

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

Interim Final

Date of Report January 30, 2018

Auditor Information

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Email: dhend64@gmail.com

Company Name: American Corrections Association (ACA)

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200

City, State, Zip: Alexandria, Virginia 22314

Telephone: 803-565-9742

Date of Facility Visit: November 1, 2017- November 3,
2017

Agency Information

Name of Agency: New York State Department of
Corrections and Community Supervision.

Governing Authority or Parent Agency (If Applicable):
New York State

Physical Address: 1220 Washington Avenue

City, State, Zip: Albany, NY 1226-2050

Mailing Address: 1220 Washington Avenue

City, State, Zip: Albany, NY 1226-2050

Telephone: (518) 457-8126

Is Agency accredited by any organization? Yes
No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

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: www.doccs.ny.gov

Agency Chief Executive Officer			
Name: Anthony J. Annucci		Title: Acting Commissioner	
Email: comissioner@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: Fourteen (14)	
Facility Information			
Name of Facility: Lakeview Shock Incarceration Correctional Facility			
Physical Address: 9300 Lake Avenue, Brocton, NY 14716-9798			
Mailing Address (if different than above): Same as above			
Telephone Number: (716) 792-7100			
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: Brian Kubik		Title: Superintendent	
Email: Brian.Kubik@doccs.ny.gov		Telephone: (716) 792-7100 Ext. 2000	
Facility PREA Compliance Manager			

Name: Jacy Woodworth		Title: Assistant Deputy Superintendent for PREA	
Email: Jacy.Woodworth@doccs.ny.gov		Telephone: (716) 532-0177 Ext. 2160	
Facility Health Service Administrator			
Name: Dr. Ian Caisley		Title: Clinical Physician 2/Facility Health Service Director	
Email: Ian.Caisley@doccs.ny.gov		Telephone: (716) 792-7100 Ext. 6000	
Facility Characteristics			
Designated Facility Capacity: 1,022		Current Population of Facility: 705	
Number of inmates admitted to facility during the past 12 months			2,590
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			2,332
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2,538
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			1
Age Range of Population:	Youthful Inmates Under 18: None (0)	Adults: 18-71	
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:			None (0)
Average length of stay or time under supervision:			82.86 days
Facility security level/inmate custody levels:			Max/Min

Number of staff currently employed by the facility who may have contact with inmates:	477
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	25
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	20
Physical Plant	
Number of Buildings: 46	Number of Single Cell Housing Units: 1
Number of Multiple Occupancy Cell Housing Units:	1
Number of Open Bay/Dorm Housing Units:	14
Number of Segregation Cells (Administrative and Disciplinary):	134
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.): S-Block is a closed circuit television monitor building; cameras are positioned throughout the building. The control room monitoring the cameras is located in the central area of the building.	
Medical	
Type of Medical Facility:	Level 1
Forensic sexual assault medical exams are conducted at:	Erie County Medical Center, 462 Grider Street Buffalo, NY 14203
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	67
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	25

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) Audit for Lakeview Shock Incarceration Correctional Facility Summary Report initially started September 1, 2017, with a written notification that the New York State Department of Corrections and Community Supervision through the American Correctional Association (ACA) has scheduled a PREA Audit with an onsite audit date of November 1-3, 2017. The ACA notified PREA Certified Auditor Demetrius Henderson by e-mail of his appointment as the PREA Auditor.

The audit process began with telephone contacts between Lakeview Shock PREA Manager and the PREA Auditor. The Auditor made several contacts with the PREA Manager to coordinate the logistics of the site visit, planning interviews, and confirming the posting of notices for the PREA Audit on November 1-3, 2017. One telephone contacted with the PREA Manager included the Facility's Superintendent. The PREA Manager mailed a hard drive (hereafter referred to as USB Flash Drive) to the Auditor around the first week of October. The USB Flash Drive contained documents for the audit including; daily facility count which identified the daily population for the 1st, 10th, and 20th day of the month for the past twelve months, and checklist files for each standard including copies of compliance documents. The USB Flash Drive also contained the Department and Facility Mission Statements; Pre-audit report (PAQ) for Prisons/Jail Facilities confirming no detained inmates solely for Immigration purposes and no youthful inmates; camera surveys; and Floor Plans. The Auditor began the review of the Master Folders and Pre-Audit Questionnaire materials sent prior to the audit visit. The Master Folders contained PREA compliant information for each of the 43 PREA Standards and provided documentation that supported the information on the Pre-Audit Questionnaire. The separate files for each of the 43 Adult Prisons and Jails PREA standards contained relevant policies and procedures that go with each of the standards.

The Auditor reviewed each item on the USB Flash Driver. The information collected from the USB Flash Drive assisted the Auditor in completing the PREA Compliance Audit Instrument Checklist of Policies/Procedures and the Pre-Audit Auditor Compliance Tool.

A review of the PREA Audit Pre-Audit Questionnaire and cross-standard files of Policies/Procedures raised initial questions regarding the Agency's zero-tolerance policy not fully addressing sexual harassment, and identifying emotional/psychological supports to sexually abused victims. Although zero tolerance on sexual harassment is prevalent throughout employees and inmate PREA trainings, in contract language, employee handbook, posters and materials, the zero tolerance on sexual harassment did not appear to be addressed in the Agency's directive policy. The other question concerns the Facility or Agency contracting with victim services to provide supports for victims sexually abused. These issue where further addressed during the on-site visit.

The Auditor stayed in Hamburg, New York and transported daily by an assigned staff member of the facility. The Lakeview Shock Incarceration Correctional Facility (Lakeview) on-site audit visit officially began at twelve noon on Wednesday, November 1, 2017. The PREA site visit concurred with the facility's American Correctional Institute (ACI) audit that started October 30 and ended November 1, 2017. The Auditor, two (2) ACI Auditors, PREA Compliance Manager, Facility Superintendent, along with several other senior management staff of the facility ate dinner together Sunday night, prior to the start of the ACI audit. The PREA Certified Auditor was able to review the facility concurrently with the ACI audit. After the ACI audit concluded, the PREA audit started at noon Wednesday, November 1, 2017, with an orientation and discussion on the intent of the audit, and a review of the agenda for the on-site visit. The Auditor emphasized the PREA audit process may continue after the site visit in order to complete the audit process. The discussion also involved the coordination of staff and inmate interviews. The scheduled number of inmate interviews predicated on the inmate population. The required number of inmate and staff interviews for Lakeview Shock Incarceration Correctional Facility was based on the review of the inmate population on the first day of the audit. The purpose of inmate interviews is to understand the facility's practices from the inmate's perspective and determine the extent to which inmates are knowledgeable about the facility's obligations to keep them safe from sexual abuse and sexual harassment.

The appropriate sampling methodology and the minimum number of inmates that the Auditor was required to interview is based on the inmate population are from the PREA Auditor Handbook. The Inmate population (705 on October 31) requires the minimum of 30 inmates to be interviewed for this on-site visit. With at least 15 inmate interviews being from a targeted group and 15 inmate interviews from a random selection covering all housing units.

The PREA Manager provided the Auditor with a list of inmates for selection from the target group. The Auditor was not able to interview a selection from each of the target group since some targets did not have inmates at the facility. 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 14 housing units, S-Block, and SHU. Inmates selected to be interviewed come from the target group including Inmates with Limited English Proficiency (LEP); Inmates reported prior victimization and Inmates who identify as Lesbian, Gay, or Bisexual. During the on-site visit, there were no Inmates identified with a physical disability, blind, deaf, or hard of hearing, cognitive disability; Transgender or Intersex, and Inmates in segregated housing for high risk of sexual victimization.

All 30 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. All Inmates interviewed conveyed to the Auditor they have been trained on the various methods of reporting PREA incidents. All Inmates interviewed could describe how to report PREA incidents verbally, in writing, anonymously and from third parties. Inmates interviewed also 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.

The Auditor interviewed 36 (30 minimum required) staff that have contact with Inmates at Lakeview Shock. Security staff were interviewed from day, evening and night shifts at including: Superintendent; PREA Coordinator; PREA Manager; PREA Contact Person; Deputy Superintendent of Security; Captain; Lieutenants; Sergeants; Correction Officers; intake officer; intermediate/higher-level staff (unan-

nounced rounds); and staff who perform inmate screening. Non-security staff included: nurses; mental health; program staff; human resource manager; SAFE/SANE representative; volunteer; contractor; investigative staff; incident review team member; retaliation monitor; first responder and outside community agency that support victims of sexual abuse.

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 received PREA 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 staff is completely knowledgeable of the PREA standards and enforces the standards to ensure the safety of inmates and staff at the facility.

The facility provided the auditor offices to hold staff and inmate interviews. The Auditor used the PREA Audit Instrument for random sample of inmates; special class of inmates; random sample of staff (security and non-security); specialized staff; Superintendent ; and PREA Compliance Manager. In addition to the staff and inmate interviews, the PREA audit on-site visit also included observation of inmate and staff activities, and inspection for blind spots in the housing units, programs, recreational areas, cafeterias, work areas, classrooms, medical, S-Block unit, and Segregated Housing Units.

The final day (November 3, 2017) of the on-site visit, the Auditor did an exit debriefing with the leadership staff summarizing the preliminary audit findings. During this process, the Auditor provided specific feedback including strengths and corrective actions as it relates to PREA standards. The Auditor was impressed with Lakeview Shock and the New York State Department of Corrections and Community Supervision commitment to the PREA audit standards and process. It was evident during the on-site visit that the facility considers PREA an essential component to protecting inmates from sexual abuse.

The final report illustrates that Lakeview Shock has demonstrated met or exceeds in each of the 43 PREA standards. The Auditor based this decision of compliance on the standards from the data gathering; review of documentation; observations during tour of facility; sampling techniques for interviews with staff, inmates, and files; interviews; and comparing policies and practice to the requirements of the standards addressing all parts of each of the 43 standards.

Facility Characteristics

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

The mission of New York State Corrections and Community Supervision is "to improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where 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". In July 1987, New

York State established the Shock Incarceration Program through legislation, which mandated that the Department of Corrections and Community Services (DOCCS) create a six-month program that would prepare young, non-violent inmates for early release consideration. Lakeview Shock Incarceration Correctional Facility is like a boot camp or military style that intended to shock an offender into changing poor behavioral patterns. Under the jurisdiction of the New York Correctional and Community Supervision Department (DOCCS), Lakeview Shock Incarceration Correctional Facility is located at 9300 Lake Avenue in Brocton, New York.

Lakeview Shock Incarcerated Correction Facility is comprised of a campus design model containing seven buildings; two housing units in each building; for 14 inmate housing units. There are 10 units designated for Shock housing unit. Each Shock unit houses 54 inmates per unit. There are two-units that are designed to hold 60 male inmates who are either being screened for the program or are awaiting for transfer to a general confinement facility. There are two units designated for female inmates. Female inmates who are in the program, awaiting screening process, or waiting transfer to general population facility are housed in one of 2 units that hold 60 inmates each. Each housing unit consists of cubicles and bed area, officer' station, telephone room, bathroom and shower facilities, staff bathroom, sanitation room, laundry facilities, cleaning supply room, indoor recreation, meeting room and a staff room. The housing units are arranged as follows: A1-60 Male beds; A2-60 Male beds; B1-54 Male beds; B2-54 Male beds; C1-54 Male beds; C-2 54 Male beds; D1-54 Male beds; D2-54 Male beds; E1-54 Male beds; E2-54 Male beds; F1-54 Male beds; F2-54 Male beds; G1-60 Female Beds and G2-60 Female beds. Besides the general housing units, Lakeview has a special housing unit (SHU) designed to house inmates confined due to disciplinary and administrative segregation issues within the general population of Lakeview Shock Incarceration Correctional Facility. The SHU contains 32 single occupancy cells. Shower facilities and exercise areas are not in each cell, but are located on each of the three housing unit wings. Each cell measures 89 square feet before adding a bed, toilet, and desk. Inmates may be placed in the SHU for the following reason: Detention Admission for inmates awaiting disciplinary hearing; Administrative Segregation for inmates assigned voluntarily for various reason including victim or witness protection and/or vulnerable adults not comfortable in the general housing units. The S-Block is a disciplinary unit for inmates that have received a minimum of 45 days of confinement. Standard services such as law library, religious counseling, education, correspondence, and grievance remain in place for inmates housed in S-Block. The S-Block has a capacity to house 200 inmates in 100 (double occupancy) cells. Each cell has its own shower, toilet and exercise facilities. The standard cell is 116 square feet without a bed, table and toilet.

Lakeview Shock Incarcerated Correction Facility offer several programs to give inmates the tools to maintain a healthy and sober lifestyle once released on parole. Staff conducts one mandated program, the Alcohol Substance Abuse Treatment/Network program (ASAT), and held one-day per week and one-evening per week with each platoon; and every other week the ASAT Network also facilitates a confrontation group. Documentation showed that community meetings are at least weekly. In addition, Network staff conducts one Network class per week with each platoon. Information reviewed indicates that community meetings are observed daily. According to information reviewed, in all, inmates receive over 570 hours of ASAT/Network programming while they participate in the Shock Incarceration Program.

Lakeview Shock Academic Education program includes 12 hours of weekly academic study where every student spends two three-hour modules once a week and three-hour evening classes twice a week. In-

mates are able to obtain their General Education Diploma (GED) through the education program.

The Vocational Education Program at Lakeview Shock Incarceration Correctional Facility consists of trade shops. Vocational programs are provided in two modules four days a week (three hours each module) and two nights per week (three hours each night) or two modules five days a week (Three hours each module). Each shop has a capacity of 19-20 inmates to attend each of the modules. Lakeview offers seven vocational programs including: Custodial Maintenance, Computer Operator/Digital Literacy & MOS Certification, Building Maintenance, Floor Covering, Horticulture, Painting & decorating, and Upholstery.

Lakeview Food Service utilizes a standard statewide menu. Each category of menus is accompanied by standard portion list. The DOCCS registered dietitian approves the menus. In addition to serving inmates in Shock program, the Food Service department also serves inmates in the 200-bed S-Block, 32 bed SHU and 10-bed infirmary. Meals are served in trays and transported in heated carts. Religious and therapeutic diets are available to the inmate population.

Lakeview S.I.C.F's Medical department provides 24-hour medical services to the inmate population. An 8-bed infirmary and two isolation rooms are available. Inmates also have the ability to sign up to be seen at sick call which is available 5 days per week (excluding holidays) for Shock inmates and daily for S-Block and SHU inmates. They also have a Dental department, which is available Monday through Friday (excluding holidays) from 7 a.m. to 3 p.m. for sick call, emergencies, and scheduled appointments. Services provided in the Dental department include examinations, including radiographs, emergency treatment, restorative dentistry, partials, and complete dentures. Emergencies that occur during non-business hours are treated by the on-call Physician and Tele-medical services; dental procedures that are not handled by the facility dental staff have to be approved by the Regional Dental Director for outside assistance. Other programs available to inmates at Lakeview include Commissary, Laundry, and the State Shop for clothing, general and law library, and ministerial services.

The Superintendent and staff provided the Auditor with access to all areas of the Lakeview Shock facility. The Auditor was able to observe activity at the facility according to the PREA Compliance Audit Tool – Instructions for PREA Audit Tour in order to verify compliance with the standards. The on-site visit of the facility included observation of all buildings. During the site visit, documentation reviewed and interviews confirmed 100% of staff had received the original PREA training prior to the last 12 months and 100% of staff was retrained during the last 12 months. All Staff interviewed confirmed they received and understand the required original PREA training and new PREA updated training. Review of files confirms that staff has signed forms confirming they have received and understood the original and new PREA training as required by the standards. The Auditor interviewed security staff for all three shifts attended and attended rounds on three units with security staff. This gave the Auditor an opportunity to interview staff on the units and allow staff to demonstrate to the Auditor several processes that relates to PREA standards. Security staff were able to demonstrate monitoring showers without viewing private areas, process for reporting sexual abuse incidents, responding to alleged sexual abuse, monitoring potential victimization and retaliation.

In the interview with the Assistant Chief Deputy of OSI, the Auditor was impressed with the commitment of the DOCCS to thoroughly investigate any report of sexual abuse, sexual harassment, and retaliation.

tion against an inmate or staff member for reporting or taking part in an investigation of possible sexual abuse or harassment. If there is evidence that a crime was committed, DOCCS is committed to pursuing prosecution to the fullest extent permitted by law. The Assistant Chief Deputy provided several examples of how allegations are thoroughly investigated and prosecutions for inmate on inmate and staff on inmate sexual abuse crimes in the DOCCS facilities.

Pertinent Information:

Lakeview Shock Incarceration Facility was established in September 1989, as medium security for Shock incarceration and maximum security for SHU and S-Block. The annual operating budget for the facility is \$2,878,253. There are 45 (Shock) buildings; 32 Disciplinary single-cell (SHU), 100 Disciplinary double-cell (S-Block). At the time of the audit, the facility had 475 employees and 8 vacant positions. The population count at the beginning of the audit was 705 inmates, the oldest inmate is 72; youngest inmate is 18; the average age of inmate is 31. The average length of stay for an inmate is 2.8 months.

The facility has two Mobile Patrols. The total number of Security Staff is 320, which includes 1 Deputy Supt. Security, 1 Captain, 9 Lieutenant, 19 Sergeants, and 290 Correction Officers.

Summary of Audit Findings

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

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

Number of Standards Exceeded:	4
Number of Standards Met:	41
Number of Standards Not Met:	0

Summary of Corrective Action (if any)

Prior to the completion of the final report, the corrective actions below were completed. **The certified**

PREA auditor finds Lakeview Shock Incarceration Correction Facility in full compliance with all PREA standards. The corrective actions expedited by Lakeview Shock resulted in compliance with all 45 PREA standards, meeting 41 of the standards and exceeding 4 standards:

- 1) Include sexual harassment in the Agency's policy on sexual abuse. A draft of the policy to include sexual harassment was created prior to the Auditor's departure from the on-site visit. Three weeks later the PREA Statewide Coordinator emailed the Auditor a copy of the approved policy that includes sexual harassment. **Corrective Action completed.**
- 2) Visit area-storage lockers in S-Block visiting area had a blind spot. This was corrected by pushing lockers together and installing a mirror. The Auditor observed the changes and was satisfied that the blind was eliminated. **Corrective Action completed.**
- 3) While inmates were mopping the floor in the vocational building, one door was propped open on the double set of doors creating a blind spot. The Auditor recommended propping both doors while mopping and close when floors are dry. The Superintendent sent out a memo to security staff instructing them to prop both doors while mopping and close when floors are dry. **Corrective Action completed.**
- 4) In the classroom (Testing-room), the teacher's desk should be positioned in a way that the teacher can see the back of the room. The desk was moved and positioned so that the teacher can see the back of the classroom. **Corrective Action completed.**
- 5) The Auditor requested the facility to post the Auditor's contact information over the next six-weeks in case an inmate wanted to contact the Auditor regarding PREA. Information on how to contact the PREA Auditor was posted during the site visit and will remain in place for six-weeks. The process of contacting the PREA Auditor involved an indirect communication through the American Correctional Association. **Corrective Action completed.**
- 6) Storehouse-L-shaped storage area has a blind area. Mirrors have been installed and an extra desk was added to eliminate the blind spots. The Auditor observed the area and confirmed the blinds spots were eliminated. **Corrective Action completed.**
- 7) The Auditor recommended secured locked mailboxes on all the units as a method to ensure confidential and anonymous reporting of PREA incidents. A prototype secure mailbox was presented to the auditor prior to his departure. On December 5, 2017, the PREA Manager sent the Auditor a picture of mailbox secured on the unit. **Corrective Action completed.**

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Auditor reviewed the New York State Corrections and Community Supervision Zero Tolerance Policy. The directive provides information on the prevention, response, detection to allegation of inmate-to-inmate, and staff-to-inmate sexual abuse and sexual threats. The policy describes definitions of sexual abuse and sexual threats, PREA training to employees, contractors, and inmates, and describes that all allegations of sexual abuse, threats and retaliation for reporting an incident of sexual abuse.

The Auditor reviewed zero tolerance on sexual abuse and sexual harassment in employees and inmate PREA trainings, in contract language, employee handbook, posters and materials.

Review of New York State Corrections and Community Supervision directive number 4027A and 4028A establish a Department Prison Rape Elimination Act (PREA) to ensure compliance with PREA Standards. This policy requires a zero tolerance for inmate-on-inmate sexual assault, and staff sexual misconduct. While the Employees' Manual, employee training and inmate educational documents addressed both sexual abuse and sexual harassment, the Agency's directive did not address sexual harassment or zero tolerance of sexual harassment.

On April 23, 2013, the New York Department of Corrections and Community Supervision (Agency) Commissioner memo announced the agency's designation of a statewide PREA Coordinator to oversee its efforts to comply with PREA standards. New York Corrections has assigned PREA Managers in regional areas (clusters) with overall responsibility of coordinating facility efforts to comply with PREA standards. A memo reviewed announced the regional PREA Manager for Lakeview. Lakeview facility has also assigned a PREA point person (Captain) to ensure coordination of PREA activities at the facility. Additional documents reviewed described the Statewide PREA Coordinator in a high-level state position and reporting to the State Commissioner for the New York Department of Corrections and Community Supervision. The Regional PREA Managers report to the Statewide Coordinator and the PREA Facility Point Person reports to the Facility Superintendent.

The auditor reviewed a table of organizations that demonstrated the PREA Coordinator reporting to the Commissioner, the PREA Manager reporting to the PREA coordinator and the PREA point Person reporting the Facility's Superintendent.

The Auditor observed during the onsite review PREA posters in both English and Spanish displayed throughout the facility. The PREA posters are visible to all staff, residents and visitors. The PREA Coordinator, PREA Manager, Superintendent and the PREA Point Person escorted the Auditor on the site-visit. The Auditor observed that inmates and staff acknowledge the PREA Manager.

Interviews with specialized and randomly selected staff and random and targeted inmates confirmed that they all know the PREA Manager, and PREA Point Person. Staff and inmates interviewed knew to contact these two people for reporting a PREA incident and the PREA Point Person monitors inmates' reporting PREA to reinforce the zero retaliation policy.

Interviews with the Agency's Commissioner, the Facility's Superintendent, the PREA State-wide Coordinator, and the PREA Manager confirmed the PREA State-wide Coordinator's and PREA Manager's primary work responsibilities is devoted to PREA compliance and the prevention of sexual abuse and sexual harassment, and that they report to the highest of authority in their places of employment.

Summary/Corrective Actions:

Through discussions with staff and inmates, observation of bulletin boards, posters, handouts and materials, review of organizational charts, and policies confirm that New York Department of Corrections and Community Supervision and Lakeview Shock Incarceration Facility Shock are committed to Zero Tolerance of Sexual Abuse and Harassment. The Auditor noticed the absence of sexual harassment in the Agency's policy directive on Zero Tolerance of Sexual Abuse. The Auditor and Facility established a corrective action to include and highlight sexual harassment in the Agency's policy on sexual abuse. A draft of the policy to include sexual harassment was completed and available prior to the auditor's departure from the on-site visit. Three-weeks later the PREA Coordinator emailed the auditor a copy of the approved policy that includes sexual harassment; subsequently, completing the required corrective action. Of particular note, the Auditor did see sexual harassment addressed in personnel manual, staff and inmate trainings, posters and pamphlets.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Review of Request for Application (RFA) on August 16, 2016, described that the contract purpose for providing community-based residential program is to assist parolees to attain stability in the community while providing for individual case needs and community safety. However, the Agency does not contract for the confinement of its inmates. Therefore, standard 115.12 (a) does not apply. The contract for community residential applies to the Community Confinement Standards.

The RFA includes PREA language that states all contractors must have a written zero tolerance policy towards all forms of sexual abuse and sexual harassment. Language in the RFA also included the contractor shall permit the agency contractor monitoring to ensure the contractor is complying with PREA standards and PREA requirements. Documents reviewed showed that contractors to several community-based residential programs have monthly meeting that includes PREA training and PREA implementation.

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. Therefore, no private prisons are operated on behalf of the Agency. The New York Department of Corrections and Supervision 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). The Auditor reviewed the State's RFA. The RFA requires all contractors to have a written zero tolerance policy towards all forms of sexual abuse and sexual harassment, and to ensure compliance with PREA standards and PREA requirements.

Documents reviewed showed that contracts to several vendors were recently awarded for post-release housing and limited reentry programming. Subsequently, contractor monitoring to ensure compliance or PREA audit on the facility is not applicable (N/A) at this time. Documents reviewed describe the agency as the only contract entity and the facility does not contract for the purpose of housing inmates or parolees.

The Auditor reviewed the State's RFA. The RFA requires all contractors to comply with PREA standards, PREA requirements and have a written zero tolerance policy towards all forms of sexual abuse

and sexual harassment. Documents reviewed showed the Agency contracted with 12 vendors over the past 12 months.

The Auditor reviewed excerpts from Reentry Managers October and November monthly reports. The report highlighted the 12 contract programs with their site visit dates and any relevant information reported. The Auditor could see some more general references to trainings involving bringing on the six programs with the new contracts, as well as PREA trainings for the contract managers. In addition, one of the Central Office Reentry Managers, who is the designee to oversee our PREA Work involving these programs, attended the PREA Implementation and Audit Preparedness training in October 2017. The Auditor also reviewed an emailed notifying the contract managers of the due dates for the audits. Although the Programs are responsible for contracting for their audits, as the contracts specify, they are required to keep the Agency apprised of the schedule, the identity of the auditor, any interim and final audit results.

Interviews with the PREA Manager and Statewide Contract Administrator revealed the New York Department of Corrections and Community Supervision entered into a number of new agreements with community providers to provide community-based residential services to newly released inmates entering parole status. The contract was award to several vendors across the state. Interviews demonstrate that Contractors are aware that they must have a written zero tolerance policy towards all forms of sexual abuse and sexual harassment and the agency contractor monitoring to ensure the contractor is complying with PREA standards and PREA requirements. The PREA Manager stated the facility does not contract with an outside entity to house inmates.

Interview with the PREA Coordinator disclosed the Agency has 12 contracts that fall under the Community Confinement Facilities standards. The 12 contracts are the first contracts executed by the Agency after the PREA Standards went into effect and that require the contract programs to achieve PREA compliance. A sample of the form contract given to the Auditor required the programs to achieve PREA compliance. The first six contracts went into effect on May 1, 2017. The next six went into effect on October 1, 2017.

The PREA Coordinator confirmed the Reentry Managers serve as the contract managers. They conduct site visits and then on a monthly basis update their Director via a monthly report. This monthly report includes any PREA issues and is a part of a larger monthly report that includes trainings and other initiatives.

Summary/Corrective Actions:

Review of RFA language, and interview with the PREA Manager and State's Contracts Administrator demonstrated compliance with PREA standard 115.12. The facility does not contract with an outside entity to house inmates. However, the Agency recently awarded contracts with outside entities to house parolees in Community Confinement Facilities upon their release. The community supervision programs are responsible for contracting for their audits. Although the Programs are responsible for contracting for their audits. The contracts specify they need to keep the Agency apprised of the schedule, the identity of the auditor, any interim and final audit results. The agency also has language in its RFA that

is required by PREA to ensure the prevention, detection and monitoring of sexual abuse and sexual harassment. Because the Agency does not contract for the confinement of inmates and the response is not to standard 115.12(a), the overall compliance to standard 115.12 is not applicable (N/A).

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the Facility's PREA Pre-audit Question (PAQ) disclosed no judicial findings of inadequacy in the staffing plan, no findings of inadequacy from Federal investigative agencies, and no findings of inadequacy from internal or external oversight bodies.

A review of the Facility's Chart/Staffing, on August 30, 2017, by the New York State Corrections and Community Supervision demonstrated a review of staffing of plan and the facility's compliance with general correctional staffing guidelines. The plan takes in consideration adequate staffing to ensure the prevention, detection and monitoring of sexual abuse and sexual harassment at the facility. The Superintendent's annual supervision and monitoring plan review confirms the facility review of staffing, adequate number off staffing, deployment of video monitoring, systems, and resources the facility has available to commit and ensure adherence to the staffing plan.

The Auditor reviewed the Agency's Directive 4001 requiring all Superintendents, Division Heads, Executive Team Members to conduct announced and unannounced rounds on the living units and activities areas at least weekly to encourage informal contacts with staff and inmates, as well as observe living and working conditions. The auditor reviewed management weekly logs, daily security supervision report of unannounced rounds on the living units and activity areas.

The Auditor reviewed memo on June 6, 2017, from the Superintendent confirming a complete review of the facility's staffing plan; deployment of video monitoring systems, and other monitoring technologies. The Superintendent reported all allegations of sexual abuse at Lakeview, reported or suspected are forward to the Office of Special Investigation (OSI). Each case in a post-incident review that is submitted to the Superintendent, PREA State-wide Coordinator and PREA Manager for review. The review may or may not result in a recommendation for change in staffing pattern.

The Superintendent memo confirmed the facility has the resources to adhere to the staffing plan. The Superintendent reported no judicial findings of inadequacy in the staffing plan, no findings of inadequacy from Federal investigative agencies, and no findings of inadequacy from internal or external oversight bodies.

Review of the Employee handbook item 2.44, prohibits employees from alerting other employees that supervision rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The facility's designed capacity is 1,022 and the average inmate population last year was 764. The staffing capacity is 290 and for two separate days in the Chart/Staffing report, the staffing was at 286 and 287. Video monitoring is only primarily on the perimeter (24 cameras) and the S-Block Unit

(105 cameras). During the on-site review, the auditor noticed two (2) areas in the facility that had blind spots. The Auditor pointed out the blind spots to the PREA Manager who immediately corrected them with mirrors thus eliminating the blind areas.

The facility environment was clean and safe. Observation throughout the facility showed inmates constantly supervised by staff.

The Auditor observed the unit logs to confirm unannounced rounds and monitoring inmates. The unannounced round logs include monitoring throughout the facility. The Auditor observed security staff conducting round. The Auditor accompanied three security staff conducting rounds on the housing units.

Interviews with all staff and all inmates confirmed that Lakeview is a safe environment. Inmates and staff interviews confirmed that staff are completing unannounced rounds on the units. The staff interviews revealed that corrections officers want to work at Lakeview because of the safe environment.

The Auditor's interview with the Superintendent, PREA Manager, and PREA State-wide Coordinator confirmed that at least once every year the facility reviews the staffing plan to determine whether to make adjustments to ensure compliance with staffing plan, and the prevention of sexual abuse and sexual harassment. The staffing review show consideration of any previous sexual abuse incidents and eliminating any blind spots of the facility.

The Superintendent confirmed that security rounds are made frequently, unannounced, irregular intervals a minimum of once per hour in all general population housing units. Restricted housing units SHU and S-Block security rounds are frequently, irregular, unannounced at least every thirty minutes.

Interview with the PREA Manager confirm that staffing plan is reviewed the facility with the Superintendent and PREA coordinator to assessed, determined, and documented whether adjustments are needed to the staffing plan after any PREA incident or during the annual staff plan needs assessment.

Summary/Corrective Actions:

Review of staffing plan, observation of cameras, control center monitoring residents, interviews with security staff and inmates confirmed supervision and monitoring to ensure a safe environment is in place. Interviews with staff and inmates confirmed they felt safe at facility.

During the on-site review of the facility, the Auditor revealed blind spots to the PREA Manager and the facility immediately corrected them with mirrors that eliminated the blind areas.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Review of the Agency policy number 0086, confirms that Lakeview Correctional Institution acceptance into the Shock program starts at 18 years of age for both males and females. The auditor reviewed the facility's PREA PAQ that showed the facility does not have any inmates under 18 years of age and has not had any inmates under the age of 18 in the past 12 months.

The auditor conclude interviews with Superintendent, 10 corrections officer and 15 inmates that all inmates in the units and activity areas were of adult age and the facility does not accept youthful inmates under the age of 18 years old. The Auditor observed inmates in housing, activities, and during meals. All inmates observed appeared to be of adult age.

Interviews with the Superintendent and the PREA Manager confirmed that Lakeview Shock Correctional Institution does not accept youthful offenders. In the past New York's Shock facilities, accepted youthful offenders from 16 years of age, but legislation now requires incarcerated youthful offenders placed in separate facilities from adults. All inmates interviewed by the Auditor were over 18 years of age.

Summary/Corrective Actions:

Review of the Agency's policy, and interviews with the Superintendent and the PREA Manager confirmed that Lakeview Shock Correctional Institution does not accept youthful offenders. The standards in this section is Not Applicable (N/A).

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 non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of the Agency's policy directive 1.37, states Agency's primary care providers may conduct body cavity exams with the consent of the Facility's Superintendent and in the presence of a same sex correctional officer as the inmate. Policy number 4910, language states Pat Frisks and Pat Search shall not offend the dignity of inmates and no cross gender Pat Frisks and Pat Searches of any female inmate shall be conducted absent of exigent circumstances. The policy's directive further states facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The policy further states a facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, a medical provider may determine the inmates genital status during conversations with 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.

A May 14, 2014 memo from the State's Deputy Commissioner for Correctional Facilities and PREA Coordinator revised the agency's PREA training and lessons plans to include the policy that all cross gender searches are properly documented and the policy with respect to searches of inmates who may be transgender or intersex.

The auditor's review of the facility's PAQ report prior to the on-site visit indicated the facility does not conduct cross-gender body strip or cross-gender visual body cavity searches of inmates. The facility reported that zero cross-gender body strip or cross-gender visual body cavity searches conducted on inmates in the past 12 months. The facility reported zero number of pat-down searches of female inmates conducted by male staff in the past 12 months.

The auditor reviewed the training logs of staff participating in PREA training. According to the document reviewed, 451 out of 451 passed the PREA training. Documentation also confirmed in the Contraband and Frisk training 17 out of 17 participants passed the training.

While viewing the facility's housing units, the auditor observed that showers and restrooms provided privacy for inmates. Four correctional officers demonstrated to the auditor the proper and respectful way of Pat Frisks and Pat Searches of the same gender, opposite gender, transgender, and intersex inmates. Three (3) out of three (3) Correctional Officers assigned to the units were able to demonstrate the process of where they would be located when inmates are showing or performing bodily functions. During the demonstration, the Correctional Officers stood near the shower and restroom areas to demonstrate how they are able to hear inmates but not view inmates' private areas.

The auditor interviewed 30 staff members and 30 inmates. All interviewees stated that when staff members of the opposite sex enter the housing unit a verbal notification to inmates announcing the staff member's presence. All inmates interviewed stated they are able to shower, perform bodily functions and change clothing without staff viewing them. All inmates interviewed were able verbalized a confident sense of privacy and informed the auditor that anytime the opposite gender is approaching the unit he/she announces his/her presence before stepping on the unit. All inmates interviewed stated at no time is the opposite gender viewing or performing searches or pat downs.

Interviews with housing unit correctional officers confirmed that inmates are able to shower, perform bodily functions, and change clothes without staff viewing inmates' private areas. Fifteen staff out of fifteen staff members interviewed were able to state that when entering a unit of the opposite gender that they announce their presence before entering the unit.

Fifteen staff out of fifteen staff members interviewed were able to state they received training on proper and respectful method of conducting Pat Frisks and Pat Searches on inmates. They also were also able to verbalize the agency policy on conducting Pat Frisks and Pat Searches on cross-gender inmates, transgender, inmates and intersex inmates. The staff verbalized strip searches or strip and an officer of the same sex as the inmate being searched conducts frisk searches. All staff knew the facility prohibits staff from searching or physically examining transgender and intersex inmates for the sole purpose of determining their genital status.

Summary/Corrective Actions:

Review of policy, interviews with staff, inmates and observation during on-site visit confirmed Lakeview is adhering to PREA 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*)

Instructions for Overall Compliance Determination Narrative

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

Review of the Agency's Policy 2612, states under Title II of the ADA, the facility shall provide disabled inmates 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, as well as providing inmates with limited English proficiency equal opportunity. The policy prohibits state and local entities from discriminating against any qualifying individuals with a disability in their programs, services and activities. The policy further ensures the availability of qualified sign language and interpreter services to any Limited English Proficiency (LEP) inmate.

Review of the Agency's Policy directive 4490, Cultural and Language Access Services, states that staff should not rely on inmates, family members, friend or a minor as an interpreter or translator for communications with an inmate that involve sensitive, confidential, privilege information or that create a conflict of interest. Further review of documentation shows that the agency has translated various vital documents, including PREA educational materials into the most common non-English primary languages.

The Auditor reviewed a memo from the PREA Statewide Coordinator to the Superintendent that alluded to the agency delivering PREA materials to the facility such as the PREA Education Film with captions in English, Spanish, Mandarin, Chinese, Italian, Haitian-Creole, Italian, Korean, Polish and Russian. The Auditor also reviewed the draft receipt that all inmates must acknowledge receiving information, which includes the PREA Sexual Abuse brochure. There is signature area in which inmates are to sign to confirming the receipt of information.

The Auditor reviewed a memo from the Statewide PREA Coordinator that all superintendents would receive a supply of new and updated PREA materials. These materials include The Prevention of Sex Abuse in Prison: What Inmates Need to Know brochure and PREA Zero Tolerance Posters and PREA pocket cards. The memo further state that if the facility has both male and female inmates the facility will receive both gender versions of the brochure and that printed brochures will provided in the following language: English, Spanish, Haitian-Creole, Russian, Polish, Italian, Chinese and Korean.

Review of the facility's PAQ indicated over the past 12 months, zero instances where inmate interpreters had been used that involve sensitive, confidential, privilege information or that create a conflict of interest.

During the on-site review, the auditors observed PREA documents in Spanish, and gender specific forms. The auditor did not see any physically disabled inmates during the on-site visit.

The auditor observed a line to call for various language interpretations. The facility has staff available who are bi-lingual Spanish speaking.

Lakeview Shock is a six-month military style prison institution that inmates apply for acceptance into the program. A primary condition for acceptance into the Shock prison is to be physically in shape to endure the physical training required to graduate from the program. Therefore, the inmate population does not include physically disabled and blind inmates.

Interviews with three (3) LEP inmates revealed that Lakeview does not discriminate against LEP inmates. The LEP inmates interviewed communicated in Spanish and had limited use of the English language. A counselor for the Facility interpreted for the inmates during the interviews. The three (3) inmates all confirmed that they received PREA training and materials in their primary language. They all could verbalize PREA zero tolerance policy, zero retaliation policy, and the various methods of reporting sexual abuse and sexual harassment.

Summary/Corrective Actions:

Observation of PREA documents in various languages, interviews with LEP inmates, observation of the interpretation services posted confirmed that disabled or LEP inmates are provided 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. The Agency and Facility exceed the guidelines established for 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*)

Instructions for Overall Compliance Determination Narrative

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

Review of the Agency's policy 2216 states that all employees and contractors of the Department of Corrections and Community Supervision (DOCCS) will be subjected to a criminal history inquiry in order to obtain background information pertinent to the security of operations, to verify data on employment applications, and to receive notification when Agency employees are arrested.

The auditor's review of Personnel Procedure Manual #406A; outlines if the work candidate was previously employed by a prison, jail, lockup, community confinement facility or juvenile facility (an institutional employer). The supervisor or the interviewer shall contact the former institutional employer and inquire whether the candidate was the subject of any substantiated allegations of sexual abuse or resigned during a pending investigation of sexual abuse. This contact will be recorded using the Employment Telephone Verification form PPM 406A.2.

The auditor reviewed a memo from the Agency's Director of Personnel to Superintendents that stated prior to appointment; every candidate selected for a potential promotional appointment will be reviewed for prior incidents of sexual abuse, a conviction for a disqualifying sexual offense, or a civil administrative find for such sexual acts. The memo also confirmed that the review identify any incidents of sexual harassment.

The auditor reviewed a recent email that confirmed that the facility is following the Agency's directive of completing background checks on hires. The New York Department of Corrections and Community Supervision application for employment includes questions that pertains to any previous sexual abuse allegations, substantiations of sexual abuse or administrative investigations of sexual allegations from previous employment or in the community.

The auditor’s review of the facility’s PAQ indicated that 25 out of 25 employees hired had background checks completed over the past 12 months. The PAQ also indicated over the past 12 months, 20 out of 20 contract for services staff completed background checks.

The auditor reviewed an email document investigating the background and inquiring about any sexual misconduct of a contracting health care employee. The Auditor reviewed a New York State Corrections and Community Supervision applications that inquires about previous disciplinary actions in corrections, convicted of crime where you attempted to engage in sexual activity in the community facilitated by , overt or implied threats of force, or coercion, or if the victim did not consent, or if the victim was unable to consent. The application’s additional question further inquiries have you ever engage in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institutions.

Promotional positions also require employees to complete questions on an application that include previous disciplinary actions in corrections, convicted of crime where you attempted to engage in sexual activity or engage in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institutions.

A March 28, 2017, completed criminal background check on an employee confirmed the facility is following the agency policy of background checks. The application completed by the work candidate checked no to the questions on previous disciplinary actions in corrections, convicted of crime where you attempted to engage in sexual activity in the community, and ever engage in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institutions.

The interview with the New York State Department of Corrections and Supervision’s Director of Personnel revealed that before the hiring of any new employee who has contact with inmates, a criminal background check is completed. The interview also confirmed that background checks are required before promotions and hiring of employees. Three out of 3 newly hired staff interviewed reported that prior to being hired they were required to complete to complete information on questions about any previous sexual misconduct in writing on application and/or interviews for hiring or promotion.

Summary/Corrective Actions:

Review of polices, memos, staff interviews of correctional officers and hiring administrator in the central office support that the facility is meeting PREA 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*)

Instructions for Overall Compliance Determination Narrative

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

Review of the Agency's policy directive Alterations/Construction Request states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, or modification upon the agency's ability to protect inmates from sexual abuse. In addition, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

The Auditor reviewed the Agency's Alteration/Construction Request form that requires the Superintendent to assess how alterations will influence the facility's ability to protect inmates from sexual abuse.

The auditor reviewed a memo from the Superintendent approving the installation of locking gates across walk through areas between shower and toilet in dorm areas in buildings 13 through 19 to eliminate blinds spots in these areas.

The auditor reviewed a written review from the Department of Corrections and Supervision's Division of Facilities Management that states any new construction or a substantial expansion or modification of existing facilities, the agency will consider the effects of the design upon the agency's ability to protect residents from sexual abuse. Furthermore, when installing or updating video monitoring system, electronic surveillance system or other monitoring technology, the agency will consider how such technolo-

gy may enhance the agency’s ability to protect residents from sexual abuse.

The auditor reviewed documentation stating no new video monitoring was installed during this PREA cycle. Lakeview has cameras located throughout the facility to help deter and detect potential misconduct from both inmates and staff.

During the on-site visit of the facility, the auditor observed no cameras directly interfering with inmates’ ability to shower, dress, or perform bodily functions in privacy.

The auditor’s interview with the Superintendent confirmed that any new construction or a substantial expansion or modification of existing facilities, the agency has a process to consider the effect of the design upon the agency’s ability to protect inmates from sexual abuse. Further, when installing or updating video monitoring system, electronic surveillance system or other monitoring technology, the agency will consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.

Interview with one Critical Incident Review Team member (PREA Manager) revealed the team assesses the need for new video monitoring after each substantiated and unsubstantiated PREA investigation. The PREA Manager stated any new upgrades and technologies must consider how such technology may enhance the facility’s ability to protect residents from sexual abuse.

Summary/Corrective Actions:

Review of documents, interviews with the Superintendent and PREA Manager, and observation of the facility confirmed the facility is a safe environment and that the leadership of the facility annually assesses the need to increase technology to enhance the protection of residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Auditor reviewed the Agency's Health Service Policy addressing the response to sexual assault, which recommends that victims of sexual assault receive treatment in hospitals whenever possible. The Department of Health requires hospitals to establish policies and procedures for the treatment of sexual assault victims and the collection and maintenance of forensic evidence. The policy further states that all treatment, including outside hospital services is provided to victims without financial liability and regardless of whether or not the victim cooperates in any investigation arising from the incident. The policy language further states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and medical and mental health practitioners according to their professional judgment determine crisis intervention services, the nature and scope of which are determined medical and mental health practitioners according to their professional judgement. For cases involving penile or foreign body penetration into the vagina, anus or mouth, and with the Facility Health Services Director's knowledge and coordinating with the Watch Commander, expeditious transportation of the inmate victim to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). A list of local hospitals confirmed that a SANE/SAFE and a Victim Advocate are available to provide services, unless medical staff determine the inmate's priority medical needs require transportation to a more appropriate hospital emergency department. (e.g., the inmate victim is suffering from traumatic injuries that require a level of care beyond what the certified SAFE/SANE hospital can provide).

The Auditor reviewed the New York Department of Corrections and Community Supervision Office of Special Investigations (OSI) Guidelines which requiring an advocate provided to inmates sexually

abused, at that time of discovery and upon the inmate's request prior to discharge from the hospital;

A memo from the Superintendent of the New York State Police confirmed the working relationships between the New York State Department of Corrections and Community Supervision (DOCCS), Office of Special Investigations (OSI), Sex Crimes Unit (SCU) and the New York State Police (NYSP), Bureau of Criminal Investigation (BCI). The agencies collaborate in the investigation of reported incidents of staff-on-inmate and inmate-on-inmate sexual abuse. The memo states that both agencies will endeavor to meet the relevant National Standards adopted under the Prison Rape Elimination Act (PREA) governing the conduct of such investigations.

The Auditor reviewed a memo of non-applicability from the Associate Commissioner for PREA Compliance of New York Corrections and Community Supervision that stated the New York State Department of Corrections and Community Supervision (DOCCS) does not conduct on-site forensic medical examinations. In accordance with DOCCS policies, when evidentiary or medically appropriate, a victim of sexual abuse shall be transported to an outside hospital and shall be provided treatment and services as required by the laws, regulations, standards and policies established by the 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.

Review of the facility's PAQ prior to the Auditor's on-site visit revealed in the past twelve (12) months zero (0) inmates received SANE/SAFE examinations, zero forensic examinations conducted and zero exams performed by a qualified staff member from a community-based organization.

Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are available from local hospital staff 24/7.

Review of PREA PAQ showed zero (0) inmates receiving forensic medical examination by SANE/SAFE staff.

Interview with the PREA Coordinator confirmed the Agency (DOCCS) through their Office of Special Investigation (OSI), Sex Crimes Division is the lead investigative body for sexual abuse investigations. OSI works cooperatively with the NEW York State Police (NYSP), Bureau of Criminal Investigation (BCI)

The Auditor interviewed a SANE nurse who confirmed her sexual assault training. The nurse confirmed in the past 12 months zero forensic examinations were conducted from the Lakeview facility. The facility offers any inmates who experienced recent sexual abuse access to forensic medical examinations without financial cost to the victim. Interview with the PREA Manager revealed the Agency has not adapted from the most recent edition of the DOJ's Office on violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". All hospital in the New York State and, accordingly, the Agency are required to follow a similar comprehensive and authoritative uniform evidence protocol from the New York State Department of Health (DOH).

The Auditor interviewed 4 out of 4 correctional officers who were able to discuss the agency's procedures for responding to sexual assault and preserving forensic evidence. The correctional officers were able to communicate guidelines such as immediate communication to supervisor and shift commander; ensure safety of victims; ensure victim-inmates is removed from the alleged perpetrator; immediately secure the scene and preserve physical evidence. Interview with the PREA Manager confirmed during the site visit that zero (0) inmates in the past twelve (12) months received SANE/SAFE examinations.

Summary/Corrective Actions:

Based on the information provided to the auditor, interviews with staff and inmates, and observations has developed and implemented the necessary policies and procedures to meet this PREA standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Agency policy that ensures that sexual abuse or sexual harassment allegations are referred to an investigative entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The New York State Corrections and Community Supervision Commissioner, in accordance with the authority granted by Correction Law Section 112, has designated the Office of Special Investigations (OSI) and its staff to inquire into all matters connected with the agency's correctional facilities. Further, the Commissioner has directed OSI to cooperate with and assist in activities requested by outside law enforcement agencies. Correction Law Section 621 authorizes the Department of Corrections and Community Supervision "to cooperate with agencies of other states and of the United States, having similar powers, to develop and carry on a complete interstate, national and international system of criminal identification and investigation, and to obtain and furnish, or to assist in obtaining and furnishing, any information from and to a law enforcement officer or agency of another jurisdiction to assist in the conduct of an investigation into any criminal matter or for use in a criminal prosecution."

Directive 0700 "Office of Special Investigations (OSI)" specifies that the OSI Sex Crimes Division specializes in investigating allegations of sexual misconduct between inmates and Departmental staff as well as inmate-on-inmate sexual abuse, and assists outside law enforcement in the development of cases for criminal prosecution. The auditor reviewed a statement of non-applicability from the Associate Commissioner for PREA Compliance of New York Corrections and Community Supervision indicating that the Agency's Acting Commissioner delegated the authority of conducting administrative and criminal investigations on sexual abuse and sexual harassment allegations to the OSI. The memo further states the Department of Justice is not responsible for conducting administrative or criminal investigations in New York DOCCS facilities.

The auditor reviewed the policy on the agency allegations of sexual abuse or sexual harassment. The auditor reviewed the Facility's sexual abuse reporting reports and logs. The auditor also reviewed completed reports of sexual abuse or sexual harassment allegations.

Interview with OSI Assistant Deputy Chief of Investigation (ADCI) for the Sex Crimes Division revealed a working relationship between the facility and OSI. The OSI ADCI stated that OSI completes

criminal investigations on sexual abuse allegations when initiated by the request of the facility, or upon receipt from any other source. The ADCI of OSI confirmed that allegations of sexual abuse are investigated, and turned over to the prosecutor for potential criminal prosecution. The ADCI stated all complaints and information received relative to possible investigations are reviewed, processed, and documented. If a complaint is being returned to the facility Superintendent or other area for follow-up investigation, the Office of Special Investigations will take no further action unless requested by the referral source. If the case is assigned to the Office of Special Investigations, an investigation will be completed.

Interview with OSI Deputy Director revealed a working relationship between the two agencies. The OSI Deputy Director stated that OSI completes criminal investigations on sexual abuse allegations when initiated by the request of the facility. The Deputy Director of OSI confirmed that allegations of sexual abuse are investigated, and turn over to the prosecutor for potential criminal investigation. The Deputy Director stated all complaints and information received relative to possible investigations are reviewed, processed, and documented. If the case is assigned to the Office of Special Investigations, an investigation will be completed. DOCCS investigates all reports of sexual abuse, sexual harassment, and retaliation in connection with a sexual abuse or harassment matter. All reports, including third-party and anonymous reports are confidential and will be thoroughly investigated. If a complaint is being returned to the facility Superintendent or other areas for follow-up investigation, the Office of Special Investigations will take no further action unless requested by the referral source.

Summary/Corrective Actions:

Agency policies and the facility procedure comply with PREA requirements relating to allegations and the investigation of such. The agency and facility both document all allegations of sexual abuse and referrals of allegations of sexual abuse and sexual harassment for criminal investigation. Review of policies, documents, and interview with OSI Assistant Deputy Chief of Investigation confirm the facility is meeting PREA 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*)

Instructions for Overall Compliance Determination Narrative

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The Auditor reviewed the Agency's directive on frequency of training for peace officers, non-peace officers, and civilians. One training mentioned in the directive is PREA refresher training every two (2) years. The Auditor reviewed the course catalog for correctional training that included an overview and discussion of NYS law and PREA Standards. The content emphasized that inmates are unable to consent to engage in sexual activity with staff and addresses the issue of inappropriate behavior between staff and inmates.

Directive 2401 "Professional Staff Development" establishes a Training Manual and Annual Planning Guide. The Training Manual provides for initial PREA training and that each employee is provided with refresher training every two years on the agency's current sexual abuse and sexual harassment policies and procedures. The Training Manual also requires that refresher information be reviewed annually. When an employee transfers to another facility, familiarization training must be tailored to the gender of the inmates at the employee's facility.

The auditor reviewed training bulletins that highlights training topics during roll calls and staff meetings. One content of the training is PREA Training and response. The training covers Zero Tolerance, What is Sexual Abuse and Sexual Harassment, Duty to report Sexual Abuse and Sexual Harassment, Retaliation, and Confidentiality, Reporting and Investigating and Effective Communication.

The auditor reviewed the 40-hour orientation training for new employees and the curriculum included PREA training.

The Auditor reviewed a memo from the Deputy Commissioner and Associate Commissioner in August of 2015, announcing a new three-hour lesson plan titled: Sexual Abuse Prevention and Response that replaced the two-hour Prevention of Sexual Abuse of Offenders and the three-hour Avoiding Inappropriate Behavior between Staff and Inmates lesson plans. The Sexual Abuse Prevention and Response training is mandatory for all staff.

The Auditor reviewed a copy of the PREA training manual titled: SEXUAL ABUSE PREVENTION AND RESPONSE by Albany Training Academy and Sexual Abuse Prevention & Education Office. The manual is a comprehensive training curriculum on PREA. The Auditor reviewed the Orientation Manual for all new DOCCS Staff, Volunteers, and Contractual Staff, and a copy of medical staff training.

The Auditor reviewed a PREA training log with signatures of correctional staff and a statement that reference by signing your names they acknowledged that they have participated in the PREA training Sexual Abuse Prevention and Response and confirmed that they understood the training.

The auditor reviewed sign-in log sheets on staff participating in Prevention of Sexual Abuse. In December 2016, 451 out of 451 employees attended the training and passed, and August 2017, 263 employee participated in Prevention of Sexual Abuse and 263 out of 263 completed the class.

Interviews with 30 staff members of Lakeview confirmed that they are knowledgeable about the Zero Tolerance Policy for sexual abuse and sexual harassment. They were clear on how to perform their responsibilities in prevention, detection, reporting and responding. Thirty-staff out of thirty-staff members interviewed were able to identify with the Agency's policy on Zero Tolerance and the requirement of Coordinated Response to an Incident of Sexual Abuse for First Responder and Supervisory Staff. All staff members interviewed confirmed that training is occurring annually. Three out of 3 newly hired correctional staff were able to confirm that PREA training is occurring at the academy in Initial Employee Training program.

Summary/Corrective Actions:

The auditor's review of the several logs listing staff participating, interviews with staff members, and review of curriculum in PREA training substantiates compliance with PREA 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*)

Instructions for Overall Compliance Determination Narrative

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Review of the Agency's directive 4027A requires all contract staff and volunteers to be trained and understand the Agency's Zero tolerance for sexual abuse or harassment. The policy 4028A confirms that contractors and contract employees, volunteers and interns shall receive orientation and periodic in-service training consistent with their level of inmate contact relating to the prevention, detection and response to staff-on-inmate sexual abuse.

A memo from Acting Commissioner reiterates that policy 4027A and 4028A by stating that under New York State's Penal Law, "An inmate is incapable of consent to any sexual act with an employee". The statute makes it a crime for an employee to engage in a sexual act with an inmate where that employee performs duties in a state correctional facility in which the victim is confined at the time of the offense. The law also applies to any contract employee or volunteer who regularly provides services to inmates. An employee who engages in sexual conduct or sexual contact with an inmate is guilty of a sex offense even if the inmate "willingly" participates.

Directive 4071 requires each contract worker will be issued a copy of Form #4071A, "Guidelines for Construction Projects." A DOCCS employee must explain these guidelines and this directive regarding Zero tolerance to each contract worker for the contracting company. All contractors will acknowledge receipt of this directive and the information in Form #4071A by signature on page 6 of the form

The auditor has reviewed an application of standards of conduct for volunteer. The application-included acknowledgement the Volunteer received and understood the Agency's Zero Tolerance Policy and the memo released by the Acting Commissioner on the New York State laws on sexual acts with inmates.

The auditor interviewed a contractor (mental health staff) and they were able to discuss their training responsibilities and requirement of the zero tolerance policy. The contractor was able to discuss procedures for responding to sexual assaults, first responders, and reporting any allegations of sexual assaults or harassments.

Summary/Corrective Actions:

The auditor's review of directive, memos, actual application of conduct behavior for contractors and volunteers, and the interview with a volunteer and contractor confirmed compliance 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*)

Instructions for Overall Compliance Determination Narrative

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

The Auditor reviewed the Agency's directive 4021 that states the following activities must be completed at each facility when an inmate is received into custody; Prison Rape Elimination Act (PREA) and Suicide Prevention pamphlets are distributed to each inmate, and each inmate is to view the Orientation Video (communicable diseases, suicide prevention and sexual abuse).

The auditor reviewed the Agency's policy 4027A states that all inmates shall receive during orientation at reception and at the facility's orientation after transfer; information, which addresses sexual abuse. The information shall be communicated orally and in writing (in English and Spanish), in a language clearly understood by the inmates. This information will address prevention, self-protection (situation avoidance), reporting sexual abuse and the availability of treatment and counseling.

The auditor reviewed the report of inmate participation training that requires the inmate to sign the form confirming that they participated in the "Ending Sexual Abuse Behind the Walls: An Orientation" PREA education program.

The auditor reviewed a memo from the Deputy Commissioner and Associate Commissioner on New York State implementing a new Prison Rape Elimination Act (PREA) inmate education component gender specific titled: *Ending Sexual Abuse Behind the Walls: An Orientation*, which were filmed with inmates from DOCCS current population. The project was funded by the Bureau of Justice Assistance PREA Demonstration Project Grant. The memo alludes to the training will be provide in

English, Spanish, Mandarin Chinese, Haitian Creole, Italian, Korean, Polish, and Russian as well as subtitles in each of these languages is expected to be completed. The Associate Commissioner distributed the DVD with the translation in February 2016. The memo directs the facility to show all current inmates under custody who did not see the film during orientation, and inmate participation in the PREA inmate education program must be documented. The Agency provides visually impaired inmates with PREA information by providing an audio of the PREA brochure in English and in Spanish.

The auditor observed PREA brochures in multiple languages and gender specific on the housing units and in the intake area. The auditor observed PREA posters on all units, and buildings in the facility. The auditor reviewed two (2) inmates receipt form with signatures acknowledging receiving a PREA brochure.

The auditor reviewed a receipt from an inmate confirming PREA training. The intake area was observed having PREA information accessible. Documentation (sign-in sheets) was reviewed of the inmates attending the training. These documents are maintained by the facility. In trainings, a DVD is often shown with educational films. The auditor reviewed evidence of several language tracks and captioning available for the showing of these films.

In 2015, DOCCS introduced a pair of ground breaking comprehensive inmate educational films, Ending Sexual Abuse Behind the Walls: An Orientation addressing sexual safety in confinement. Using a PREA Demonstration Project Grant through the United States Bureau of Justice Assistance, DOCCS collaborated with The Moss Group, LLC, and T.J. Parsell's Fish Films, LLC to develop two orientation films. These films represent a first in the nation approach to sexual safety education by letting current inmates tell new inmates what they wish they knew when they first started serving their sentences. These short films impart essential information about the Department's Zero Tolerance for sexual abuse, how to report, and what to expect when making a report. However, they go beyond the usual PREA educational materials by allowing "old timers" to explain what they learned on their own. The film has a male and female version for inmates to view.

In July 2016, DOCCS implemented a new Transitional Services Phase I curriculum. In the revised curriculum, new inmates receive a full module on the Prison Rape Elimination Act. Staff and Inmate Program Associates (IPAs) facilitate a peer education module that includes explaining inmates' right to be free from sexual abuse and sexual harassment, exploring strategies for reporting sexual abuse and sexual harassment, and addressing ways inmates can access victim support services. The education program includes a guided discussion on the Ending Sexual Abuse Behind the Walls© inmate education film and teaches inmates about sexual safety in confinement and the Department's "zero tolerance" policy under PREA through scenarios and other interactive training.

PREA education is available in different formats to accommodate limited English Proficiency (LEP), deaf, visually impaired and limited reading residents. Key information about the agency's PREA policy is continuously and readily available through posters, handouts and other written formats.

Interviews with 30 inmates revealed that they received training and information about the Zero Tolerance Policy, and how to report instances of, or suspicions of abuse or harassment. The auditor was impressed that all inmates interviewed could discuss PREA, Zero Tolerance, various methods of reporting sexual abuse and sexual harassment, third party reporting, and the zero retaliation policy. An interview with PREA Manager confirmed if an inmate is Limited English Proficient (LEP), the inmate must be provided with the brochure in his or her dominant language. If the document is not available in the correct language, interpretation services must be provided in accordance with the Department's Language Access Policy.

Interview with two (2) Offender Rehabilitation Coordinators revealed the Facility's continuous process of educating inmates in PREA. The counselors meet with inmates throughout their stay at the Facility and go over PREA education, verbally quizzing the inmates on PREA.

Summary/Corrective Actions:

Interviews, observation, residents receiving training at intake, handouts, and video training during orientation confirmed the facility's is exceeding PREA 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*)

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed the policy on training requirement for sex crimes investigations. The policy sets forth the guidelines and procedures, which are designed to address the requirements, outlined in the PREA standards. Specifically, the training requirements for the Office of Special Investigations (OSI) Sex Crimes Division (SCD) Investigators who are tasked with investigating alleged incidents of sexual abuse and sexual harassment in a confinement setting.

The OSI Sex Crimes Investigators receive specialized training including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In addition, the investigators (OSI SCD) receive training in conducting investigations in confinement settings.

The auditor reviewed the specialized investigation-training curriculum. The training curriculum is comprehensive and includes addressing PREA-key standards for investigators, investigative techniques-victim centered approach, and respectful communication with LGBTI.

The auditor reviewed the investigators training from the National Institute of Corrections (NIC) Investigating Sexual Abuse in a Confinement Setting Course. The main purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) Section 115.34 Specialized Training for Investigators. The content is design to increase knowledge, components, and considerations

that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards.

The auditor reviewed the agenda and training logs for a three-day long training on “Investigating Physical and Sexual Abuse in Institutional Settings.” This training was a cross-training for OSI SCD and Internal Affairs investigators and addressed a range of topics including cultural competence, dynamics of sexual and physical abuse in confinement, statistical overview of sexual abuse in confinement, the forensic interview, active listening, legal issues, evidence collection, assuring quality investigations, implicit bias, and prosecutors’ perspectives

The auditor reviewed training logs and signatures on employees who received PREA special investigation training.

The auditor interviewed the Assistant Deputy Chief of Investigation for the OSI SCD. The Assistant Deputy Chief of Investigation confirmed that investigators receive specialized training includes; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The Assistant Deputy Chief of Investigation was able to discuss that Garrity warnings applying to administrative investigations, while Miranda applies to criminal. The Assistant Deputy Chief of Investigation confirmed their investigation responsibilities to complete criminal investigations on sexual assaults at Lakeview and all New York State Correctional Facilities.

Summary/Corrective Actions:

The auditor’s interview, policy and document review on specialized training confirmed that sexual crimes investigators received specialized training and maintain sexual assault investigation responsibilities to Lakeview Shock Facility.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed the Agency's training directive that requires all new, full and part time, civilian (non-peace officer) employees' mandatory three (3) hours of PREA training at orientation. The training includes PREA Refresher and the policy of Zero Tolerance.

The auditor reviewed a memorandum of understanding (MOU) between the New York State Corrections and Community Supervision (DOCCS) and the New York State Department of Mental Health (OMH). The MOU requires full and part time OMH employees working in any DOCCS facility must participate in training provided by DOCCS as required by the Prison Rape Elimination Act (PREA)

The auditor reviewed the Agency's health services policy on sexual assault. The policy of the New York State Department of Corrections and Community Supervision requires that all inmate allegations of sex-

ual assault addressed are consistent with the “community standard” for handling allegations of sexual assault. All allegations of sexual assault must be medically evaluated immediately in person, by telemed, or by an outside hospital emergency department. The policy also states that all victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and medical and mental health practitioners according to their professional judgment determine crisis intervention services, the nature and scope of which.

The auditor reviewed the training manual on inmate sexual assault post exposure protocol for medical and mental health providers.

The auditor reviewed names of medical and mental provider’s trainings. Eight out of eight medical and mental health providers completed the provider training. As confirmed by sign-in sheets, 100% of medical and mental health care practitioners have received the training as required by policy. The facility maintains documentation (names and sign-in sheets) showing that medical and mental health practitioners have completed the required training. The auditor also reviewed the log sheet with two medical staff signatures attesting to sexual assault post exposure protocol PREA training

During the auditor’s interview of medical and mental health staff, they were able to identify their training in response to sexual assaults as first responders; reporting of any allegations of sexual assaults or harassments; preservation of evidence of sexual assault; and sign and symptoms of detecting sexual abuse. Medical and mental health staff members stated they are mandatory reporters of sexual abuse by their profession. During the interview process medical and mental health care staff indicated, they completed PREA training and their last PREA Refresher training was within past 16 months.

Summary/Corrective Actions:

Observations, review of documentation and interviews with staff confirmed Lakeview Shock complies with PREA standard 115.35.

<p style="text-align: center;">SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</p>
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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*)
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Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed a memo from the Deputy Commissioner and Associate Commissioner that served to incorporate uniform screening across the New York State Correctional Facilities. All inmates will be screened for risk of being sexually assaulted during intake and upon transfer to another facility. Effective

September 1, 2016, all New York State Correctional Facilities began using the gender specific PREA risk screening form.

The auditor reviewed the gender specific risk screening assessment form. The form included the statement “inmates may not be disciplined for refusing to answer or not disclose complete information in response to the question on the form. The initial risk assessment is completed within 24 hours of an inmate’s intake, and reassessed within 14 days. On the female version of the form, seven or more yes responses to the questions on the risk assessment form, or a yes response to question numbers eight or nine, the inmate may be at high risk of sexual victimization and the Watch Commander is immediately notified. The male version of the form is similar, however, five yes responses will result in a determination that the inmate may be at high risk of sexual victimization. The risk assessment forms contain the statement “information contained on this form shall not be disclosed to anyone other than the extent necessary to make security classification housing/placement, programming, treatment, investigation and other security and management decisions.”

Review of cross-reference agency/department/policy/procedures of New York policy, show Medical Service Receiving Screening-Intake, Mental Health Screening, and Intra-System Transfer Screening inquiries about mental, physical, developmental disabilities; physical build; previous incarceration; criminal history nonviolent; prior convictions of sexual assault; is or perceived to be LGBTI or gender nonconforming; previous sexual victim; and own perception of vulnerability. The standard requires all inmates to be screened during intake and upon transfer to another facility for their risk of being sexually abused or being sexually abusive toward other inmates.

The auditor reviewed the screening form that is complete within 24 of intake. This assessment tool inquires about mental, physical, developmental disabilities; physical build; previous incarceration; criminal history nonviolent; prior convictions of sexual assault; is or perceived to be LGBTI or gender nonconforming; previous sexual victim; and own perception of vulnerability. The screening is used to assist in the placement of housing for inmates being admitted into the facility.

Interview with the intake security staff revealed that a screening form is completed on every inmate coming through intake within 24 hours. Intake security staff reported that within 14 days the facility does a more detailed follow-up review to prevent sexual assaults and sexual harassment. The intake security staff was able to discuss the procedure of notifying the Watch Commander when certain questions are answered or the number of yes answers indicating the inmate is potentially at high risk of sexual victimization are present.

Interviews with 30 inmates confirmed that they were queried about prior convictions of sexual assault; is or perceived to be LGBTI or gender nonconforming; previous sexual victim; and own perception of vul-

nerability of being incarcerated. All inmates reported follow-up PREA questions within 14 days of their stay at the facility. All inmates interviewed reported that they felt safe in their environment and were aware of PREA, and how to report PREA incidents.

Summary/Corrective Actions:

The intake process, interviews with intake staff and inmates confirmed the PREA screening/intake process is being completed. Lakeview Shock complies with PREA 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 re-assessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The auditor reviewed a memo from the Associate Commissioner directing all facilities to incorporate the sexual orientation and gender identity's interview guide to be use by intake staff during the classification process. The interview guide provides a standardized interview format, that provides a mechanism to collect other required information from inmates who self-identify as transgender or who report a pre-existing intersex diagnosis.

The auditor reviewed the New York State Department of Corrections and Community Supervision Interview Guide Regarding Sexual Orientation and Gender Identity. The guide considers the input from the inmate being interviewed to promote inmate safety through classification placements.

The auditor reviewed Directive 4009, describing transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The auditor reviewed the policy of Lakeview Shock Incarceration Correctional Facility, that all inmates transferred into Lakeview Shock Incarceration Correctional Facility shall be screened by a Sergeant or above, ordinarily within 24-hours of arrival at the facility, and reassessed by an assigned ORC ordinarily within 14-days of arrival at the facility. The Assistant Deputy Superintendent PREA Compliance Manager or Captain/PREA Point Person makes a final risk assessment determination within 30 days of the inmate's arrival at the facility. The policy requires the facility to use information from the risk screening evaluation in accordance with PREA Standard in order to inform staff making housing, work, education and program assignments with the goal of keeping residents at risk of being sexually victimized separate from those at high risk of being sexually abusive.

The auditor reviewed a list of names screened and subsequent housing placements based on the screening results.

Interviews with one (1) intake security staff, two (2) medical and (1) mental health staff revealed that information is being collected to consider placement at the facility. Medical staff stated after the resident is screened a physical assessment is completed within 24-72 hours. According to reports, if there is any history or fears indicating an inmate has been sexually abused or sexually assaultive a referral is then generated to mental health. The intake staff informed the auditor that based on the screening information potential victims and housing units separate perpetrators. Mental health staff confirmed to the auditor that they see victims as well as perpetrators of sexual abuse.

Summary/Corrective Actions:

Interviews with one (1) intake security staff, two (2) medical and (1) mental health staff support interviews with residents. Observation and review of documentation also supports the use of the screening information as being used with appropriate custody and security. The facility complies 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*)

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed the Agency's policy directive 4948, establishing procedures for Protective Custody. The policy sets out additional procedural safeguards for an inmate who is appropriate for Involuntary Protective Custody solely because he or she is at high risk for sexual victimization as determined by an assessment conducted pursuant to Directive #4027A, “Sexual Abuse Prevention & Intervention – Inmate-on-Inmate,” and Title 28 C.F.R. §115.41 of the National PREA Standards, or following a report that the inmate was the victim of sexual abuse, where an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers, and who does not voluntarily accept admission into Protective Custody Status. The policy also states that the Watch Commander may only authorize Placement in involuntary Protective Custody pending a hearing and inmates placed in Protective Custody on this basis shall have access to programs, privileges, education, and work opportunities to the extent possible. The policy goes to state that a facility shall assign such inmates to Involuntary Protective Custody on this basis only until an alternative means of separation from likely abusers can be arranged, and such assignment shall not ordinarily exceed a period of 30 days. An inmate in Involuntary Protective Custody on this basis shall have such status reviewed every seven days for the first two months, and at least every 30 days thereafter, by a three-member committee consisting of a representative of the facility Executive Staff, a Security Supervisor, and a member of the Guidance and Counseling staff.

During the auditor’s site visit there were no inmates placed in protective custody solely because he/she was determined to be at high risk for sexual victimization.

Interviews with 10 correctional officers confirmed that no inmates placed in protective custody solely because he/she was determined to be at high risk for sexual victimization. The correctional officers informed the auditor that they could not recall an inmate placed in involuntary protective custody solely because they have been determined to be high risk for sexual victimization. The correctional officers on the units informed the auditor that they have been informed to watch inmates closely who have been de-

terminated to be at risk for victimization, or who were assigned a bed placement close to the correctional officer's station.

Summary/Corrective Actions:

Review of policy, interviews with correctional staff members confirm Lakeview Shock is meeting standard 115.43.

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor review of directives 4027A and 4028A state that an inmate report may be verbal or in writing, and that any employee who receives a report of sexual abuse, sexual threats, or any act of retaliation against an inmate for reporting an incident of sexual abuse or for participating in an investigation of an allegation of sexual abuse shall immediately notify his or her immediate supervisor who shall immediately notify the Watch Commander.

The auditor reviewed the agency's employee manual that highlights the duty to report sexual abuse and sexual harassment, retaliation, and confidentiality. All staff members are required to report immediately and sexual abuse or sexual harassment incidents, any retaliation against inmates or staff who reported sexual abuse or sexual harassment incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor reviewed a memo from the Chairperson for State of New York Executive Department State Commission of Correction agreeing to receive written inmate and resident reports concerning sexual abuse and sexual harassment allegations, and to forward them immediately to OSI. The memo informs the agency that the State Commission of Correction will comply with any request to remain anonymous.

The auditor observed posters on display throughout the facility, including housing units located by the telephones. The posters language includes "if you wish to report to an outside agency: The New York State Commission of Correction Alfred E. Smith State Office Building 80, South Swan Street, 12th Floor Albany, New York 12210."

The posters encourage reporting sexual abuse or sexual harassment and provide contact information for the Office of Special Investigations and the Commission of Correction. Similarly, the PREA brochures highlight multiple ways of reporting sexual abuse or sexual harassment. The brochure's language states an inmate can disclose sexual incidents to the facility's designated PREA Compliance Manager or PREA Point Person, Counselor, Chaplain, security staff person, medical staff, or any other employee. The language states that all staff must report the abuse, and they can only talk about the abuse with officials who must know about it to do an investigation or provide you with care. The brochures state an inmate can report abuse to and talk to Mental Health staff, report the abuse in writing to the Superintendent, a

member of the facility, Counselor, a chaplain, a security supervisor, the Inmate Grievance Program Supervisor, Central Office, the PREA Coordinator or the Department's Office of Special Investigations (OSI). If an inmate wants to report to an outside agency, an inmate may contact the New York State Commission of Correction.

The auditor reviewed a third-party report of a PREA sexual harassment incident. A family member contacted the Assistant Deputy Chief of Investigation for the Sex Crimes Division who contacted the PREA contact person for Lakeview Shock. The PREA contact person followed-up with an interview and statement from the alleged victim.

Thirty-inmates out of thirty-inmates interviewed were able to articulate different methods of reporting sexual assault and sexual harassment including contacting the OSI in writing or by telephone, reporting to PREA Manager, shift commander, security staff, and supervisors of security staff. All inmates interviewed informed the auditor that they felt comfortable reporting sexual abuse and sexual harassment incidents without fear of retaliation.

Interviews with 10 security staff members revealed the correctional officers to be knowledgeable on reporting sexual abuse and sexual assault. Security staff informed the auditor that they felt comfortable reporting sexual abuse and sexual harassment incidents without fear of retaliation

Summary/Corrective Actions:

Review of policies, procedures, interviews with inmates and correctional staff and observations of posters, inmates and correctional staff demonstration of their knowledge in reporting procedures on sexual abuse and sexual harassment. Inmates are well informed of their rights under PREA. The facility is compliant with 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*)

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed the agency's directive 4040 that states an inmate is not required to file a grievance concerning an alleged incident of sexual abuse or sexual harassment to satisfy the Prison Litigation Reform Act (PLRA) exhaustion requirement (42 U.S.C. § 1997e (a)) before bringing a lawsuit regarding an allegation of sexual abuse as long as the matter was reported as set forth below. For purposes of PREA Standards (28 C.F.R. § 115.52) and the exhaustion requirement, any allegation concerning an incident of sexual abuse or sexual harassment shall be deemed exhausted if official documentation confirms that:

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

The directive states that a sexual abuse or sexual harassment complaint may be submitted at any time, however, a timely complaint is essential to providing services and proper investigation. Acceptance of a late complaint does not waive the applicable statute of limitations with respect to any related lawsuit. The directive further states that any inmate grievance filed regarding a complaint of sexual abuse or sexual harassment shall immediately be reported by the IGP Supervisor to the Watch Commander for further handling in accordance with Departmental policies. The complaint shall be deemed exhausted upon filing for PLRA purposes. If the grievance does not set forth any additional matters that require a response, the grievance shall be closed.

By directive, the agency does not answer complaints of sexual abuse or sexual harassment through the Inmate Grievance process. Accordingly, the agency is exempt from this standard.

Review of the PREA Pre-Audit Questionnaire revealed there were zero (0) number of emergency grievances alleging substantial risk of imminent sexual abuse filed in the past twelve (12) months. Subsequently, zero (0) number of alleged sexual abuse incidents results in disciplinary actions for bad faith filing or any final decisions were made by the facility. Because agency policy explicitly excludes sexual abuse and sexual harassment complaints from the administrative inmate grievance process, the facility is exempt from this standard

Thirty-inmates out of thirty-inmates interviewed were able to communicate ways of reporting sexual abuse and sexual harassment through third parties reporting including, fellow inmates reporting, staff members, family members, attorneys, and advocates. All inmates interviewed understood the zero retaliation for reporting sexual abuse and/or sexual harassment.

Summary/Corrective Actions:

Because agency policy explicitly excludes sexual abuse and sexual harassment complaints from the administrative inmate grievance process, 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*)

Instructions for Overall Compliance Determination Narrative

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The auditor's review of directive 4404

addresses visits with Rape Crisis Programs which provides rape crisis services, victim advocacy services, and emotional support services. The Superintendent shall designate an area for these visits to ensure the confidentiality of all communications during the visit.

The auditor reviewed directive 4421 privilege communication to organizations such as Rape Crisis programs. The directive states that an inmate may seal outgoing privileged correspondence, and such correspondence shall not be opened, inspected, or read without express written authorization from the facility Superintendent. The Superintendent shall not authorize the reading of incoming or outgoing privileged correspondence; unless, there is a reason to believe that the provisions of this or any directive or rule or

regulation have been violated, that any applicable State or Federal law has been violated, or that the content of such correspondence threatens the safety, security, or good order of a facility or the safety or well-being of any person.

The auditor reviewed a memo from the Associate Commissioner highlighting Just Detention International New York Resource Guide. This guide is being made available to help inmates find programs that are able to provide services to address needs related to sexual abuse. Under Agency's policies, an inmate is entitled to use privileged correspondence procedures, including free weekly postage allowance, when writing to these organizations. Inmates may also add their telephone numbers to their calling list at any time by submitting a request to their Counselor (ORC). Counselors from Rape Crisis Programs may also come see an inmate through a legal visit, or they may arrange for a staff assisted "legal" call. However, calls placed on the inmate telephone system are recorded and subject to random monitoring, although staff are directed not to intentionally monitor Rape Crisis Program calls.

The auditor reviewed emails from the PREA State-wide Coordinator several attempts 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.

New York State Department of Corrections and Community Supervision does not detain persons solely for civil immigration purposes.

The auditor observed informational posters on the housing units and programming areas that detail the inmates' access to outside confidential support services. This information is also given to inmates when they arrive at the facility in PREA handout given when entering the facility.

Specifically, there were posters are displayed and visible throughout the facility promoting an outside advocate and third party mechanism for residents who are a victim of abuse. Although, staff members were not monitoring phone calls, telephone calls are subject to monitoring.

The auditor observed that outgoing mail is in open boxes on the housing units, which demonstrates that written correspondence is not secure nor confidential.

The auditors' interview with the PREA Manager revealed inmates' primary confidential correspondence to an outside agency is completed through mailed written correspondences. The PREA State-wide Coordinator informed the auditor that New York State Corrections and Community Supervision is working to develop a statewide PREA telephone hotline that inmates can call and have a private confidential conversation with an outside reporting agency. These efforts require the cooperation of local providers and have recently progressed in large part because of the change to the VOCA restriction that previously prevented the use of certain federal funds for the benefit of incarcerated victims of crime.

Interviews with 30 out of 30 inmates showed they were knowledgeable about access to outside victim advocates for emotional support services. The residents were able to detail the process to access services. Inmates further advised that the reminders be reinforced daily via postings of informational posters throughout the facility.

Summary/Corrective Actions:

A corrective action was established during the auditor's site visit that required locked mail boxes installed on all housing units to ensure anonymous and confidential correspondence between inmates and an outside agency.

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*)

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The auditor reviewed the Agency website that informs the public that the Agency investigates all reports of sexual abuse, sexual harassment, and retaliation in connection with a sexual abuse or harassment matter. All reports, including third-party and anonymous reports are confidential and will be thoroughly investigated. Third-party reports on behalf of an inmate can be initiated by contacting the facility Superintendent or, if after hours, the Watch Commander. The webpage informs the public that they may also report a sexual abuse incident involving an inmate, a parolee or another offender by writing to the Department's Office of Special Investigations at:

Office of Special Investigations

Department of Corrections and Community Supervision State Office Campus, Building 2

1220 Washington Avenue

Albany, New York 12226-2050

(518) -457 -2653

Or report a sexual abuse incident by e-mail to SpecialInvestigations@doccs.ny.gov

The auditor reviewed posted advertisements with sexual abuse, harassment and retaliation information in the facility, reviewed developed curriculum used in mandatory PREA training, brochures, pamphlets, handouts and displays of PREA information on the agency's website.

Posters are displayed and visible throughout the facility promoting an outside advocate and third party mechanism for inmates who are a victim of abuse. The facility provides posters that has OSI toll-free hotline numbers for reporting sexual abuse and sexual harassment.

Interviews with 30 out of 30 inmates revealed they were aware of how to facilitate third-party reporting. The residents were able to convey that third party reporting was confidential and were able to communicate that they can contact OSI to report any sexual abuse or sexual harassment incidents. All inmates interviewed could point to the posters visible throughout the facility with information on contacting OSI to report PREA incidents.

Summary/Corrective Actions:

Based on the display of information posted throughout the facility, inmates' interviewed and training curriculum for staff and inmates confirm the agency provides confidential access to third-party reporting of sexual abuse and sexual harassment incidents.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor-reviewed directives 4027A and 4028A that require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility whether or not it is part of the agency. Staff must also, per policy, report immediately and according to policy retaliation against residents or staff who report incidents, and any staff neglect or violation of responsibilities that may contribute to an incident of retaliation. The policy prohibits staff from revealing any information related to sexual abuse reported to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The auditor reviewed the employees' handbook that included the duty to report sexual abuse and sexual harassment, retaliation, and confidentiality: All staff shall report immediately sexual abuse and sexual harassment incidents. These incidents include; any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility 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. The language in the employee's handbook also include third-party reporting of PREA incidents and confiden-

tiality of reporting information. Review of MOU between the New York State Office of Mental Health and New York State Department of Corrections and Supervision directs mental health staff to report PREA incidents and the limitations of confidentiality.

Orientation for correctional and health care staff signed forms that confirmed their awareness of reporting procedures. Documentation further revealed that staff are following the policy for staff reporting duties as required by the PREA and professional healthcare standards.

Interviews with three (3) staff from medical and mental health revealed they were knowledgeable in reporting sexual abuse and sexual harassment incidents; reporting any suspicious behaviors; and were also aware of their responsibilities for reporting and the no retaliation policy. Health care staff (medical and mental health) were aware that they are mandatory reporters of sexual abuse and sexual harassment. They inform inmates of their professional obligation to report any type of sexual abuse or sexual harassment.

The auditor interviews with 15 staff members confirm the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to OSI for investigations. All staff interviewed stated they always refrain from revealing any information related to a sexual abuse report to anyone other than to the shift supervisor or watch commander.

Summary/Corrective Actions:

Review of documents and interviews confirm staff and agency reporting duties are being followed.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor's review of directives 4027A and 4028A require staff to take immediate action to protect the inmate immediately when knowledge, suspicion, or information is received regarding an incident of sexual abuse/harassment.

The auditor reviewed a third-party report of alleged sexual abuse to the facility's PREA contact person and immediate action was demonstrated and completed.

Interviews with 10 security staff and three (3) health care staff (medical and mental health) revealed that staff were very knowledgeable and well trained in their protection duties if an inmate was subject to imminent sexual abuse or sexual harassment. All staff interviewed were able to discuss reporting methods, no retaliation policy, and their obligations for reporting sexual abuse and sexual harassment.

Summary/Corrective Actions:

Based on the auditor's interviews with staff, review of sexual abuse allegation, and review of policy documentation demonstrate the facility is meeting PREA 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*)

Instructions for Overall Compliance Determination Narrative

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A memo from the Associate Commissioner purpose was to develop a uniform response upon receiving an allegation that an inmate was sexually abused while confined at another facility. The memo directs the head of the facility who receive the allegation must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. The Superintendent of the facility receiving the allegation shall notify the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred within 72 hours of receipt. Notification shall be made via electronic mail. The Office of Special Investigations shall be copied on all such notification via electronic mail to specialinvestigations@doccs.ny.gov.

The auditor reviewed documents on the process of notifying a correctional facility upon the transfer of an inmate that report a sexual abuse or sexual harassment incident. The documents review demonstrated another facility contacted Lakeview Shock and informed them of a transfer's allegations that sexual harassment had occurred while incarcerated at Lakeview Shock. The documentation showed the follow-up investigation based on another facility informing Lakeview Shock of the allegations.

The auditor's interview with intake staff revealed that when an inmate answers yes to question one (1) during intake; if he/she was a past victim of abuse while incarcerated, Lakeview Shock will followed up with the alleged victim. Medical staff complete a more comprehensive evaluation and a referral is generated to mental health. If the alleged abuse occurred in another facility, the Superintendent will then contact the other facility and report the alleged sexual abuse for possible investigation. The PREA Manager also confirmed this process during an interview with the auditor.

Summary/Corrective Actions:

Based on the auditor's interviews, observation, review of the policy, and email documents the facility meets PREA 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*)

Instructions for Overall Compliance Determination Narrative

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

Review of New York Department State of Corrections and Community Supervision policy requires that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall separate alleged victim and abuser; preserve and protect crime scene until appropriate steps can be taken to collect any evidence; if timeframe allows for the collection of physical evidence, advise the victim to not take any action that could destroy evidence; and if timeframe allows for the collection of physical evidence, ensure that the alleged abuser not take any action that could destroy evidence .

Review of facility's PAQ disclosed one allegation of sexual abuse over the past 12 months. However, the one allegations of sexual abuse, staff was not notified in a period of time that still allowed for the collection of evidence. At no time over the past 12 months was a first responder staff member required to preserve and protect any crime scene, request that an alleged victim not take any actions to destroy any physical evidence, or ensure that an alleged abuser did not take any action to destroy any physical evidence.

The auditor reviewed the guidelines for New York Department of Corrections and Community Supervision (DOCCS). The agency policy for response to sexual assault was established to ensure the coordination of a consistent, respectful, victim-centered response to sexual abuse.

Review of special training logs for healthcare staff and correctional officers confirmed PREA training for first responders.

The auditor’s interview with three (3) health care staff, two (2) medical and one (1) mental health staff revealed that staff is knowledgeable about first responder duties. The staff was able to articulate guideline such as separating victim from abuser; preserving evidence; providing medical and crisis care. The Healthcare staff talked about their special training as first responder to sexual abuse.

Interviews with 15 out of 15 correctional officers were able to confirm the procedures for responding to sexual assaults. The correctional officers were able to discuss contacting the Watch Commander immediately, preserving evidence, separating the victim and abuser, and securing the scene.

Interview with Assistant Deputy Chief of Investigations for OSI revealed special training for all investigators of sexual abuse allegations and crimes.

Summary/Corrective Actions:

Review of policies, documentation/forms, observations and interviews with staff confirmed that all staff members were informed on first responder duties and are prepared to respond according to the PREA Policy. The facility is following PREA 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s con-

clusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed the New York State DOCCS PREA policy that addresses coordinated response to an allegation of sexual abuse. The policy set forth clear facility specific guidelines to coordinate actions taken in response to incidents of inmate sexual abuse among the facility leadership, staff first responders, investigators and the facility's medical and mental health practitioners.

Review of the PREA Coordinator memorandum to all Superintendents requires every facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, agency investigators, and facility leadership.

The auditor reviewed a comprehensive coordinated response plan to an incident of inmate sexual abuse.

Observation of procedures showed a systematic notification in the response process following a reported sexual abuse incident. A review of the facility's response plan to an incident of inmate sexual abuse demonstrated a standardized structure and implementation guide to response to sexual assault.

Interviews with security supervisors, security staff, medical and mental health staff, an investigator and the PREA Manager disclosed that the Coordinated Response Plan to an Incident of Inmate Sexual Abuse was established to meet the needs of the victim through a multi-disciplinary response, crisis intervention and support services. Staff discussed their roles, responsibilities, special training and understanding of the Coordinated Response Plan to respond to sexual abuse incidents.

Interviewees were able to provide insight into the support services provided such as medical exams for sexual assault victims. The Coordinated Response Plan details coordinated actions to be taken in response to an incident of sexual abuse.

Summary/Corrective Actions:

Review of the Coordinated Response Plan to an Incident of Inmate Sexual Abuse and interviews with the PREA Manager, security, medical and mental health staff indicated a commitment by the facility leadership for handling a coordinated response to sexual abuse and sexual harassment. The facility is adhering to the PREA 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*)

Instructions for Overall Compliance Determination Narrative

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Review of cross-reference agency/department/policy/procedures of New York DOCCS PREA Policy ensures that all employees are held accountable and that disciplinary action is taken and consistent agency-wide. The auditor reviewed Directive 2110 "Employee Discipline - Suspension from Duty During the Continuation of Disciplinary Proceedings" policy. The policy states when OSI receives a report of sexual misconduct, they shall evaluate the facts and circumstances of the report together with any other available information and consult with the appropriate Bureau of Labor relations representative regarding appropriate actions, including removal of the employee from contact with any inmate pending the outcome of an investigation.

The agency's policy 2114, states that employees may be suspended from duty for sexual allegation, pending an investigation per the collective bargaining unit.

Review of collective bargaining agreements confirmed that when an employee's continued presence on the job poses a threat to persons or property or would severely interfere with operations, they may be suspended immediately with or without pay pending completion of an investigation.

According to the interview with the Superintendent, identified personnel are permitted to initiate disciplinary proceedings or an investigation of staff, and remove staff from the workplace during any criminal investigation or serious administrative investigation and place them on paid or unpaid suspension.

Summary/Corrective Actions:

Based on the collective bargaining agreements documents and interview with the Superintendent confirmed the facility is meeting PREA 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*)

Instructions for Overall Compliance Determination Narrative

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

Review of the New York State DOCCS PREA ensures the protection of all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by staff or inmates. The employee handbook reiterates the duty to report sexual abuse and sexual harassment, retaliation, and confidentiality.

The auditor reviewed the PREA State-wide Coordinator memo to all Superintendents reiterates the agency policy to protect all inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The obligation to monitor shall terminate if allegations are unfounded.

The auditor reviewed the facility's log form documenting follow-along monitoring for retaliation for 30, 60 and 90 days by the PREA Point Person.

The auditor reviewed the facility's log sheet of inmates the PREA Point Person was following along to monitor for any retaliation. The log sheet requires the PREA Point Person to monitor and document monitoring inmates every 30 days for up to 90 days.

Review of the facility's PAQ identified zero (0) as the number of incidents of retaliation that occurred in the past twelve (12) months.

Observation of training modules to staff and residents included zero retaliation as the policy of the Agency.

There is a 90-day monitoring time-period for a retaliation on reporting sexual abuse and sexual harassment.

Interviews with 30 inmates revealed a complete understanding of zero tolerance against retaliation for reporting sexual abuse and sexual harassment. Inmates interviewed were able to identify the facility's responsibility to protect them against any retaliation for reporting sexual abuse and sexual harassment. All inmates interviewed conveyed to the auditor that they had no fears of retaliation if they were to report on sexual abuse and sexual harassment.

The auditor interviewed the PREA Manager who conveyed that the PREA Point Person is responsible for monitoring for any retaliation because of reporting sexual abuse and sexual harassment.

Summary/Corrective Actions:

There were no reports of retaliation or reports of sexual abuse or sexual harassment during the previous twelve months. The facility is meeting PREA 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*)

Instructions for Overall Compliance Determination Narrative

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

The agency policy prohibits the placements of inmates who alleged to have suffered sexual abuse in involuntary segregated housing, unless an assessment of all available alternatives be made and a determination has been made that there is no available alternative means of separation from likely abusers.

Review of facility's PAQ informed the auditor that no inmate who alleged to have suffered sexual abuse was held in involuntary segregated housing in the past 12 months.

The auditor walked on all units including the S-Block and SHU unit. Interviews of staff and inmates on these units demonstrated that no inmate housed in S-Block or SHU were inmates that reported sexual abuse and housed in segregation for their own protection.

The auditor interviewed 30 inmates who all confirmed that to their knowledge zero inmate is placed in segregation housing in order to protect them from likely abusers. The auditor interview with correctional officers on the unit confirmed that zero inmate were placed in segregation housing in order to protect them from likely abusers. The correctional officers informed the auditor that they been told to watch an inmate more closely and even placed an inmate close to correctional officer station to monitor the inmate closely.

Summary/Corrective Actions:

Review of New York Department of Correction and Community Supervision policies and interviews with unit staff and inmates confirmed this standard is being followed by the facility.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of New York State DOCCS Policy 0700 Office of Special Investigations (OSI) outlines investigations responsibilities and assist outside law enforcement (New York State Police) in criminal prosecutions. The policies follow: 1) a uniform evidence protocol to investigate sexual abuse and sexual harassment, 2) sexual investigations shall be conducted promptly, thoroughly, and objectively including third-party and anonymous reports, and 3) the use of investigators who have been specially trained in sexual abuse investigations pursuant the New York policy. This policy includes the direction that allegations of misconduct, which appear to be criminal, are referred to the Prosecutor's Office for prosecution.

The OSI has been tasked with investigating alleged sexual abuse and sexual harassment in confinement facilities. OSI investigators are specially trained and meet the training requirements. The OSI policy is to follow the standards established by the Justice department regarding PREA training for the relevant investigations.

The auditor reviewed a memo from the Superintendent of New York State Police that, on inmate sexual abuse that may involve criminal conduct, provides a framework for interagency cooperation between DOCCS Sex Crimes Unit and the NYSP Bureau of Criminal Investigations.

The OSI Office ensures the retention of all written reports for a minimum of seven (7) years and permanent retention for electronic records.

Review of facility's PAQ informed the auditor that one (1) allegation of sexual abuse was reported over the past 12 months.

The auditor interviewed OSI Assistant Deputy Chief of Investigation who discussed his investigators training. The assistant deputy chief stated his investigators have received specialized training. The Assistant deputy chief recited the specific training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The OSI Assistant Deputy Chief reported that his investigators are highly trained to collect evidence and interview alleged abusers, alleged victims and witnesses. OSI Assistant Deputy Chief further communicated that once investigations are completed, investigators are to present their findings to the prosecutor who would decide on whether to proceed with charges. The Assistant Deputy Chief stated his investigators are trained to collect and preserve direct circumstantial evidence, including physical, DNA and electronic monitoring data. The Assistant Deputy Chief also said that his investigators shall interview alleged victims, suspected abusers, witnesses, and shall review prior complaints and reports involving suspected abusers.

The assistant deputy chief informed the auditor that the credibility of alleged victim, abuser and witness are assessed on an individual basis and they are not determined by their inmate status. The assistant deputy chief said they do not require an inmate to submit to a polygraph in order to pursue an investigation.

Twenty-nine-inmates out of thirty-inmates interviewed denied being sexually abused. One female inmate disclosed that over 20 years ago she was sexually abused while in the community. All inmates interviewed believed that PREA allegations are taken seriously and investigated. This inmate was offered counseling while at Lakeview but refused services.

Summary:

Interview with the Assistant Deputy Chief of OSI, and review of policies confirmed this standard is considered a priority.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of a memo from the Deputy Chief of Investigations outlines and imposes a standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Specialized PREA training for investigators manual and lesson plans were observed. The lesson plans included how to interview witnesses, victims, abusers, collecting evidence, and first responders.

Interview with OSI Assistant Deputy Chief informed the auditor that substantiated allegation means an allegation that was investigated and determined to have occurred. The Assistant Deputy Chief stated an allegation is determined to have occurred based upon the preponderance of the evidence. The Assistant Deputy Chief said preponderance means evidence supports that the allegation is more likely to be true than not true.

The facility investigator informed the auditor that he follows standard of preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility investigator has received special training to investigate sexual abuse allegations and sexual harassment allegations.

Summary/Corrective Actions:

Interviews OSI Assistant Deputy Chief Investigator and review of specialized training documentation confirm the facility is adhering to PREA 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*)

Instructions for Overall Compliance Determination Narrative

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Review of a memo from the Deputy Chief of Investigations outlines the agency's policy requiring all inmates whom make allegations of sexual abuse shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained) or unsubstantiated (administratively closed/not sustained) or unfounded. Additionally, the inmate victim shall be notified following the suspect assailant indictment or conviction on the related charge.

Review of the facility's PAQ revealed one (1) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past twelve (12) months. The PAQ revealed one (1) inmate were notified, verbally or in writing of the results of the investigation.

Zero (0) investigations was the number of inmates sexual abuse in the facility that were completed by an outside agency in the past twelve (12) months and there were zero (0) inmates notified, verbally or in writing of the results of the investigation by an outside agency in the past twelve (12) months.

Interview with PREA Manager and OSI Assistant Deputy Chief confirmed that an inmate who makes an allegation that she/he suffered sexual abuse is informed verbally or in writing as to whether or not the allegation was determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PREA Manager and OSI Assistant Deputy Chief further informed the auditor that anytime an allegation is made by inmate on staff the facility ensures no retaliation occurs and that there is no contact between alleged victim and abuser. The PREA Manager and OSI Assistant Deputy Chief reported that the PREA Point is responsible for communicating the progress of the allegations to the victim.

The PREA Point Person confirmed his responsible for communicating to inmates following an alleged sexual abuse and sexual harassment on the progress of the investigation and whether the abuser has been indicted on charges or convicted of sexual abuse.

Summary/Corrective Actions:

Based on interviews with staff, review of policy and PREA Pre-Audit questionnaire documents the facility is adhering to PREA 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*)

Instructions for Overall Compliance Determination Narrative

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

Review of the New York State DOCCS policy 4028A, 4028B, Employee Discipline Suspension from Duty During the Continuation of Disciplinary Proceedings number 2110, all confirm disciplinary sanctions for violations of the agency's policy relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of acts committed. In the agency's personnel policies disciplinary sanctions are listed up to and including termination for violation of agency sexual abuse and sexual harassment policies.

Review of the PREA Pre-Audit Questionnaire disclosed that in the past 12 months, there were zero (0) staff from Lakeview violated the agency sexual abuse or sexual harassment policies; or have been disciplined or been terminated

The PREA Pre-Audit Questionnaire showed zero (0) staff was terminated, zero (0) staff resigned or zero (0) staff was reported to law enforcement for violation of agency sexual abuse or sexual harassment policies.

Interview with the OSI Assistant Deputy Chief revealed staff members were specially trained in investigating sexual abuse allegations. The OSI Deputy Assistant Chief investigator informed the auditor on the processes of investigating an allegation of staff on inmate sexual abuse or sexual harassment. The OSI Assistant Deputy Chief verbally communicated that termination or resignation for alleged sexual abuse and sexual harassment may not prevent criminal charges.

The OSI Assistant Deputy Chief confirmed that zero (0) staff from the Lakeview violated agency sexual abuse or sexual harassment policies; or have been disciplined, short of terminated or been terminated, zero (0) staff have been terminated, resigned, or were reported to law enforcement for violation of agency sexual abuse or sexual harassment policies.

Summary/Corrective Actions:

Interviews with the OSI Assistant Deputy Chief, review of policy, and the facility's PAQ document confirmed adherence to PREA 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*)

Instructions for Overall Compliance Determination Narrative

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Review of the New York State DOCCS policy directive 4750 clearly states that any contractor or volunteer who engages in sexual conduct with an inmate shall be prohibited from contact with inmates and that it is a crime to engage in such activities. The agency directive 2605, Sexual Harassment in the Workplace is prohibited and is considered a form of employee misconduct subject to appropriate disciplinary action, which may result in termination.

The auditor reviewed the agency's acknowledgement of "standards of conduct for volunteer". The volunteers are acknowledging they are informed on the agency's zero tolerance policies on staff-to-inmate and inmate-to-inmate sexual abuse and sexual harassment and policy on prevention of sexual abuse of inmates.

Review of the PREA Pre Audit Questionnaire shows in the past 12 months, there were no contractor or volunteer terminated for personal contact with an inmate.

Review of contractors' and volunteers records' revealed background check for past sexual abuse allegations and zero (0) allegation of sexual misconduct at Lakeview.

The facility PAQ reviewed specified that during in the past 12 months there was no substantiated PREA investigations against volunteers or contractor and as a result, no corrective actions were imposed.

Interview with one (1) mental health staff confirmed them to be knowledgeable about PREA's Zero Tolerance Policy; training on maintaining appropriate boundaries; a duty to report; and red flags on possibly engaging in sexual misconduct with an inmate.

The contractor stated he receive an annual PREA training to maintain their knowledge and focus on their responsibilities.

Summary/Corrective Actions:

Review of the documentation and an interview with contractor confirm that Lakeview is meeting the PREA 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*)

Instructions for Overall Compliance Determination Narrative

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Review of the New York State DOCCS “Hearing Officer Guidance Standards of Inmate Behavior” takes into consideration an inmate’s age, medical condition, mental health, intellectual ability, past disciplinary history, and seriousness of the misconduct prior to imposing a confinement sanction.

Review of the New York State DOCCS Policy 4028A and 4027A require inmates to be subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The sanctions shall be 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. The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The auditor reviewed the documents of one inmate disciplinary hearings that evaluated the inmate’s mental capacity prior to disciplinary sanctions. The inmate was referred for sex offender treatment evaluation due to the nature of his behavioral offense.

Review of the PREA Pre-Audit Questionnaire disclosed there were zero (0) inmate-on-inmate administrative or criminal sexual abuses during the past twelve (12) months.

Review of a list of program sanctions showed zero (0) inmate-on-inmate administrative or criminal sexual abuses during the past twelve (12) months.

Review of Incident reports showed zero (0) inmate-on-inmate administrative or criminal sexual abuses during the past twelve (12) months.

Monitoring log showed zero (0) inmate-on-inmate administrative or criminal sexual abuses during the past twelve (12) months.

Interviews with 30 out of 30 inmates revealed they are well informed on PREA Zero Tolerance Policy; reporting sexual abuse and sexual harassment; third party reporting; and no retaliation policy. Inmate interviewed informed the auditor that they did not experience any sexual abuse or sexual harassment incidents. The inmates interviewed were fully aware of the consequences for sexual misconduct or sexual abuse. All inmates interviewed informed the auditor that they believe Lakeview is a safe environment from sexual abuse and sexual harassment.

Interviews with the PREA Manager and facility investigator confirmed zero (0) inmate-on-inmate administrative or criminal sexual abuses during the past twelve (12) months.

Summary/Corrective Actions:

Review of documents, interviews with staff, residents and observations of documents confirmed disciplinary sanctions for inmates are according to the PREA 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? Yes No

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the Health Screening for Intrasystem/SHU transfer form that included PREA questions on an inmate's sexual abuse history. The form is used to assess inmates at risk for victimization of sexual abuse or imminent risk to harm self or others. If there is an indication of risk, the Nurse is to contact the Watch Commander. The Nurse acquires consent to release information on previous disclosed sexual abuse.

A memo from the Deputy Commissioner/Chief Medical Officer revealed that a PREA section has been added on the Health Screening Form. The mental health screening form has a question on possible victim of sexual abuse that would trigger a referral to mental health.

The auditor reviewed New York State DOCCS policy 1.12B Inmate Bloodborne Pathogens Significant Exposure Protocol that states all inmate participating in sexual encounters are required to be assessed on whether or not participation involved force, coercion or mutually agreed upon contact.

New York State OMH policy acknowledges that mental health evaluation and treatment shall be offered to all inmates who have been identified, as victims of sexual abuse are willing undergo such evaluation and/or treatment.

The auditor reviewed a health screening form completed on an inmate. The form inquires about previous sexual abuse history and mental health questions.

The auditor interviewed intake staff that completes the intake form and process. The intake correctional staff said the screening form is completed that inquires about previous sexual abuse, potential for victimization or abuser. Several questions can trigger the intake staff to contact the watch commander or notify the nurse for further follow-up. Yes to certain questions can trigger the facility to monitor an inmate closely or refer to mental health.

The auditor interviewed a nurse that does a health screening on inmates coming into the facility. The nurse stated she gets a history of any sexual abuse on inmates and based on response she may refer to mental health and/or notify the Watch Commander.

Thirty inmates out of thirty-inmates interviewed were able to confirm that PREA questions are being inquired during intake.

Summary/Corrective Actions:

Interviews with intake staff, a nurse and 30 inmates confirmed the facility is meet 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 medical and mental health practitioners according to their professional judgment determine crisis intervention services, the nature and scope of which?
✓ 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*)

Instructions for Overall Compliance Determination Narrative

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

A review of the New York State DOCCS Policy 1.60 Sexual Assault mandates inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the inmate, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with policy. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to policy and shall immediately notify the appropriate medical and mental health practitioners.

Victims of sexual abuse are transported under appropriate security provisions to an outside hospital capable of conducting sexual assault exams for treatment and gathering of evidence. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following. A list of SAFE/SANE hospitals were reviewed by the auditor

Review of the Agency's Policy mandates inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the inmate, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and consistent with policy. The victim will be offered pregnancy testing and crisis counseling.

Review of agency's PAQ confirmed the facility provide victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the inmate. Inmate victim of abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care, where medically appropriate.

Interviews with two (2) medical staff revealed highly trained staff in treating and first responding to sexual abuse incidents. Interviewed staff informed the auditor that they are specifically trained to provide sexual abuse victims and abusers medical, and mental health treatment.

Interview with mental health staff disclosed that PREA incidents (abusers and victims) are routinely referred to mental health. Thirty-inmates out of thirty-inmates interviewed knew that mental health services are available when there is a sexual abuse incident. The inmates further reported that Crisis Counseling is available immediately upon notification of a sexual abuse incident.

Summary/Corrective Actions:

Interviews with medical and mental health staff and review of policies confirmed that when disclosure or identification of victimization of an inmate has been identified the victim is immediately referred to mental health and medical services and has access to medical and mental health services.

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*)

Instructions for Overall Compliance Determination Narrative

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Review of the New York State DOCCS Policy 1.60 all allegations of sexual assault must be medically evaluated immediately in person, by telemedical, or by an outside hospital emergency department. The policy further states inmate victims of sexual abuse shall receive timely, unimpeded access to ongoing medical and mental health services consistent with community standards at no cost to the inmate. The New York State DOCCS and the New York State OMH MOU supports the mental health treatment to victims of sexual abuse in confinements. The evaluation and treatment of such victims shall include, as appropriate, follow up services, treatment plans and when necessary, referrals for continued care following their transfers to, or placement in, other facilities or their release from custody

New York DOCCS Policy states, if the intake screening, or medical intake or subsequent mental health screening indicates that an inmate has previously perpetrated sexual abuse; whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered follow-up meeting with a medical or mental health practitioners within fourteen (14) days of that screening. The policy also indicates that victims of sexually abusive vaginal penetration while incarcerated is offered pregnancy test. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, all lawful pregnancy related services.

Review of PREA brochures and handout materials received at intake and other information in the inmate orientation document advises the inmate population of the offerings by the medical and mental health practitioners involving evaluation, treatment and ongoing medical and mental health care as appropriate for the sexual abuse treatment of inmates, victims and abusers.

Interviews with two (2) medical staff revealed highly trained staff in treating and first responding to sexual abuse incidents. They informed the auditor that they specifically trained to provide sexual abuse victims, abuser medical, and mental health services. If examinations services are required, inmates are transferred to the local SANE/SAFE hospital.

Interviews with mental health staff disclosed that PREA incidents (abusers and victims) are always referred to mental health. The mental health practitioner routinely performs mental health evaluation, including risk assessment for suicidal ideology. According to the mental health practitioner and Nurses interviewed crisis counseling is available immediately upon notification of a sexual abuse incident.

Interviews medical and mental health staff at the Lakeview confirmed their commitment and dedication to facilitating appropriate healthcare to inmates.

Interviews with 30 out of 30 inmates revealed they were well informed about the health care available to victims of sexual abuse or assault.

Summary/Corrective Actions:

Review of brochures and handout materials, interviews with the medical and mental health; review of polices on victims receiving timely, unimpeded access to emergency medical treatment and crisis intervention service confirmed Lakeview is adhering to PREA 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*)

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The auditor reviewed the agency's sexual abuse incident review checklist form that requires every facility to conduct a Sexual Abuse Incident Review at the conclusion of every sexual abuse investigation, unless the allegation is determined to be unfounded, and is initiated within 30 days of completion of the investigation, absent exigent circumstances.

The auditor reviewed the four (4) sexual abuse incident review checklists that were completed by the facility. The facility concluded no recommendations requiring action for the incident reviews, which were completed during this audit year.

Documentation of sexual assault/abuse incident reviews and logs confirmed that PREA incidents are being reviewed. The auditor reviewed a detailed questionnaire that analyzed PREA incidents and reviewed methods of preventing re-occurrences. Sexual abuse incident reviews indicated the team reviews any PREA incident to determine need for policy change or practices to prevent detect and eliminate sexual abuse.

The PREA Manager was able to confirm and articulate the review team purpose and how it functions. The PREA Manager informed the auditor that any PREA incident is reviewed to determine ways to prevent detect and eliminate sexual abuse.

Interviews with Superintendent also confirmed the Review Team meets to review critical incidents and examine ways to prevent reoccurrences.

Summary/Corrective Actions:

Review of sexual abuse incidents review reports and interviews with the PREA Manager and Superintendent confirmed the team is completing sexual abuse incidents; reviewing them; and looking at methods to prevent reoccurrences. It was also reported that the facility receives a letter from Department of Justice annually to assist with the approval of the Commissioner and Research person

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of New York State DOCCS Office of Program Planning Research and Evaluation requires the

facility to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Confidential incident-based data includes all information necessary to answer all questions from most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

New York State DOCCS Associate Commissioner for PREA Compliance, together with the Office of Program Planning Research and Evaluation, prepares an annual report, which includes identification of problem areas, and corrective action for each facility and the agency as a whole. The annual report is approved by the Acting Commissioner, 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.

Aggregated sexual abuse data is made readily available through the public website. The agency retains all sexual abuse data collected for at least 10 years after the date of initial collection.

Review documentation of sexual assault/abuse incident review, the Office of Program Planning Research and Evaluation "data dictionary," and logs confirms that uniform data is being collected for every allegation of sexual abuse at facilities under the agency's control.

Review of the Survey of Sexual Violence questions and answers and the agency Annual Report on Sexual Victimization.

Review documentation of sexual assault/abuse incident review, the Office of Program Planning Research and Evaluation "data dictionary," and logs confirms that uniform data is being collected for every allegation of sexual abuse at facilities under the agency's control.

Review of the Survey of Sexual Violence questions and answers and the agency Annual Report on Sexual Victimization.

Interview with the PREA Manager confirmed the Review Team meets to review critical incidents and examine ways to prevent reoccurrences. Interview with PREA Coordinator confirmed the Agency's commitment to collecting data, aggregating data, analyzing data and trending data for the purpose of preventing reoccurrences and improving performance.

Interview with the Superintendent revealed the critical incident review team reviews all PREA incidents to determine need for policy change or practices to prevent detect and eliminate sexual abuse.

Summary/Corrective Actions:

Interviews with PREA Manager, PREA Coordinator and review of the Annual Report on Sexual Victimization confirm aggregate data collection and adherence to PREA 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*)

Instructions for Overall Compliance Determination Narrative

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The Auditor reviewed the Agency's policy that states the PREA analyst prepares and aggregates data 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. An annual report is prepared which includes identification of problem areas, and corrective actions for each of the agency's facilities. 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. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The report is regularly available to the public through the Department website.

The Auditor reviewed the Department's annual report on sexual victimization. The Department conducts PREA Audits of its correctional facilities, and the final report of those audits are available for review on the Agency website. The New York State Department of Corrections and Community Supervision (DOCCS) publishes this report. Review of the report provides a comparison of allegations of sexual abuse and sexual harassment as reported to the Bureau of Justice Statistics (BJS) for calendar years 2013 - 2015 as well as corrective actions taken at facilities and the agency as a whole. This annual report includes allegations of sexual abuse of inmates and incarcerated parolees within correctional facilities under the jurisdiction of New York State Corrections and Community Supervision. The PREA State-wide Coordinator informed the Auditor that the data used for these reports reflect the most current information available at the time of publication.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The New York Department of Corrections and Community Supervision Office of Program Planning Research and Evaluation PREA Data Collection, Review, Retention and Publication Manual policy outlines basic procedures for data collection, review, storage and reporting of sexual abuse data. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The report is regularly available to the public through the Department website. An interview with PREA Coordinator confirms the agency policy requires that aggregated sexual abuse data from facilities under its direct control are made readily available to the public annually through its website.

The PREA Coordinator also confirmed before making aggregated sexual abuse data publicly available the agency removes all personal identifiers. The PREA Coordinator gave the Auditor copies of NYS DOCCS Annual Reports on Sexual Victimization for years 2013, 2014, and 2015.

Review of the agency’s policy is in place to ensure the agency maintains 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. Interviews with PREA Coordinator confirms the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The facility is compliant with standard 115, based on: review of policies, procedures, and my interview with the PREA Coordinator.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Auditor reviewed the NYS DOCCS web page at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html containing the 42 audit reports for PREA audits completed from November 6, 2015 through October 27, 2017. I have also viewed the agency schedule of audits. This Auditor is aware that two other audits are also currently in progress, and that this auditor is conducting the tenth audit of a NYS DOCCS prison in audit year 2 of cycle 2, and the 45th audit of a DOCCS prison.

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

Review of NYS DOCCS website <http://www.doccs.ny.gov/PREA/PREAinfo.html> confirms that PREA audits are being completed on NYS DOCCS facilities. During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did not ensure that each facility operated by the agency was audited at least once and at least one-third of each facility type operated by the agency was audited. The website confirms that since the beginning of the 1st cycle August 20, 2013, up to October 27, 2017, 42 facilities have been audited and the Audit Reports are on the NYS DOCCS website.

During the audit, the facility staff provided the Auditor access to and the ability to observe, all areas of Lakeview Shock facilities; copies of all relevant documents required; private room and access to random selection of inmates for interviews; and posted signs advising how inmates could send confidential information or correspondence to the Auditor like legal counsel. The Auditor conducted interviews with inmates and staff in a private area that supported the confidentiality of the conversations. The auditor was able to meet the recommended number of staff and inmate interviews. The Auditor was permitted to observe all areas of the facility including, S-Block, SHU unit, medical, housing units, program areas, recreational areas, cafeteria area, classrooms, library, law library and administrative building. The Auditor instructed the PREA Manager to post the Auditor address and telephone number for inmates to have the ability to contact the auditor. The posting is remind in visible areas of the facility for six weeks. The auditor received all information requested by the facility to complete the PREA audit.

Based on the above the facility is meeting Standard 115.401 Frequency and scope of audit requirements.

**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*)

Instructions for Overall Compliance Determination Narrative

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

The auditor observed on the agency's website all Final PREA Audit Reports. 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 42 PREA Audits of NYS DOCCS Facilities. There were 21 audits from 2017, 18 audits from 2016 and 3 audits from 2015. The most recent audit appearing on the website was October 27, 2017, well within the 90-day requirement. NYS DOCCS meets the requirements of this part of Standard 115.403 (f) Audit contents and findings.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Demetrius Henderson

January 30, 2018

Auditor Signature

Date