

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

Interim       Final

Date of Report    06/09/19

### Auditor Information

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| Name: Patrick J. Zirpoli               | Email: pzirpoli@ptd.net                |
| Company Name: Patrick J. Zirpoli LLC   |  |
| Mailing Address: 149 Spruce Swamp Road | City, State, Zip: Milanville, PA 18443 |
| Telephone: 570-729-4131                | Date of Facility Visit: 05/31/19       |

### Agency Information

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| Name of Agency:<br>Peaceprints of WNY  |                                   | Governing Authority or Parent Agency (If Applicable):   |  |
| Physical Address: <span style="background-color: black; color: black;">[REDACTED]</span>   |                                   | City, State, Zip: Buffalo, NY 14210   |  |
| Mailing Address:   |                                   | City, State, Zip:   |  |
| Telephone: 716-856-6131  |                                   | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| The Agency Is:   | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit   | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal   | <input type="checkbox"/> County   | <input type="checkbox"/> State  | <input type="checkbox"/> Federal                           |
| Agency mission: Strengthening Communities by Rebuilding Lives "Peaceprints of WNY is a 501c3 non-profit organization offering comprehensive reentry services to men and women involved in the criminal justice system. Our Reentry and Housing Programs are designed to offer provisions and guidance along each step of an individual's transformation. |                                   |   |  |
| Agency Website with PREA Information: <a href="http://www.peaceprintswny.org">www.peaceprintswny.org</a>   |                                   |   |  |

### Agency Chief Executive Officer

|                                     |                           |
|-------------------------------------|---------------------------|
| Name: Cindi McEachon                | Title: Executive Director |
| Email: cmceachon@peaceprintswny.org | Telephone: 716-856-6131   |

### Agency-Wide PREA Coordinator

|   |   |
|---|---|
| <b>Name:</b> Isabel Shapiro                               | <b>Title:</b> Program Manager/PREA Coordinator                            |
| <b>Email:</b> ishapiro@peaceprintswny.org                 | <b>Telephone:</b> 716-892-8224  |
| <b>PREA Coordinator Reports to:</b><br>Executive Director | <b>Number of Compliance Managers who report to the PREA Coordinator</b> 0 |

### Facility Information

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|---|
| <b>Name of Facility:</b> Bissonette House             |
| <b>Physical Address:</b> [REDACTED] Buffalo, NY 14215 |
| <b>Mailing Address (if different than above):</b>     |

|                                       |
|---------------------------------------|
| <b>Telephone Number:</b> 716-892-8224 |
|---------------------------------------|

|                                    |                                   |   |  |
|------------------------------------|-----------------------------------|---|--|
| <b>The Facility Is:</b>            | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County   | <input type="checkbox"/> State              | <input type="checkbox"/> Federal                           |

|                       |   |  |   |
|-----------------------|---|--|---|
| <b>Facility Type:</b> | <input type="checkbox"/> Community treatment center                       | <input type="checkbox"/> Halfway house                         | <input type="checkbox"/> Restitution center |
|                       | <input type="checkbox"/> Mental health facility                           | <input type="checkbox"/> Alcohol or drug rehabilitation center |   |
|                       | <input checked="" type="checkbox"/> Other community correctional facility |  |   |

**Facility Mission:** Strengthening Communities by Rebuilding Lives "Peaceprints of WNY is a 501c3 non-profit organization offering comprehensive reentry services to men and women involved in the criminal justice system. Our Reentry and Housing Programs are designed to offer provisions and guidance along each step of an individual's transformation.

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| <b>Facility Website with PREA Information:</b> www.peaceprintswny.org |
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| <b>Have there been any internal or external audits of and/or accreditations by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

### Director/PREA Coordinator

|   |                                |
|---|--------------------------------|
| <b>Name:</b> Isabel Shapiro               | <b>Title:</b> Program Manager  |
| <b>Email:</b> ishapiro@peaceprintswny.org | <b>Telephone:</b> 716-892-8224 |

### Facility Health Service Administrator

|                             |                   |
|-----------------------------|-------------------|
| <b>Name:</b> Not Applicable | <b>Title:</b>     |
| <b>Email:</b>               | <b>Telephone:</b> |

### Facility Characteristics

|  |  |                                    |   |
|--|--|------------------------------------|---|
| Designated Facility Capacity: 24   |  | Current Population of Facility: 24 |   |
| Number of residents admitted to facility during the past 12 months   |  |                                    | 100   |
| Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:   |  |                                    | 0   |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:   |  |                                    | 100   |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:  |  |                                    | 100   |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012:   |  |                                    | 0   |
| Age Range of Population:   | <input checked="" type="checkbox"/> Adults<br><br>18 and older | <input type="checkbox"/> Juveniles | <input type="checkbox"/> Youthful residents |
| Average length of stay or time under supervision:  |  |                                    | 65 days                                     |
| Facility Security Level:   |  |                                    | Community                                   |
| Resident Custody Levels:   |  |                                    | Community                                   |
| Number of staff currently employed by the facility who may have contact with residents:  |  |                                    | 8   |
| Number of staff hired by the facility during the past 12 months who may have contact with residents:   |  |                                    | 18  |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents:   |  |                                    | 3   |
| <b>Physical Plant</b>  |  |                                    |   |
| Number of Buildings: 1   |  | Number of Single Rooms: 15         |   |
| Number of Multiple Occupancy Rooms:  |  | 3                                  |   |
| Number of Open Bay/Dorm Housing Units:   |  | 0                                  |   |
| 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.): |  |                                    |   |
| The facility has 12 cameras, both on the interior and exterior of the facility. The cameras are stationery and record 24/7.  |  |                                    |   |
| <b>Medical</b>   |  |                                    |   |
| Type of Medical Facility:  |  | None                               |   |
| Forensic sexual assault medical exams are conducted at:  |  | Erie County Medical Center         |   |
| <b>Other</b>   |  |                                    |   |
| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:  |  |                                    | 7   |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse:   |  |                                    | 0   |

# Audit Findings

## Audit Narrative

### Pre-Onsite Audit Phase

#### Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with PREA Coordinator Isabel Shapiro. We coordinated the date for the onsite audit at the facility. During these conversations, we outlined an overall audit schedule.

#### Posting Notice of the Audit:

I forwarded the audit postings to the PREA Coordinator on March 31, 2019. The posting included the date of the audit, purpose of the audit, my contact information, and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas, and all common areas. I verified the placement of the audit notices during the onsite portion of the audit during the facility tour and during the resident and staff interviews. No staff nor residents contacted me.

#### Review of Agency and Facility Policies, Procedures, and Supporting Documentation:

I received the agency policies and documentation prior to the onsite audit. These were received on a flash drive. The Policies, Procedures, and Documents reviewed during this phase of the audit are listed under Onsite Audit, with all documentation reviewed during the course of the audit.

### Onsite Audit Phase

#### Site Review:

On May 31, 2019, I met with the Agency PREA Coordinator and Facility Staff. I immediately conducted the resident interviews due to the residents leaving for work, and other outings at 8:00 a.m. These interviews were conducted in a private room, which provided adequate privacy for the interviews. Resident interviews in the following categories were conducted:

| Interview Type   | Number |
|--|--------|
| Random Resident Interviews   | 9      |
| Residents who are Blind, Deaf, or Hard of Hearing or Physical Disability | 0      |
| Residents who are Limited English Proficient                             | 0      |
| Residents with a Cognitive Disability                                    | 1      |
| Residents who Identify as Lesbian, Gay or Bisexual                       |        |
| Residents who identify as Transgender or Intersex                        | 0      |
| Residents who Reported Sexual Abuse                                      | 0      |
| Residents who Reported Sexual Victimization During Risk Screening        | 0      |
| Total Resident Interviews  | 10     |

During the interview process, several targeted categories of residents were not being housed at the facility.

I conducted the interviews with all residents, in the same manner, a preamble to the interview was related to the resident explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No residents refused to speak with me. During the interviews, I utilized a copy of the initial PREA information received by residents, and Screening form to visually stimulate the resident's recollection of their initial intake process.

Following the resident interviews, I held a brief meeting with the PREA Coordinator, Executive Director, Facility Staff, and New York Department of Corrections and Community Supervision staff. After this brief meeting, a facility tour was conducted. During the tour, I had the opportunity to view all areas of the facility. I interacted with both staff and residents, as well as observed the interaction between the staff and residents. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. The facility has both interior cameras and exterior cameras. Throughout the facility, I observed the related PREA information, Audit Posting, and applicable policies and procedures which are accessible to all residents.

During the onsite audit, I had the opportunity to interview Michelle Fortune, a Reentry Operations Manager and Heather McGraw Assistant Reentry Manager, both employed by the New York State Department of Corrections and Community Supervision. They explained the investigative process and confirmed that any investigation at this facility would be reported to and investigated by the Office of Special Investigations Department of Corrections and Community Supervision. They also confirmed that during the first auditing cycle, the contracted facilities were not obligated to be audited, but had to follow the PREA Standards, with the new contract they need to be audited.

Upon completion of the resident interviews, the staff interviews were conducted in the same office. During the process, I interviewed staff in the following categories:

| Interview Type  | Number |
|---|--------|
| Random Staff Interviews   | 2      |
| Intermediate or Higher Level Staff Conducting Unannounced Rounds and Intake Staff | 0      |
| Medical and Mental Health Staff   | 0      |
| SANE Nurse  | 0      |
| Administrative Staff  | 1      |
| Victim Advocate   | 0      |
| Volunteers and Contractors  | 1      |
| Investigative Staff   | 0      |
| Staff who Perform Screening   | 1      |
| Staff on the Sexual Abuse Incident Review Team                                    | 1      |
| First Responders  | 0      |
| Director/PREA Coordinator and Designated to Monitor for Retaliation               | 1      |
| Total Staff Interviews  | 7      |

I conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me.

The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit, and Post Audit Phases, with the applicable standard to each.

| Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases                              | Applicable Standard  |
|---|--|
| PREA Policy and Procedures<br>Organizational Chart  | Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator       |
| PREA Policy and Procedures  | Standard 115.212: Contracting with other entities for the confinement of residents             |
| PREA Policy and Procedures<br>Staffing Plan   | Standard 115.213: Supervision and Monitoring   |
| PREA Policy and Procedures<br>Training rosters<br>Training power point                            | Standard 115.215: Limits to cross-gender viewing and searches                                  |
| PREA Policy and Procedures  | Standard 115.216: Residents with Disabilities and Residents who are Limited English Proficient |
| PREA Policy and Procedures<br>Documentation of 5-year Criminal Background Record Checks for Staff | Standard 115.217: Hiring and Promotion Decisions   |

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| PREA Policy and Procedures  | Standard 115.218: Upgrades to facilities and technologies                       |
| Sexual Abuse and Sexual Harassment Policy<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee<br>New York State Corrections and Community Supervision website<br>Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police | Standard 115.221: Evidence Protocol and Forensic Medical Examination            |
| Sexual Abuse and Sexual Harassment Policy<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee<br>New York State Corrections and Community Supervision website<br>Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police | Standard 115.222: Policies to Ensure Referral of Allegations for Investigations |
| PREA Policy and Procedures<br>PREA Training<br>PREA Training Rosters<br>Acknowledgment Forms for Staff, Volunteers, and Contractors   | Standard 115.231: Employee Training   |
| PREA Policy and Procedures<br>Completed Acknowledgement Forms   | Standard 115.232: Volunteer and Contractor Training                             |
| PREA Policy and Procedures<br>Zero Tolerance Acknowledgment Signed Posters Posted (regarding PREA and zero tolerance)<br>Resident files   | Standard 115.233: Resident Education  |

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| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>                      | <p>Standard 115.234: Specialized training: Investigations</p>                     |
| <p>PREA Policy and Procedures</p>  | <p>Standard 115.235: Specialized training: Medical and mental health care</p>     |
| <p>PREA Policy and Procedures<br/> Prison Rape Elimination Act Risk Screening Form in resident files</p>   | <p>Standard 115.241: Screening for risk of victimization and abusiveness</p>      |
| <p>PREA Policy and Procedures</p>  | <p>Standard 115.242: Use of screening information</p>                             |
| <p>PREA Policy and Procedures Zero Tolerance Acknowledgment Signed<br/> Photos of Posters Posted (regarding PREA and zero tolerance)<br/> Resident files<br/> New York State Department of Corrections and Community Supervision website</p>   | <p>Standard 115.251: Resident reporting</p>                                       |
| <p>PREA Policy and Procedures</p>  | <p>Standard 115.252: Exhaustion of administrative remedies</p>                    |
| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police<br/> RESTORE posters</p> | <p>Standard 115.253: Resident access to outside confidential support services</p> |
| <p>PREA Policy and Procedures<br/> New York State Department of Corrections and Community Supervision website<br/> Catholic Charities website</p>  | <p>Standard 115.254: Third-party reporting</p>                                    |



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| PREA Policy and Procedures<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee   | Standard 115.261: Staff and agency reporting duties                                      |
| PREA Policy and Procedures   | Standard 115.262: Agency protection duties   |
| PREA Policy and Procedures   | Standard 115.263: Reporting to other confinement facilities                              |
| PREA Policy and Procedures   | Standard 115.264: Staff first responder duties   |
| PREA Policy and Procedures<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee<br>New York State Corrections and Community Supervision website<br>Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police | Standard 115.265: Coordinated response   |
| PREA Policy and Procedures   | Standard 115.266: Preservation of ability to protect residents from contact with abusers |
| PREA Policy and Procedures   | Standard 115.267: Agency protection against retaliation                                  |
| PREA Policy and Procedures<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee<br>New York State Corrections and Community Supervision website<br>Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police | Standard 115.271: Criminal and administrative agency investigations                      |

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| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p> | <p>Standard 115.272: Evidentiary standard for administrative investigations</p> |
| <p>PREA Policy and Procedures</p>   | <p>Standard 115.273: Reporting to residents</p>                                 |
| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p> | <p>Standard 115.276: Disciplinary sanctions for staff</p>                       |
| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p> | <p>Standard 115.277: Corrective action for contractors and volunteers</p>       |

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| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p> | <p>Standard 115.278: Disciplinary sanctions for residents</p>  |
| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p> | <p>Standard 115.282: Access to emergency medical and mental health services</p>                      |
| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p> | <p>Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers</p> |
| <p>PREA Policy and Procedures<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Resident-on-Resident<br/> New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention &amp; Intervention Staff on Resident/Staff on Parolee<br/> New York State Corrections and Community Supervision website<br/> Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p> | <p>Standard 115.286: Sexual abuse incident reviews</p>   |

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| PREA Policy and Procedures<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee<br>New York State Corrections and Community Supervision website<br>Data reports | Standard 115.287: Data collection                            |
| PREA Policy and Procedures<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee<br>New York State Corrections and Community Supervision website<br>Data reports | Standard 115.288: Data review for corrective action          |
| PREA Policy and Procedures<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident<br>New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee<br>New York State Corrections and Community Supervision website<br>Data reports | Standard 115.289: Data storage, publication, and destruction |
| PREA Policy and Procedures   | Standard 115.401: Frequency and scope of audits              |
| PREA Policy and Procedures   | Standard 115.403: Audit contents and findings                |

At the conclusion of the Onsite Audit, an exit conference was held with the administration. At this time, I provided an overview of the audit findings during the onsite audit portion.

**Post Audit:**

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard were met. This assurance was made by triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account, I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.

## Facility Characteristics

### Agency History:

Founded in 1972 following the Attica prison uprising, Cephias Attica, Inc. focused on the worth and dignity of those in prison. The unfortunate tragedy and loss of life gave birth to a lay movement that responded to the Gospel call to visit those in Prison. Inside Attica, were men who were desperate to change their lives but had no skill with which to do so, which led to the development of the Cephias in-prison support groups. Cephias comes from the Aramaic word for Peter, the rock on which Jesus would build his church. Through the support groups, Cephias provided a “rock” on which men and women could rebuild their lives. The Franciscans joined in this work in 1981 and began inviting ex-offenders to live at St. Patrick Friary in 1983. Cephias later offered transitional housing in both Rochester and Buffalo. After spending a summer in the early 1980s working with offenders at Bedford Hills Correctional Facility in Westchester County, Sister Karen Klimczak returned to Buffalo eager to help ex-offenders rejoin society. In 1985, Sr. Karen founded the Home Of Positive Experience, or Hope House, in an old covenant on Sycamore Street in the City of Buffalo. HOPE House provided transitional housing for men being released from correctional facilities. In 1987, Father Joseph Bissonette, pastor of St. Bartholomew Church, located at 335 Grider St, was murdered in his rectory by two men who had knocked on his door seeking help. When the bishop of the Buffalo diocese then merged St. Bartholomew’s with a neighboring parish, Sr. Karen relocated HOPE House to this location and renamed it Bissonette House as a way of paying homage to the slain Father Bissonette. On Good Friday 2006, Sister Karen’s life was tragically cut short.

Sister Karen’s tragic passing in April 2006, sparked the “I Leave Peaceprints” movement in Buffalo and the surrounding areas. The peace dove has become a message that has been carried on with much love and dedication. Hope and Cephias merged on August 28, 2009, under the surviving 501 (c)(3) corporation of Hope of Buffalo, Inc. operating under the assumed name of Peaceprints™ of WNY. Peaceprints™ of WNY continues to provide comprehensive reentry services and be a well-recognized name in Western New York communities.

Today our services have grown to include: transitional, supportive, and independent housing options, in prison and community-based support groups, advocacy efforts, a community food pantry, youth programming in conjunction with Buffalo Public Schools and most recently an innovative and collaborative, an associate of arts program, in partnership with Houghton College. This associates program is specifically designed for individuals with criminal convictions, offering small class sizes, individualized tutoring as well as comprehensive case management. These, and all of our programs empower clients with the tools necessary to gain knowledge, make informed decisions, and break the cycle of incarceration.

### Facility Description:

Bissonette House is a 120-day transitional residence program which provides its Residents with the support and guidance needed to make a positive transformation and a successful reentry. Bissonette Residents participate completely in all aspects of community living, after all, Bissonette House is a home, and we want this opportunity to serve as a bridge to a new beginning and future. Both staff and volunteers work to create a comfortable community setting that is undeveloped, allowing for restoration and growth.

Everyone residing at Bissonette House abides by the community living values established within our home. This includes participation in chores, house dinners, morning focus groups, as well as through involvement in other house and community activities. Additionally, we ask that each house member meets with our in house Transition Coordinator once a week for individual transition planning sessions. We appreciate the busyness of individual schedules and attempt to make our program demands lose enough to accommodate specific needs as well as Parole-mandated appointments.

The men living at our residence take personal responsibility for setting their own goals, while reaching out to house staff for additional support and guidance. Additionally, the house staff will assist residents with additional community links to services that may be required by Parole.

#### Facility design:

The facility is located in a single four-story building. Access to the facility is controlled by the staff. Housing for the residents is located on the first, second, and third floors. The resident's rooms consist of 3 multi-occupancy rooms and 15 single occupancy rooms. The residents share bathrooms which are located in the housing areas. The bathrooms are single occupancy with doors to provide privacy. All showers throughout the facility have shower curtains.

Staff offices, the kitchen, and a common area is located on the first floor. The laundry area is located in the basement.

Posters for reporting incidents of sexual abuse or sexual harassment are located throughout the facility. This information is also located on the back of every housing room door.

I found that staff makes unannounced rounds in the facility this movement of staff deters any violation of the PREA policy and more importantly provides an overall safe environment for both residents and staff. During the interviews, I found that New York State Corrections and Community Supervision Staff are at the facility on almost a daily basis, and an unannounced tour of the facility occurs once a month.

During the onsite audit, I was impressed with the overall culture of the facility, and the professional as well as respectful treatment of the residents. I strongly believe that this culture helps to maintain the safe environment at the facility, and has built confidence in the residents to report any issues directly to staff. This was corroborated during my interviews with the residents during the onsite audit.

## Summary of Audit Findings

**Number of Standards Exceeded:** 4

- § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- § 115.233 Resident education.
- § 115.241 Screening for risk of victimization and abusiveness.
- § 115.251 Resident reporting.

**Number of Standards Met:** 37

- § 115.212 Contracting with other entities for the confinement of residents.
- § 115.213 Supervision and monitoring.
- § 115.215 Limits to cross-gender viewing and searches.
- § 115.216 Residents with disabilities and residents who are limited English proficient.
- § 115.217 Hiring and promotion decisions.
- § 115.218 Upgrades to facilities and technologies.
- § 115.221 Evidence protocol and forensic medical examinations.
- § 115.222 Policies to ensure referrals of allegations for investigations.
- § 115.231 Employee training.
- § 115.232 Volunteer and contractor training.
- § 115.234 Specialized training: Investigations.
- § 115.235 Specialized training: Medical and mental health care.
- § 115.242 Use of screening information.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.264 Staff first responder duties.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.
- § 115.271 Criminal and administrative agency investigations.
- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.
- § 115.287 Data collection.

- § 115.288 Data review for corrective action.
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**



## PREVENTION PLANNING

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE:

Peaceprints of WNY PREA Policy and Procedures dictates the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all sexual abuse and sexual harassment.

I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The agency has designated an agency PREA Coordinator. During the interview, she related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the

PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards and their daily application in the facility.

Prior to the onsite audit, all documentation was reviewed, during the onsite portion, I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and residents.

After a careful review of all documentation, and the information received during interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions.

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

### **115.212 (a)**

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

### **115.212 (b)**

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

### **115.212 (c)**

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

## Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The agency does not contract for housing of residents. The facility contracts with the New York State Corrections and Community Supervision to house residents.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.213: Supervision and monitoring

### 115.213 (a)

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

### 115.213 (b)

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

### 115.213 (c)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The agency has developed a facility staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the aforementioned policies. I further questioned the staff on the policies and the ability to fully staff the facility at all times. I was informed that the facility is staffed at all times.

The staffing plan is part of the contract with the New York State Corrections and Community Supervision.

The staffing plan has not been deviated from within the last 12 months.

Adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available are discussed by facility staff, and during the monthly tour by the New York State Corrections and Community Supervision. This was confirmed during the staff interviews.

The agency has 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. These unannounced rounds take place during all shifts at the facility. The agency has a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. I further confirmed the rounds are occurring during the staff and resident interviews as well as reviewing the log generated by staff. I further recognized this during the facility tour with the staff, they were familiar with individual residents, and these residents were familiar with them, they would occasionally interact with a resident, I found this interaction to be professional and extremely respectful.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.215: Limits to cross-gender viewing and searches

### 115.215 (a)

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

### 115.215 (b)

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

### 115.215 (c)

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

#### 115.215 (d)

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

#### 115.215 (e)

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

#### 115.215 (f)

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

## Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and resident interviews, as well as a review of the policy. I also confirmed that the facility had not conducted a search under these circumstances.

The facility is an all-male facility and does not house any females.

The above policies outline procedures and practices that enable residents to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender is viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine housing unit checks. The policies further dictate that staff of the opposite gender announces their presence when entering a resident housing unit.

The facility has multiple bathrooms utilized by the residents. The bathroom has operational doors and a shower curtain for the shower.

The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. I further confirmed the practices during the staff and medical interviews. When a transgender or intersex resident is placed at this facility, they would have been identified as such by the facility they were being transferred from.

The facility does not conduct any pat-down searches or strip searches of residents.

After a careful review of all documentation, and the information received during interviews, I found that the agency and facility are substantially compliant with the requirements of this standard, and all provisions.

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

### 115.216 (a)

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



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

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE:

The agency has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. These steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to residents in these categories in the policy. The policy outlines

procedures for residents who are not only non-English speaking but all who are enumerated in this standard. I confirmed the use of this plan during the staff and resident interviews.

The agency has taken steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient.

The agency does not rely on resident interpreters, resident readers, or other types of resident assistants. The investigations at the facility would be conducted by the Office of Special Investigations Department of Corrections and Community Supervision, the New York State Police, or the Buffalo Police Department.

The New York State Department of Corrections and Community Supervision have policies in place that prohibit the use of resident interpreters.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.217: Hiring and promotion decisions

### 115.217 (a)

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

### 115.217 (h)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE:

The agency has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The agency has developed an application process that specifically asks the applicant about these activities, and all provisions enumerated in this standard. During the interviews with the staff I verified that the application is being utilized, I further verified the utilization by reviewing personnel files, I found that the questions were asked and answered in all of the reviewed files. During the staff interviews, I verified they were asked these questions.

The agency does not have a promotion system that would require asking these questions again.

The agency has also implemented a background investigation process for all new employees, contractors, and volunteers. The background investigations are being conducted as per policy. During the review of personnel files, I ensured that the background checks were being completed. Part of the background investigation is a Criminal History Check through the National Crime Information Center (NCIC). The agency has not reached the 5-year mark to complete a second Criminal History Check.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.218: Upgrades to facilities and technologies

### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

#### Auditor Overall Compliance Determination

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

The agency has not made any substantial expansion to this facility, but during the interviews I confirmed that if any expansion or acquisition of facilities takes place, the overall security and safety is taken into consideration, including the sexual safety of the residents.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (d)

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

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

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency is not responsible for the administrative and criminal investigations of sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level; the facility would immediately notify the Office of Special Investigations New York State Department of Corrections and Community Supervision.

The investigation would be conducted by the investigators in the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification.

The New York State Department of Health Sexual Assault Forensic Examiner Program designates the hospitals available to conduct the examinations. During interviews, I confirmed that an approved hospital would be utilized. The PREA Coordinator attempted to obtain an MOU for victim advocacy with ECMC, Buffalo General, and Crisis Services, all who provide victim advocacy. She was informed that no agreement is necessary; they will provide the services if requested. Under New York State Law if a victim is brought to the hospital for a SANE examination, the examination and victim advocacy is automatically provided.

The aforementioned victim advocates are available to the victim during the forensic medical examination process, and investigatory interviews, and they provide emotional support, crisis intervention, information, and referrals. Although these services have not been utilized at this facility, I verified their availability through interviews and review of the ECMC, Buffalo General, and Crisis Services websites.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

### 115.222 (a)

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



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

#### 115.222 (b)

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

#### 115.222 (c)

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

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through a review of policies which outline the procedures for reporting the allegations. I further verified all allegations would be investigated during staff interviews.

The agency has policies in place that govern the interaction with the investigating agency. The New York State Department of Corrections and Community Supervision also have policies that outline the investigative process. These processes are published on the New York State Department of Corrections website.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.231 (b)

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

### 115.231 (c)

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

### 115.231 (d)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The PREA Coordinator provides training to all staff at this facility on the areas enumerated in this standard. I reviewed the training curriculum and materials; I found that they address all areas. I further confirmed the training during the staff interviews and the review of training records. The employees receive initial training and annual updates.

The employees are verifying the receipt of the training through a signature; this was verified during the review of the sample signature logs.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.232: Volunteer and contractor training

### 115.232 (a)

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

### 115.232 (b)

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

### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

I verified with the PREA Coordinator that a volunteer or contractor would be given the New York State Department of Corrections and Community Supervision pamphlet on The Prevention of Sexual Abuse. They would have the volunteers or contractors sign that they receive the pamphlet.

The level and type of training provided to volunteers and contractors would be based on the services they provide and level of contact they have with residents. At a minimum, they would notify them of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The agency would maintain all documentation confirming that volunteers and contractors understand the training they have received.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.233: Resident education

### 115.233 (a)

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

### 115.233 (b)

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

### 115.233 (c)

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

### 115.233 (d)

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

### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

During the intake process, residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the resident and staff interviews; this information is located in the New York State Department of Corrections and Community Supervision pamphlet on The Prevention of Sexual Abuse. I further confirmed this by reviewing resident files and ensuring that the Zero Tolerance Acknowledgment Forms were in the files and signed by the residents.

The facility provides resident education in formats accessible to all residents; this includes residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the resident and staff interviews.

After a careful review of all documentation, and the information received during interviews, I found that the facility substantially exceeds the requirements of this standard and all provisions.

### Standard 115.234: Specialized training: Investigations

#### 115.234 (a)

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

#### 115.234 (b)

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

#### 115.234 (c)

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

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

The agency is not responsible for the administrative and criminal investigations of sexual abuse and sexual harassment incidents. These investigations are conducted by the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police.



After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.235: Specialized training: Medical and mental health care

### 115.235 (a)

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

### 115.235 (b)

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

### 115.235 (c)

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

### 115.235 (d)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The facility does not have medical or mental health staffs; all services are offered in the community.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.241: Screening for risk of victimization and abusiveness

### 115.241 (a)

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

### 115.241 (b)

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

### 115.241 (c)

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

### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

All residents are assessed during the intake process, which is completed upon arrival at the facility. This screening is conducted utilizing the Prison Rape Elimination Act Risk Screening Form- Male Facility. These instruments identify all areas of victimization enumerated in this standard. This was verified through interviews with staff and residents, as well as a review of the completed instruments. The screening is being conducted by a specifically trained staff. I verified through staff interviews that if a resident is transferred to another facility, they will receive a screening again.

The initial screening for risk of being sexually abusive considers any known prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was confirmed during a review of the screening tool and interviews with both staff and residents.

The facility is reassessing all residents within 30 days of arrival, this reassessment is being conducted by the program manager, and she is taking into considerations all information available to her at the time of reassessment. This was confirmed by reviewing the reassessment documentation and staff interviews.

The facility would reassess a resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the resident's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Residents are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during the review of the screening tools and during the staff and resident interviews.

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools is only available to case managers and administration.

After a careful review of all documentation, and the information received during interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

#### 115.242 (b)

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

#### 115.242 (c)

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

resident's health and safety, and whether a placement would present management or security problems?  Yes  No

**115.242 (d)**

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

**115.242 (e)**

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

**115.242 (f)**

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency utilizes the information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during a review of the policy, and I confirmed these procedures during staff and resident interviews.

The agency makes all of these determinations on an individualized basis; this ensures the safety of each resident. This was confirmed during policy review, and staff and resident interviews.

I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. I also confirmed that the residents own views would be taken into consideration during these decisions. Through policy and interviews, I confirmed that the transgender residents would be given the opportunity to shower separately from other residents.

I confirmed during interviews that placement and programming assignments for each transgender or intersex resident would be reassessed at least twice each year. This is also addressed in the policy.

The agency nor facility place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed during staff and resident interviews.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.



## REPORTING

### Standard 115.251: Resident reporting

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The facility provides the residents with the information on reporting in the New York State Corrections and Community Supervision pamphlet on The Prevention of Sexual Abuse. They also have the information posted throughout the facility. The instructions for the usage of these reporting avenues is extremely comprehensive, and the step by step usage of the reporting avenues is provided in all written materials both posted and given to the residents. During the interviews with both staff and residents, I confirmed that they were aware of the reporting avenues and that they can remain anonymous.

The New York State Corrections and Community Supervision website further instruct third parties on how to report. This was confirmed by viewing the agencies website.

The staff interviews related that they understood the agency policy that states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency provides in policy a method for staff to privately report sexual abuse and sexual harassment of residents. The staff can report directly to the Office of Special Investigations New York State Department of Corrections and Community Supervision

The residents who were interviewed felt that if something was happening, they would feel comfortable telling a staff member at the facility. This confidence in utilizing this reporting avenue shows the overall culture at the facility. Although this statement may not be true for all residents, the agency has provided so many different reporting avenues that a resident should feel comfortable with one of them.

After a careful review of all documentation, and the information received during interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

## Standard 115.252: Exhaustion of administrative remedies

### 115.252 (a)

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

### 115.252 (b)

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

### 115.252 (c)

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

### 115.252 (d)

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

### 115.252 (e)

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

### 115.252 (f)

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

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The audited facility does not have any grievance system.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.253: Resident access to outside confidential support services

#### 115.253 (a)

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

#### 115.253 (b)

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

### 115.253 (c)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

Access to outside confidential support services is outlined in the agencies policies and procedures. The resident would have the ability to utilize the services of ECMC, Buffalo General, and Crisis Services. The services that the residents would receive are the same as the level received in the community.

All of the information required under this standard and all provisions would be provided to the residents; this was verified through interviews.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency has established third-party reporting methods in policy; these methods allow residents to report for other residents and outside individuals to report. The New York State Corrections and Community Supervision website further instruct third parties on how to report. This was confirmed by viewing the agencies website.

The facility has third-party reporting avenues posted in areas in the facility where they can be viewed by visitors.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

#### 115.261 (a)

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

#### 115.261 (b)

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

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

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



## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency policy states the following:

- A. All Peaceprints of WNY staff who learns of alleged sexual abuse, sexual harassment, or sexual contact between residents or between residents and staff must immediately report the allegation to the PREA Coordinator.
- B. The initial report to the PREA Coordinator may be verbal, but it must be followed up with a written incident report, authored by the staff involved in the incident prior to the end of his or her shift.
- C. The appropriate staff must file a report as required by facility procedures.
- D. Failure of staff to report allegations or knowledge of resident or staff sexual abuse or sexual harassment or sexual contact will result in disciplinary action, up to and including termination.
- E. Staff, with knowledge of sexual abuse or sexual harassment, or sexual contact between residents or between residents and staff, who wish to make a confidential report may do so by contacting/calling Peaceprints of WNY's PREA Coordinator, Peaceprints of WNY's Executive Director, or may report abuse or harassment to the Buffalo Police Department, to any Department of Corrections and Community Supervision official, to the Office of Special Investigations, or to any other public or private entities that are not part of the agency and that are able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.
  - 1. All such reports must be kept strictly confidential
  - 2. Depending on the circumstances, the contracting agency, local law enforcement, or PREA Coordinator shall be assigned to investigate the allegations.

All interviewed staff understood their responsibilities under the policy.

The facility does not have medical or mental health staff and does not house any resident under the age of 18.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.262: Agency protection duties

### 115.262 (a)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The agencies policies dictate that when the staff learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The staff interviewed understood their responsibility, and all responded that they would immediately take appropriate steps to protect the resident.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.263: Reporting to other confinement facilities

### 115.263 (a)

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

### 115.263 (b)

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

### 115.263 (c)

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

### 115.263 (d)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

Through policy, the agency has established procedures and practices that meet all of the requirements of the standard and provision. These include notification by the facility head to the head of the facility where the allegation allegedly took place within 72 hours, as well as documentation of the information received and notification. If an allegation is received in such a manner, the facility will notify Office of Special Investigations New York State Department of Corrections and Community Supervision.

During the interview with the staff, they informed me that no incidents of this nature have occurred at this facility but understood their responsibility under the policy

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.264: Staff first responder duties

### 115.264 (a)

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

### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The agency policies outline the initial response by staff. These policies include all of the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation.

I verified compliance during the interview process, as well as policy review.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.265: Coordinated response

#### 115.265 (a)

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

## Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The facility has adopted the PREA Policy and Procedures as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, and the Office of Special Investigations New York State Department of Corrections and Community Supervision.

After a careful review of all documentation and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

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

#### 115.266 (a)

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

#### 115.266 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency has not entered into any collective bargaining agreement.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.267: Agency protection against retaliation

### 115.267 (a)

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

### 115.267 (b)

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

### 115.267 (c)

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The agency has established a policy that meets these provisions of this standard. The agency has identified the facility designated staff to monitor the resident or staff member for alleged retaliation.

The agency would utilize housing transfers, as well as facility transfers of perpetrators to protect the victim in an incident. This was confirmed during staff interviews.

This facility has not had an incident in the past 12 months, where retaliation had to be monitored.

The staff understood their obligation under this policy.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.



## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

#### 115.271 (a)

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

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

**115.271 (f)**

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

**115.271 (g)**

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

**115.271 (h)**

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

**115.271 (i)**

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

**115.271 (j)**

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

**115.271 (k)**

- Auditor is not required to audit this provision.

**115.271 (l)**

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency is not responsible for the administrative and criminal investigations of sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level; the facility would immediately notify the Office of Special Investigations New York State Department of Corrections and Community Supervision and a local Crisis Center.

The investigation would be conducted by the investigators in the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification. The facility would stay in contact with these agencies to remain informed on the progress of the investigation.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.272: Evidentiary standard for administrative investigations

### 115.272 (a)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The investigating agencies have policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard and all provisions.

## Standard 115.273: Reporting to residents

### 115.273 (a)

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

### 115.273 (b)

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

### 115.273 (c)

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

resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### EVIDENCE OF COMPLIANCE

The agency has policies in place that address all provisions of this standard. The agency would assist the New York State Corrections and Community Supervision in making the notification to the resident. The notification would be forwarded to the facility who would make the notification.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. I confirmed the utilization of discipline through staff interviews.

The audited facility has not disciplined staff within the last 12 months for a violation of these policies.

After a careful review of all documentation and the information received interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.277: Corrective action for contractors and volunteers

### 115.277 (a)

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

### 115.277 (b)

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



## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses corrective action for volunteers and contractors who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of discipline through staff interviews.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.278: Interventions and disciplinary sanctions for residents

### 115.278 (a)

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

### 115.278 (b)

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

### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses discipline for residents who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs resident conduct. I confirmed the utilization of discipline through staff interviews.

The audited facility has not disciplined any residents within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

#### 115.282 (a)

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

#### 115.282 (b)

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

#### 115.282 (c)

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

#### 115.282 (d)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The policy ensures that victims of sexual assault receive prompt and appropriate medical intervention. Nature and scope are determined by medical and mental health practitioners according to their professional judgment.

The facility does not have medical onsite, through interviews, I confirmed that the resident would be brought to the emergency room for medical treatment, and a SANE exam. Follow up care would be offered by outside providers.

The policy further states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases.

The above services are offered at no financial cost to the resident. These policies and procedures were confirmed with staff during interviews.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

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

### 115.283 (a)

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

### 115.283 (b)

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

#### 115.283 (c)

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

#### 115.283 (d)

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

#### 115.283 (e)

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

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

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

#### Auditor Overall Compliance Determination

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

The policy ensures that victims of sexual assault receive prompt and appropriate medical follow up treatment. Nature and scope are determined by medical and mental health practitioners according to their professional judgment.

The policy further states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases

The above services are offered at no financial cost to the resident. These policies and procedures were confirmed with staff during interviews.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.286 (e)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

The investigation would initially be reviewed by the New York State Corrections and Community Supervision, and forwarded to the facility for a review. The agencies policy outlines the facilities review of incidents. The policy addresses all provisions of the standard.

The facility has not had any incidents that were reviewed, but I confirmed this process during the interviews.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### Standard 115.287: Data collection

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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



#### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

The New York State Corrections and Community Supervision has established policies that address all provision of this standard. They collect all data from contracted facilities.

Compliance was confirmed through review of completed data collection reports posted on the New York State Corrections and Community Supervision website, and staff interviews.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.288: Data review for corrective action

### 115.288 (a)

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

### 115.288 (b)

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

### 115.288 (c)

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

### 115.288 (d)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

The New York State Corrections and Community Supervision has established policies that address all provision of this standard. They collect all data from contracted facilities and include the contracted facilities data in their yearly report.

During staff interviews, I confirmed that if a trend was identified while reviewing the data, a corrective action plan would be developed for that facility and immediately be put into place.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

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

#### 115.289 (b)

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

#### 115.289 (c)

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

### 115.289 (d)

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

#### Auditor Overall Compliance Determination

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

#### EVIDENCE OF COMPLIANCE

The New York State Corrections and Community Supervision has established policies that address all provision of this standard. They collect all data from contracted facilities. I found that they digitally securely retain all data collected; this data is available to the public through their website.

The annual reports are published on their website. All personal identifiers have been removed from the reports.

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received.

Staff interviews and review of the annual reports further confirmed this procedure.

After a careful review of all documentation and the information received interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 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 residents, residents, and detainees?  Yes  No

#### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## EVIDENCE OF COMPLIANCE

This is the facilities first audit under the Prison Rape Elimination Act. The audit is being conducted due to their contractual obligations with the New York State Corrections and Community Supervision.

During the audit process, I was able to receive copies of all relevant documentation, conduct private interviews with staff and residents, tour the complete facility, and receive confidential correspondence from both residents and staff.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## Standard 115.403: Audit contents and findings

### 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*)

### EVIDENCE OF COMPLIANCE

This is the facilities first audit under the Prison Rape Elimination Act. The audit is being conducted due to their contractual obligations with the New York State Corrections and Community Supervision.

After a careful review of all documentation, and the information received during interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

## AUDITOR CERTIFICATION

I certify that:

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

Patrick J. Zirpoli

June 9, 2019

**Auditor Signature**

**Date**