based on review of policies, interviews with Agency Head and PREA Coordinator; review of DOCCS Annual Report on Sexual Victimization 2015 and the DOCCS PREA Website find that the facility and agency compliant with Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual was reviewed and addresses the requirement of this standard. It requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. The data is retained for at least 10 years and is secured by Office of Special Investigations and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the NYS-DOCCS website at <http://www.doccs.ny.gov/PREA/PREAinfo.html> for review by the public.

Based on review of the manual, procedures, forms, agency web page and interview with PREA Compliance Manager find the facility compliant with Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The Auditor reviewed and observed that on the NYS DOCCS web page located at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html contained the 47 audit reports for PREA audits completed from November 6, 2015 through May 1, 2018. The auditor also viewed the agency schedule of audits.

The Auditor verified that the DOCCS has, beginning in audit year 3 of cycle 1, ensured that at least one-third of each facility type operated by the Agency was and is scheduled to be audited. A total of 19 DOCCS facilities are scheduled for audits during audit year 2 of cycle 2, including 18 Adult Prisons and 1 Community Confinement Facility.

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

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 staff provided the auditor: access to, and the ability to observe, all areas of GHCF; copies of all relevant documents required; private room and access to random selection of inmates and staff for interviews; and posted signs advising how inmates could send confidential information or correspondence to the auditor like legal counsel. Based on the above the agency/facility meets Standard 115.401

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 agency's website and observed Final PREA Audit Reports published. The NYS DOCCS website <http://www.doccs.ny.gov/PREA/PREAINfo.html> confirms that the agency ensures that the auditor's final report is published on the agency's website. A review of the website found the Final Audit Reports for 47 PREA Audits of NYS DOCCS Facilities. There were 3 audits in 2018, 23 audits in 2017, 18 audits in 2016 and 3 audits in 2015. The most recent audit appearing on the website was dated April 4, 2018, well within the 90-day requirement. NYS DOCCS meets the requirements of Standard 115.403

AUDITOR CERTIFICATION

I certify that:

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

David Andraska

May 4, 2018

Auditor Signature

Date