

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

Interim       Final

Date of Report: June 16, 2019

## Auditor Information

Name: Michelle L. Burrows	Email: <a href="mailto:burrowsm66@aol.com">burrowsm66@aol.com</a>
Company Name: American Correctional Association	
Mailing Address: P.O. Box 802	City, State, Zip: Canal Winchester, OH 43110
Telephone: 614.519.8181	Date of Facility Visit: May 6-7, 2019

## Agency Information

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

## Agency Chief Executive Officer

Name: Anthony J. Annucci	Title: Acting Commissioner
Email: <a href="mailto:commissioner@doccs.ny.gov">commissioner@doccs.ny.gov</a>	Telephone: 518.457.8134

## Agency-Wide PREA Coordinator

Name: Jason Effman	Title: Associate Commissioner
Email: <a href="mailto:jason.effman@doccs.ny.gov">jason.effman@doccs.ny.gov</a>	Telephone: 518.457.3955

<b>PREA Coordinator Reports to:</b> Acting Commissioner	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 15
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### Facility Information

**Name of Facility:** Queensboro Correctional Facility

**Physical Address:** 47-04 Van Dam Street, Long Island City NY

**Mailing Address (if different than above):**

**Telephone Number:** 718-361-8920

**The Facility Is:**  Military  Private for profit  Private not for profit

Municipal  County  State  Federal

**Facility Type:**  Jail  Prison

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

**Facility Website with PREA Information:** [www.doccs.ny.gov/PREA/PREAINfo.html](http://www.doccs.ny.gov/PREA/PREAINfo.html)

### Warden/Superintendent

**Name:** Dennis Breslin **Title:** Superintendent

**Email:** Dennis.Breslin@doccs.ny.gov **Telephone:** 718.361.8920 ext. 2000

### Facility PREA Compliance Manager

**Name:** Elizabeth Mastroieni **Title:** ADS/PREA Compliance Manager

**Email:** Elizabeth,Mastroieni@doccs.ny.gov **Telephone:** 718.361.8920

### Facility Health Service Administrator

**Name:** Rhodina Williams **Title:** Doctor

**Email:** rhodina.williams@doccs.ny.gov **Telephone:** 718.361.8920 ext. 6100

### Facility Characteristics

**Designed Facility Capacity:** 424 **Current Population of Facility:** 249

**Number of inmates admitted to facility during the past 12 months** 1202

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** 1054

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** 1176

<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>		2	
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> NA	<b>Adults:</b> 19-78	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>		NA	
<b>Average length of stay or time under supervision:</b>		96 days	
<b>Facility security level/inmate custody levels:</b>		Minimum	
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>		260	
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>		32	
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>		52	
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 1		<b>Number of Single Cell Housing Units:</b> 0	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0	
<b>Number of Open Bay/Dorm Housing Units:</b>		4	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		8	
<b>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.):</b> Perimeter and Front Entrance			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Level 2	
<b>Forensic sexual assault medical exams are conducted at:</b>		Queens Hospital Center/City Hospital Center Elmhurst/Belleview	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>		52	
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		29	

# Audit Findings

## Audit Narrative

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

The PREA Audit of the Queensboro Correctional Facility was conducted on May 6-7, 2019 by Michelle L. Burrows, Department of Justice (DOJ) certified PREA Auditor. Queensboro Correctional Facility had a prior PREA audit conducted March 15-17, 2017 which all standards were found to be compliant. Approximately three and a half weeks prior to the audit the ADS/PREA Compliance Manager for the Queensboro Correctional Facility (QCF) mailed the Auditor a USB thumb drive. The thumb drive contained the facility PAQ and supplemental documentation. The documentation received was organized, highlighted and labeled appropriately. A folder for each PREA standard contained an outline of primary and secondary documentation relating to the specific provision of each standard. The PAQ itself contained numerous files embedded/hyper linked within it, which made the process for reviewing documentation much easier for the Auditor. Documentation contained on the thumb drive consisted of the Departmental Mission; aerial view and plot plan for the Queensboro Correctional Facility; and executive team chart with responsibilities of each deputy superintendent. PREA Audit - Pre-audit Questionnaire; documentation folders for each of the 43 PREA Standards; facility layout for QCF; DOCCS Web page home screen; DOH protocol; QCF FOM 9013-Coordinated response plan to an incident of inmate sexual abuse; QCF-FOM-9014 PREA Risk Screening. QCF Inmate Orientation Pamphlet; 115.15 Cross Gender Training; Several departmental directives pertaining to searches; ACA notice of accreditation report for March 13-15, 2017 audit; agency mission statement; training; and Directives 4027A and 4028A.

The Auditor met with agency and facility staff on Monday, May 6, 2019 for breakfast and discussed the PREA audit process and what could be expected during the on-site portion of the audit. Time spent at the facility was from 8:15 a.m. to 5:00 p.m. on day 1 and from 7:00 a.m. to 4:30 p.m. on day 2.

Upon arrival at the facility, we began with a tour of the facility. The Queensboro Correctional Facility is a single building with 6 floors. (4) open bay/dorm housing units; (8) segregation cells. Queensboro CF did not have any inmates in segregated housing. The standards require the auditor observe all areas of the audited facility paying particular attention to those areas of the facility that must be observed carefully in order to verify compliance with the standards. 1). Intake/reception/screening area. 2). All housing units, including samples of individual rooms and all dormitories. 3). Health care (medical clinics, infirmary, and housing units) if there are such facilities on site. 4). Recreation, cafeteria (if there is one), and work areas, other programming areas (e.g., education or special education areas) 5). Areas

that were renovated, modified, or expanded (if any). Queensboro Correctional Facility has not undergone any significant renovations or modifications during the past 12 months. Every area of the facility was observed as the standard requires, and the auditor observed inmates being supervised throughout the audit. Sight lines were closely examined as were the potential for blind spots. There were three areas identified as having blind spots with mirrors needing to be added (Dental Area, Resource Room, and library). All issues were addressed prior to this auditor leaving the facility. The Auditor observed signage posted in languages both in English and other than English throughout the facility explaining inmate rights to be free from sexual abuse and how to report allegations of sexual abuse and harassment, to include in places where locked-down inmates could see them. The Auditor conducted informal interviews with staff and inmates while touring; observed log-book entries for unannounced rounds being conducted by intermediate and higher-level facility staff; visually reviewed line of sight into bed areas and/or toilet and shower areas. At the end of the tour, interviews began with random staff and then later inmate interviews began with random inmates. The Auditor observed opposite gender staff announcing their presence upon entering inmate housing units and other areas that an inmate may be undressed, showering or using bathroom facilities.

The Audit Posting was sent to the facility by the American Correctional Association (ACA). The facility acknowledged receiving the audit posting from ACA and the postings were placed throughout the facility. This auditor observed the postings in all areas toured. The dates of posting were March 21 and 22, 2019.

On May 6, 2019 the Auditor met with Dawn Butler Correctional Facility Operations Specialist (who works with Mr. Effman) and on May 7, 2019, the auditor met with Jason Effman, Associate Commissioner NYS DOCCS & Agency PREA Coordinator and Alicia Smith-Roberts (Assistant Commissioner for Correctional Industries and Compliance Standards). We discussed the activities and logistics for the audit being conducted at the Queensboro Correctional Facility.

During the past 12 months, the Queensboro Correctional Facility had (7) allegations of reported sexual abuse and sexual harassment. However, after further investigation, the allegations did not meet the criteria of sexual abuse/harassment set forth by the Department of Justice. Harassment is "repeated" allegations and the abuse allegations did not meet the definition as the intent could not be met (accidentally touched penis while conducting a pat/frisk). The Auditor conducted a formal interview with a Senior-Investigator with the Office of Special Investigations (OSI) Sex Crimes Division. The Auditor determined PREA investigations are being completed per NYS DOCCS policy and procedures and are compliant with all applicable PREA standards. The investigators brought sample cases for my review in order to determine process of completion of investigations.

There are six (6) different PREA interview protocols consisting of the Agency Head, Facility Director, PREA Coordinator, Specialized Staff, Random Staff and inmates. These protocols are used by the auditor to interview staff and inmates as part of the audit. Answers from the interviews are part of the auditor's compliance assessment. On day one of the audit, Queensboro Correctional Facility reported a count of (326) inmates. The Auditor conducted (27) random inmate interviews; (10) informal inmate

interviews; there were (0) Limited English Proficient inmates housed for interview; there were (0) Transgender, Gay, Bisexual inmates housed at QCF; there were (0) Inmate who reported sexual abuse housed at QCF. There were zero inmates who disclosed sexual victimization during risk screening. There were zero inmates housed in segregation for risk of sexual victimization. All inmates interviewed demonstrated knowledge of the agency's zero tolerance policy for sexual abuse, harassment & retaliation, and were able to identify how to report allegations of sexual abuse, harassment & retaliation.

Queensboro Correctional Institution employed (260) staff at the time of the on-site portion of the audit. The Auditor formally interviewed (15) random staff. It should be noted that the random sampling size of staff interviews comprised of Tours 1, 2 and 3 employees to include supervisors. (1) Contractor Administrator; (1) Medical staff; (1) Mental Health staff employed by OMH; (1) Human resources staff; (1) Volunteer and the IMAM (who is the volunteer coordinator); (2) OSI Investigators (Investigators were interviewed on 05/09/17 during the PREA audit at Lincoln Correctional); (1) Staff who perform screening for risk of victimization and abusiveness; (1) Staff member on the incident review team; (1) staff member in charge with monitoring retaliation; (3) staff first responders, both security and non-security staff interviewed; (1) Intake staff member (1) Superintendent; (1) PREA Compliance Manager. All Specialized Staff interviews were conducted in accordance with the PREA Guidelines for Auditors: Specialized Staff Interviews. The Agency Head and PREA Coordinator interviews had previously been conducted by another DOJ certified PREA Auditor and was accepted by this Auditor as well as I conducted a supplemental interview with the agency PREA Coordinator.

After the on-site audit was completed, the auditor conducted an exit-briefing with members of the Executive staff. The Auditor could not give a final outcome of the audit, but the Auditor did provide a preliminary status of her findings.

The Auditor thanked the facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the report writing period the Auditor reviewed additional policies & procedures and supplementary documentation that was received during the audit.

## Facility Characteristics

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

Queensboro Correctional Facility is located at 47-04 Van Dam Street, Long Island City, New York, 11101. It is in Queens, one of the five boroughs of New York City. Like other state prisons in New York City, the building which houses Queensboro was not always a prison. In fact, its roots date back to the Great Depression.

The six-story, stately brick building was built in the early-1930's as a YMCA, and for decades it was a popular haunt for neighborhood residents. In the 1950's it was converted to a warehouse for a New York City electrical supply business. In 1968, the warehouse was acquired by New York State as a Community Rehabilitation Center that operated under the auspices of the state's Narcotics Addiction Control Commission. From that year until 1975, the building operated as a substance abuse treatment facility before being incorporated into NYS Department of Correctional Services, paving the way for the opening of Queensboro as a medium-security prison.

In the early 1980's, Queensboro housed parole violators awaiting a determination that they either be returned to prison or released to parole supervision. Soon after, the facility joined most of the other prisons in New York City with a mission of housing only those inmates in temporary release programs, like work release, educational release and furloughs.

Currently, Queensboro is classified as a minimum-security correctional facility, and as a residential treatment facility. Its geographic location (Long Island City) is ideally suited to its current use as a minimum-security services facility for offenders to the metropolitan New York area. The building has six floors with two top floors for housing inmates (6 North—orientation for incoming inmates and parole violators; 6 South—inmates whose job assignments require early risers; 5 North—John Jay College bound students; 5 South—mess hall workers). Floor 4 is where the Teleconference center is located. It is used to comply with court orders, so the inmate does not have to physically appear in court and to facilitate inmate legal visits and calls located in a segregated area. This area is also used for staff training and meetings. Floor 4 also houses the Offender Rehabilitation Coordinator's offices where inmates are interviewed, assessed, and prepared for Community Supervision after release. This floor also contains inmate records, commissary, inmate grievance program, Medicaid enrollment and offices of the regional coordinator of food service, plant superintendent, facilities planning, volunteer services, EAP, and cultural diversity management.

Floor 3 is devoted to programs as it is separated into two units, 3 North and 3 South. 3 North has six classrooms in which Re-entry programs are conducted and 3 South as three classrooms, a general library, law library, Chaplain's Office, multi-denominational chapel and resource room. It also has a computer lab where inmates are encouraged to create resumes.

Floor 2 is the facility primary operational center to include the Superintendent's Office, Executive Team, and the Watch Commander. This floor also contains support services to include Personnel, Payroll, Inmate Accounts, Timekeeper, Steward's Office, and the Mail Room. The 2<sup>nd</sup> floor also contains the facility's 8 bed Restriction Unit (which housed no inmates during this visit) and the Disciplinary Hearing Room, Administration and Disciplinary Lt.'s, Chart Sergeant, and Locator.

First floor contains the entrance, arsenal, food service, dining/visiting room, state shop, gymnasium, inmate processing, power plant, storehouse, and staff locker rooms. There is a mezzanine level of the gymnasium that contains the inmate barber shop, Sergeant office and secured locksmith office.

Long Island City dates to the early 1630's when a land grant, awarded by the Dutch, established a 160-acre peninsula in Astoria as Jarck's farm. The area originally part of Long Island is where Astoria Boulevard intersects Vernon Avenue. Jarck's farm helped to establish the first Long Island City community. The area was known for its rich soil and supported a strong farming tradition which continued in Queens until the 19<sup>th</sup> century.

In the early 1800's the area began attracting affluent New Yorkers who were escaping the "crowds" of the city. The area was soon developed as a village and named Astoria in honor of John Jacob Astor.

In the early 20<sup>th</sup> century, Long Island City became even more accessible with the opening of the Queensboro Bridge (1909), the Hellgate Bridge (1916), and the subway tunnels. These important transportation links encouraged further industrial growth, defining the area for the rest of the century. Even residential Astoria didn't escape the industrial transformation as power plants opened along the northernmost bank of the East River.

By the 1970's, the decline of manufacturing in the United States was evident in Long Island City. Though it remains a major industrial area in NYC, LIC's recent genesis as an artistic and cultural center started in 1970 with the opening of P.S. 1 Contemporary Art Center in a former public school. Since then Artists escaping Manhattan prices and then Brooklyn prices have established studios throughout Long Island City.

Businesses and more residents have slowly but increasingly followed the artists. Citibank's tower, built in the 1980's, is a symbol of Long Island City's change, and the Queens West residential towers in Hunters Point have brought sky-high living to this old neighborhood. Though still in transition, much of Long Island City has begun to shed industry for greater residential and commercial development.

Today, the most prominent structure, other than Queensboro Bridge, is the community's green skyscraper, the 658-foot (201m) Citicorp Building built in 1989 on Courthouse Square. It is the tallest building on Long Island and in any of the New York City boroughs outside Manhattan. Socioeconomic diversity is very visible in Long Island City; the Queensbridge Houses are composed of 3,000 units, making it the largest public housing complex in North America.

Long Island City runs from the Queens East River waterfront all the way east to 51<sup>st</sup>/Hobart Street, and from the Brooklyn border at Newtown Creek all the way north again to the East River. Many New Yorkers know the area by two names: Long Island City or Astoria. Often, you'll hear "Long Island City" when only Hunters Point and the Queens West development are meant. Queensboro Correctional along with Long Island City is ever changing in accommodating to the needs of the society.

At the core of its mission Queensboro has the job of providing meaningful program opportunities that can lead to the successful re-entry of inmates into the community. The average age of inmates at Queensboro is 36 years old. The youngest inmate is 18 and the oldest is 78. The average length of stay for inmates is 11 months 15 days.



## Summary of Audit Findings

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

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

**Number of Standards Exceeded: 7**

**115.11; 115.16; 115.17; 115.31; 115.33; 115.34; 115.53**

**Number of Standards Met: 38**

**115.12; 115.13; 115.14; 115.15; 115.18; 115.21; 115.22; 115.32; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403**

**Number of Standards Not Met: 0**

### Summary of Corrective Action (if any):

There were three areas identified as having blind spots with mirrors needing to be added (Dental Area, Resource Room, and library). All issues were addressed prior to this auditor leaving the facility.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The standard is addressed in the noted policies and procedures: Directive 4027A - Sexual Abuse Prevention and Intervention (inmate on inmate), Directive 4028A - Sexual Abuse Prevention and Intervention (staff on inmate), Employee Manual; Memo from Commissioner (Appointment of Associate Counsel as agency PREA Coordinator-3/14/2012), DOCCS Organizational Chart, Memo Deputy Commissioner (Re: Facility Prison Rape Elimination Act (PREA) Point Person), Email announcement from Associate Commissioner dated 4/23/2013 (Re: Assistant Deputy

Superintendent/PREA Compliance Manager Appointment with Duties Description), and Queensboro Organizational Chart. I was accompanied on day 2 of the audit at Queensboro by the Associate Commissioner and the Regional PREA Coordinator. The Commissioner provided insight on the statewide PREA Compliance effort. The DOCCS had a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly (Directive 4027A/4028A). Queensboro Correctional Facility had a process to implement the department PREA related directives into the facilities day to day operation. The facility has an identified PREA Point Person (Deputy Superintendent) and a ADS/PREA Compliance Manager at the facility to coordinate PREA related processes/procedures, compliance, etc. The agency had definitions of prohibited behaviors defined in employee policies, and employee manuals (Directive 4027A/4028A, Employee Manual 2.19). The agency has plans in place to reduce sexual abuse and sexual harassment in the New York prison system. This was written as a priority into policy and monitored per reported incident, review of institution staffing plans, and review of yearly reports. I interviewed the PREA Manager at Queensboro Correctional Facility utilizing the PREA pre-determined interview questions and was provided with an interview of the Agency PREA coordinator prior to the audit. Both agency coordinator and institution coordinator discussed issues or concerns throughout the audit as they arose.

DOCCS goes above and beyond to alleviate Prison Rape. They have established several ways to report, who they can report to, victim services, prosecuting cases, establishing a sex crimes unit, etc. Therefore, this auditor finds they exceed this standard as they have taken a pro-active approach and have established a Sexual Abuse Prevention and Education Office.

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

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

#### **115.12 (a)**

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

#### **115.12 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

NYDOCCS has entered into agreements with private organizations for 14 Community Based Residential Programs to provide up to 4 months of housing and treatment for selected Parolees. These contracts were effective starting 5/1/17 (7 programs), 10/1/17 (6 programs) and July 23, 2018 (1 program). Each contract permits contract monitoring and requires the Program to achieve and maintain PREA Compliance, and to arrange for PREA Audits on a schedule set in consultation with the DOCCS Agency-Wide PREA Coordinator.

This standard does not apply to Queensboro Correctional Facility as they do not contract directly with private agencies or other entities.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No

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

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

I was provided a copy of the yearly staffing review, which addressed PREA related concerns. The facility documented its efforts to comply with the staffing plan by documenting any post closings on their supervisory daily report. The closed posts were recorded and occurred periodically in transportation as there were no trips scheduled. These closings were made in non-housing areas. All unannounced rounds by executive staff and supervisory staff were documented in a weekly report by executive staff and a shift report daily by shift supervisors. All executive and supervisory staff also documented their rounds in each area by signing in red ink unannounced rounds. All shifts are required to make unannounced rounds.

I interviewed shift supervisors on all shifts, and this was confirmed verbally and by reviewing supervisor reports, reviewing area logs, and interviewing various supervisors and staff. The supervisors explained methods they employ to conduct supervisory rounds, while pointing out that it was against their employee code of conduct to alert staff of supervisory rounds. The inmate population of Queensboro Correctional Facility at the time of the audit was 326 inmates, with a capacity of 424. The PREA staffing plan was written to accommodate 424 inmates. NYDOCCS have reviewed staffing plans with Queensboro Correctional Facility on a yearly basis. I was provided the yearly review and it was discussed with the Superintendent.

The Auditor reviewed the following policies/procedures: Employee Manual - 2.44, Directive 4001 (Facility Administrative Coverage and Supervisory Rounds, dated 2/07/2017), Queensboro Correctional Facility Annual Security Chart/Staffing Review Report with Recommended Changes to Facility Plot Plan, Queensboro Post Closure Report, Annual Staffing Audit Review with Associate Commissioner, Examples of log book entries (Executive staff and security supervisors completing announced and unannounced rounds), Examples of Weekly Administrator Activity Report (Form 4001) for Tour 1, Tour 2, and Tour 3, Examples of Security Supervisor Report (Form 4001B) for Tour 1, Tour 2, and Tour 3, and Executive Team Inspection Schedule. Unannounced rounds are being made regularly by supervisory staff. The facility also provided weekly activity reports that showed who had been to the different areas in the past week. The watch supervisor submitted a daily report of rounds completed, noting any incidents that occur.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

Queensboro CF does not house juvenile offenders; therefore, this standard does not apply to them.

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA  
Females are not housed at this facility
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA  
Females are not housed at this facility

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No  NA Females are not housed at this facility

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Queensboro Correctional Facility policy prohibits cross-gender strip searches or cross gender visual body cavity searches. All strip searches are authorized by a supervisor and documented. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except when such viewing is incidental to routine checks. Staff is trained to conduct cross-gender pat-down searches, in case of an emergency, and searches of transgender and intersex inmates using the least intrusive method possible. Staff interviews showed a thorough understanding of the inmate search policy. All security staff receive annual training, shift briefing training in conjunction with the PREA video training, which covers policy and procedures concerning searches.

As observed by the auditor, staff are knowledgeable and professional in conducting searches. 100% of the security staff have received the appropriate training which is documented and on the PAQ. During the tour of the facility the Auditor observed, staff of the opposite gender announcing their presence when entering areas where inmates were likely to be showering, performing bodily functions, or changing clothing. Queensboro CF does not search or physically examine inmates for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The Auditor received secondary documentation of staff training records submitted with the PAQ and reviewed additional training records and lessons plans on-site. Through interviews with staff and inmates it was determined proper cross-gender pat-down searches, and searches of transgender and inter-sex inmates are conducted in accordance with policy & procedures.

Queensboro CF has not conducted any cross-gender strip searches or cross-gender visual body cavity searches in the past 12 months. Queensboro CF is an all-male facility, therefore 115.15(b) and parts of(c) are N/A as there are no female inmates housed at QCF. This is outlined in NY DOCCS DIR 2230, Guidelines for Assignment of Male and Female Correctional Officers dated 02/21/2019; HSPM 1.37 Body Cavity Search 12/29/16 & DIR 4001, Facility Administrative Coverage & Supervisory Rounds. Other directives and information relied upon to find compliance are: Memo: Facility Prison Rape Elimination Act (PREA) Point Person, RE: Inmate allowed to shower separately; HSPM 1.19 Health Appraisal dated 5/21/18; and NYS DOCCS DIR 4910, Control and Search for Contraband.

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

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

#### 115.16 (a)

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Queensboro Correctional Facility takes steps and has a policy which ensures inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to

prevent, detect, and respond to sexual abuse and sexual harassment. Queensboro provides inmates with materials which are available in English and Spanish as well as several other languages (Chinese, Korean, Russian, etc.). They also have access to a translation hotline. PREA posters and educational materials are provided in English and Spanish. Inmates who are deaf are provided PREA information through written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Inmates who are blind or sight impaired are provided an audio tracks in English, Spanish and six additional languages. PREA Videos are available with subtitles. Queensboro does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate's safety, the performance of first-responder duties, or the investigation of an inmate's allegations. The Auditor observed throughout the facility written materials, posters, pamphlets all in multiple languages advising inmates of their rights to be free from sexual abuse, sexual harassment and retaliation and how to report such. There were no inmates with limited English speaking, deaf, blind at QCF during this audit. Therefore, no interpretation was needed.

The Auditor conducted random staff and inmate interviews and interviewed the Draft (intake) Sgt. as well as reviewed the following policies/procedures and supporting documentation provided with the PAQ and on-site: NYDOCCS DIR 2612, Inmates with Sensorial Disabilities; DOCCS DIR 4490, Cultural and Language Access Services dated 1/15/16; Associate Commissioner Memo – RE: "Ending Sexual Abuse Behind the Walls: An Orientation" DVD and time-coded transcripts in English and Polish; and Brochures in English and Korean. Auditor's analysis of documented interpretive services, contracts, interviews with staff and inmates concludes Queensboro Correctional Facility meets provisions of this standard. In addition, the Agency's efforts to have readily available the PREA education video in six (6) languages (audio & captions) beyond English and Spanish is sufficient in this auditor's evaluation to exceed requirements of this standard.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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NYDOCCS prohibits hiring and/or promoting anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. DOCCS completes criminal background checks on all new employees, contract staff and volunteers before they can have contact with inmates. DOCCS policy requires that all new employees be asked whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or been civilly or administratively adjudicated to have engaged in the activity described above.

DOCCS has an agreement with the New York State Division of Criminal Justice Services to notify the agency of any arrest of an employee, contract staff or volunteer unless the Division is prohibited by State statute to do so. Additionally, policy requires staff to report any criminal charges immediately. Queensboro CF hired (3) new employees and had (19) transfers within the past 12 months. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates, Queensboro CF had (52). Through interviews with staff and review of employee personnel records (seven (7) hire packets, all randomly selected by auditor and Civil Service Canvas documents, related Agency policy and emails from EIU both clearing employees for hire and prohibiting employees for hire, it is evident Queensboro Correctional Facility does not hire, promote staff or contractors who have engaged in sexual abuse in Prisons, Jails, Lockups or other confinement facilities.

The auditor relied on random staff interviews, Human Resources Manager interview, Investigative Staff interview, Superintendent Interview and the following policies/procedures and supporting documentation: DOCCS DIR 2216, Fingerprinting/Criminal History Inquiry New Employees and Contractors; NYS Department of Correctional Services Personal Procedure Manual 406A Recruitment Process; Directive 2112, Report of Criminal Charge; Directive 2012, Release of Employee Personnel and Payroll Information; Memo: from Darren Ayotte, Director of Personnel, RE: Personnel Procedure 407 – Civilian Promotions, Personal Procedure Manual 407A – Security Promotions; RE: Prison Rape Elimination Act (PREA)-Background Checks Appendix A.

Auditor's evaluation of the protocols and procedures of the Agency's on-going, real-time system in place for notification of any criminal activity and that criminal background checks are run on all volunteers where it is not required by this standard, indicates the Agency and Queensboro Correctional Facility exceeds the provisions of this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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NYDOCCS DIR. 3053, Alterations and Construction Request – 2/28/17 – II Form 1612; outlines the process in which designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring

technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. Queensboro Correctional Facility has not made any substantial expansion or modification of the facility, nor installed or updated any video monitoring systems, electronic surveillance systems or other monitoring technology during the PREA audit year. Therefore, this standard is not applicable.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

## 115.21 (h)

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

### Auditor Overall Compliance Determination

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NYDOCCS is responsible for criminal and administrative investigations. The Department's Office of Special Investigations Sex Crimes Division conducts the investigations. The Department works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. Directives for Sexual Abuse Reporting and Investigation and the Inmate on Inmate Sexual Abuse Dispatch and Operational Guidelines outline evidence protocols for administrative investigations and criminal prosecutions. NYDOCCS utilizes community hospitals that follow the National Protocol for Sexual Assault Medical Forensic Examinations for evidence protocols and forensic medical examinations.

Operational Guidelines-Office of Special Investigations (OSI) Immediate Dispatch, Inmate on Inmate/Staff on Inmate; outlines the agency's approach to the extent the agency is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Interviews were conducted with investigators from the Office of Special Investigations. Interviews confirmed that PREA investigations are completed as outlined by the standards and both investigators were very knowledgeable of the investigation process, evidence collection protocols, and the use of the Sexual Abuse Checklist. Emergency health care as well as forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the inmate. An advocate is provided to the inmate upon request to provide emotional support through

the forensic medical examination and investigation interviews. There were no forensic medical exams performed by SANE/SAFE staff during the last twelve months.

The Auditor finds compliance with this standard after interviews with medical staff, OSI investigators, PREA Compliance Manger and review of the following documentation: Directive 4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; HSPM 1.60 – Sexual Assault Operational Guidelines – Office of Special Investigations, Immediate Dispatch: Inmate – on – Inmate/Staff – on – Inmate; Department of Health Protocol for the Acute Care of Adult Patient Reporting Sexual Assault; New York State Police Superintendent Letter - RE: Implementation of the PREA Standards; and Power Point Presentation Excerpt: PREA Specialized Training: Investigations.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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NYDOCCS works with the New York State Police Bureau of Criminal Investigation to investigate reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal charges. All allegations are investigated and reported with findings as required by this standard. DOCCS Directives, Sexual Abuse Reporting and Investigations Inmate on Inmate, Sexual Abuse Reporting and Investigations Staff on Inmate and Office of Sexual Investigations Sex Crimes Unit, require that all allegations of sexual abuse and sexual harassment be referred for investigation. The Office of Special Investigations Sex Crimes Division conducts these investigations. Documentation of the administrative investigation is maintained by the Office of Special Investigations Sex Crimes Division and outcomes are shared with the Superintendent. Interviews conducted with investigators from the Office of Special Investigations demonstrated a better understanding of their responsibilities in an investigation. The roles and responsibilities are clearly defined in policy. The agency's policy is available on the agency's website. Queensboro Correctional Facility had (0) reported cases of sexual abuse or harassment during the auditing period.

Interviews were conducted with investigators from the Office of Special Investigations on May 9, 2019 and the interviews covered both Queensboro CF and Lincoln CF. Interviews confirmed that PREA investigations are completed as outlined by the standards and both investigators were very knowledgeable of the investigation process and the use of the Sexual Abuse Checklist. The investigators brought investigations from 2014 and 2015 since there have been no PREA related sexual

abuse/harassment cases at Queensboro CF in the last couple of years. The investigations reviewed were thorough.

The auditor based compliance on interviews with the Superintendent, OSI investigators, random staff, inmate interviews, PREA Compliance Manager, and reviewed the following policies/procedures: Directive 0700 – Office of Special Investigations; Directive 4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate Directive 4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; Directive 4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; Directive 4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate. The Acting Commissioner of Corrections and Community Supervision (DOCCS) has delegated the authority to conduct administrative and criminal investigations to the Office of Special Investigations (OSI) in accordance with Correction Law 112 and Directive 0700, Office of Special Investigations.” OSI works cooperatively with the New York State Police (NYSP), Bureau of Criminal Investigation (BCI) in the investigation of reported incidents of staff on inmate and inmate-on-inmate sexual abuse that may involve criminal conduct.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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



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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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Staff at Queensboro Correctional Facility when interviewed, demonstrated knowledge and insight into PREA. Staff at the facility were asked specific, scripted questions from the random staff interview format, all of which were professionally and confidently answered. The questions were directed at specific training about the following: The agency zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities concerning prevention, detection, reporting, and response concerning sexual abuse and sexual harassment; The inmates' rights to be free from sexual abuse and sexual harassment; Inmate and employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and harassment in confinement; The common reaction of victims to sexual abuse and sexual harassment; How to detect signs of sexual abuse and sexual harassment; How to avoid inappropriate relationships; How to communicate effectively and professionally with inmates (LBGTI); and how to comply with relevant laws related to mandatory reporting.

Additional questions were also asked of staff concerning their training, their first responder duties, inmate reporting of sexual abuse and sexual harassment, inmate limited privacy issues (including "knock and announce") and the safety and security of staff and inmates at the facility. The auditor was very impressed with the responses received and the staff's evaluation of safety and security for all of the Queensboro Correctional Facility.

The auditor relied on random staff interviews, interview with PREA Compliance Manager and the following policies/procedures, manuals, documents, etc.: Training Manual Subject: 0.100 – Frequency Training Chart and Training Bulletins; Training Bulletin #7, PREA: Sexual Abuse Prevention and Response; Training Manual Subject: 7.100 – Employee Familiarization; Training Manual Subject: 7.000 – Initial Employee Training 40-hour Orientation; Acting Commissioner Memo – RE: Policies and Standards Generally Applicable to all Employees; Deputy and Associate Commissioner Memo – RE: Sexual Abuse Prevention and Response Training; Sexual Abuse Prevention and Response Lesson Plan and training documentation reviewed sent with the PAQ as well as provided during the on-site visit.

It is also noted that the training of the staff, volunteers, contractors, and inmates is under the proficient and effective leadership of an expert executive staff. Additionally, it is the commitment of the Associate Commissioner/Agency PREA Coordinator, the Superintendent, Deputy Superintendents, the Assistant Deputy Superintendent/PREA Compliance Manager and others closely tied to the effort of the agency to prevent, detect, report, and respond to PREA issues and to the safety and security of staff and inmates that the PREA auditor wishes to acknowledge and compliment.

Based on the staff training records, information packets and posters throughout the facility, verbal communications between staff and inmates, and based on the policy and directives, training materials reviewed, and the observation of operations at Queensboro Correctional Facility, the auditor assesses this standard as exceeds.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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All contractors and volunteers who have contact with inmates at the Queensboro CF receive PREA training prior to working in the facility. Orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detection, reporting, and response including zero tolerance. Upon completion of orientation, the volunteer/contractor signs the Acknowledgment Form. Signed forms are maintained at the facility. Queensboro CF did not have any contractors assigned to this facility during the on-site audit and there were no volunteers available for interview during the audit as they only come in on the weekends.

The auditor relied on the interviews with a volunteer and IMAM (volunteer coordinator), PREA Compliance Manager interview and the following documentation to determine compliance: Directive 4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; Directive 4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; Directive 4071 – Guidelines for Construction Projects; Directive 4750 – Volunteer Services Program; Acting Commissioner Memo – RE: Policy on the Prevention of Sexual Abuse of Offenders to all Employees, Contractors, Volunteers and Interns; and review of the Volunteer and Contractor training and acknowledgment forms.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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NYDOCCS provides PREA education to all inmates beginning at intake into the agency. At reception, inmates are provided a PREA pamphlet and inmate handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving inmates at the facility, the Draft Sergeant covers the PREA information with the inmate. The inmate also receives an Inmate Orientation Manual that includes PREA information and a pamphlet "The Prevention of Sexual Abuse in Prison." These materials cover the agency's zero tolerance policy and how to report incidents. Inmates also view the PREA video "Ending Sexual Abuse Behind the Walls: An Orientation." Inmate education is documented for each inmate and maintained in the inmates file. Random inmate interviews confirm they have received PREA information at intake and during orientation at the facility.

All inmates transferred to Queensboro Correctional Facility receive a PREA pamphlet in preferred language upon arrival, explaining the agency's and facility's zero-tolerance policy regarding sexual abuse and sexual harassment and explaining how to report incidents or suspicions of sexual abuse or sexual harassment. The PREA Pamphlet is offered during the interview with the Draft Sergeant who covers the Zero Tolerance policy verbally and tells the inmate how to make a report. This process was not able to be observed by the auditor during the site visit as intakes only occur at QCF on Thursdays and this audit ended on Tuesday.

The agency ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats as directed through DIR 4027A. Offenders are provided an Inmate Handbook containing PREA information and provided instructions on reporting methods, and what to do if an offender feels threats to his/her safety. Handbooks are available in English and Spanish. Zero-Tolerance Policy posters (English and Spanish) are placed throughout the living units, break rooms, offender and employee dining areas, law library, general library, offender work and educational areas, and multi-purpose areas and visitation. Inmate Handbook

in both English and Spanish is available in the Law Library. Auditor observed a thorough display of posters and accessibility of the Inmate Handbook.

The auditor relied on information provided with the PAQ and random interviews with staff/inmates, Draft Sgt., Superintendent and the following documentation: Directive 4021 – Offender Reception/Classification; Directive 4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; Deputy Commissioner for Program Services Memo – RE: PREA: Inmate Orientation Film Implementation; Associate Commissioner Memo – RE: New and Updated PREA Material; Associate Commissioner Memo – RE: Sexual Abuse Prevention Inmate Orientation Outline; Queensboro Correctional Facility: Inmate Orientation Sign-in Sheets, PREA Posters and Pamphlets; and a review of Draft Receipts of randomly selected inmate records was conducted. Based on personal observations, facility tour, documentation review, training records review, review of handbook and pamphlets, inmate education curriculum review, inmate interviews, and interviews with Prison staff, Queensboro Correctional Facility exceeds requirements of this standard.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

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

### 115.34 (b)

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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NYDOCCS Office of Special Investigations (OSI) Policy Manual Chapter 5 (confidential) sets forth training requirements for Sex Crimes Investigations; ensures in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. DOCCS has played a key role introducing legislation to make sexual conduct between an employee and an inmate under the Department's custody, a crime. Shortly after that law was enacted in 1996, the Department established a "Sex Crimes Unit" within the Office of Special Investigations, one of the first in the nation. These specialized investigators work closely with the New York State Police Bureau of Criminal Investigations.



The Auditor interviewed two DOCCS Investigators from (OSI) Sex Crime Division on May 9, 2019 at Lincoln Correctional Facility; reviewed training records/logs for investigative staff and determined specialized training for sexual abuse investigations has been conducted for all DOCCS investigative staff. OSI investigators are sent to multiple trainings to stay up to date with any new evidence protocols and technology discoveries. During the interviews of the investigators, the Auditor discussed practices and reviewed sample investigations pertaining to Queensboro and Lincoln Correctional Facilities. The agency meets this standard with just the basic training for the investigators. Based on analysis of information obtained from interviews, document review, investigator's training records and certifications, and policy review, Queensboro Correctional Facility meets requirements of this standard. In addition, auditor's analysis of the extensive training acquired by investigators assigned to this specialized unit as described in the paragraph above, the Agency and Queensboro Correctional Facility exceeds the requirements of this standard

The Auditor reviewed training records/logs for investigative staff and determined specialized training for sexual abuse investigations has been conducted for all DOCCS investigative staff. National Institute of Corrections Training (Section Overview) PREA: Investigating Sexual abuse in Confinement Settings (DOCCS Course Code 17072); Chapter 5, Sex Crimes Division (confidential procedures); the agency specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Report of Training Form for PREA Specialized Training-8/5/15 RE: Investigations; documents that the agency investigators have completed the required specialized training in conducting sexual abuse investigations. DOCCS currently has 29 investigators employed who have completed the required training.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

### **115.35 (a)**

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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NYS DOCCS Queensboro Correctional Facility has an MOU with the New York State Office of Mental Health and the OMH employees work out of Queensboro CF. Inmates have ready access to these employees and all OMH employees have received the required special training. Medical is also

available to the inmates when needed. A review of the PAQ showed the facility had 90% of medical/mental health staff completing this training. Upon arrival to Queensboro, the documentation was provided to show that all medical/mental health staff had completed the required training. Queensboro CF does not conduct forensic exams. If a forensic exam would be required, the inmate will be transported to a local hospital.

NYS DOCCS Training Manual Subject 7.000; 40 hour Orientation/Initial Employee Training, Non-Peace Officer Employees at Facilities - 7/10/17 (Mandatory); Office Of Mental Health (OMH) Memorandum of Understanding-9/14/16; Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA Standards; outlines how the agency shall 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; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Auditor conducted interviews with the Doctor assigned to QCF. The Auditor determined medical staff are very familiar with PREA and the process for detecting and assessing signs of sexual abuse and sexual harassment and how to preserve physical evidence of sexual abuse.

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The Auditor reviewed training documentation; Regional Training Forms, Specialized Training Medical/Mental Health Staff. The Auditor received completed staff training records and reviewed additional documentation while on-site.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### **115.41 (a)**

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, inter-sex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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NYDOCCS screens all inmates for risk of victimization and abusiveness upon arrival. An initial screening is completed by the Draft (intake) Sergeant within the first couple hours of arrival and then within 72 hours, more thorough screening is conducted by the Offender Rehabilitation Coordinator (ORC). The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previously incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Within the first thirty (30) days of arrival at the facility, staff reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Inmates are not disciplined for refusing to answer questions during the screening process. Information obtained during the initial assessment and reassessment is placed in the inmate's classification file. Only authorized staff has access to these files. Several inmates interviewed stated they would not disclose their sexuality to the staff as they felt it was not any of their business. They felt they should be allowed to have some privacy as far as their sexuality.

The Auditor relied on interviews with random staff, Draft Sgt., ORC, and random inmates as well as review of policies/procedures and any supporting documentation: Queensboro CF FOM 9014 PREA Risk Screening; Form 115.41M PREA Risk Screening Form -- Male Facility; Memo New/Revised Other Security Characteristics regarding Sexual Orientation and Gender Identity (SOGI); examples of Risk Screening Forms obtained during the audit.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

NYDOCCS uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Transgender or intersex (T/I) inmate's housing is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems; placement is reassessed as needed; T/I inmates own view with respect to his or her own safety is given consideration; T/I inmates are given the opportunity to shower separately from other inmates. Queensboro CF did not have any transgender or intersex inmates at the time of the audit. Queensboro CF makes individualized determinations about how to ensure the safety of each inmate. Queensboro CF does not place LGBTI inmates in a dedicated unit based solely on identification or status.

The Auditor relied upon interviews with random staff, random inmates, Draft Sgt., PREA Compliance Manager, and the following policies/procedures and documentation provided with the PAQ and onsite reviews of documentation: Deputy Commissioner Memo – RE: Prison Rape Elimination Act (PREA) Risk Screening; Associate Commissioner Memo – RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity; Queensboro CF Report of Risk Screening Information, Queensboro CF PREA Risk Screening, and Queensboro CF FOM 9014 PREA Risk Screening.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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DOCCS Directive 4948 (Protective Custody Status) dated 06/29/17 outlines the use of segregated housing for any inmate who has alleged to have suffered sexual abuse. According to this directive, a Sexual Victimization Involuntary Protective Custody (IPC) Inmate is an inmate who is appropriate for Protective Custody solely because he or she is at high risk for sexual victimization as determined by an assessment conducted pursuant to Directive 4027A (Sexual Abuse Prevention & Intervention – Inmate-on-Inmate) and Title 28 C.F.R. 115.41 of the National PREA Standards, or following a report that the inmate was the victim of sexual abuse, where an assessment of all available alternatives have been made, and a determination has been made that there is no available alternative means of separation from likely abusers, and who does not voluntarily accept admission into Protective Custody Status.

If IPC Status is made, the ADS/PREA Compliance Manager or the PREA Point Person must be notified the next business day. Either the ADS/PREA Compliance Manager or PREA Point Person will notify the Associate Commissioner/PREA Coordinator, in writing, of the date and time the Form 2168A was completed. The facility shall also clearly document: A) The basis of the facility's concern for the inmate's safety; B) Whether a determination has been made that there is no available alternative means of separation from the alleged abuser; C) An inmate placed in IPC shall have a hearing conducted within 14 days to determine need for P/C. The Facility shall assign such inmates to IPC on this basis only until an alternative means of separation from the alleged abuser can be arranged and such assignment shall not ordinarily exceed a period of 30 days. An IPC Review shall be documented on Form 2170A.

Inmate placed in Protective Custody status shall continue to have access to programming, privileges, education and work opportunities to the extent possible and this shall be documented on form 4948A, "Restriction of Inmate's Program-Participation." The Auditor determined compliance through review of policies and procedures; supplemental documentation; Formal interview with the facility Superintendent and staff who supervise inmates in segregation housing.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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NYDOCCS has procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with inmates at intake, during orientation, in the PREA brochure, and on posters throughout the facility. The PREA Brochure, The Prevention of Sexual Abuse in Prison What Inmates Need to Know, informs inmates they can report verbally and in writing to staff, write the PREA Point Person, write the Office of Special Investigations, and report to an outside agency to the New York State Commission of Correction. Inmates may also report allegations through a third party or send an anonymous report. Inmate interviews indicated they were comfortable reporting sexual abuse or sexual harassment and they knew the different methods available for reporting. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of inmates. NYDOCCS has a confidential rape crisis hotline which also provides an additional avenue for inmates to report sexual abuse/harassment which is (777). This auditor did test the number and it goes directly to a rape crisis center. Inmates were very well educated on their options to the use of (777) as this number allows for crisis counseling, a referral for emotional support and advocacy services as well as taking reports of sexual abuse.

The Auditor determined compliance through random interviews with staff, inmates and the PREA Coordinator. The Auditor also made observations of signage posted throughout the facility for staff and

inmates to privately report sexual abuse and sexual harassment. This auditor also relied on the following documentation sent prior to the audit and obtained during the audit: Employee Manual Section - 2.20 (Revised 2013); Directive 4027A, Sexual Abuse Prevention & Intervention - Inmate on Inmate; DIR 4028A Sexual Abuse Prevention & Intervention - Staff on Inmate; Sexual Abuse Prevention and Response (SAPR) Lesson Plan; Inmate education pamphlet, the "Prevention of Sexual Abuse in Prison, What Inmates need to know" outlines how the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Even though NYDOCCS does not house inmates solely for civil immigration purposes, consular contact information is available to those who may need it through the facility law library.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

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

#### 115.52 (e)

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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The agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. NYDOCCS is exempt from this Standard in accordance with Directive 4040 Inmate Grievance Program, Section 701.3, General Policies, dated 01/20/2016. Inmates are not required to file grievances concerning alleged incidents of sexual abuse and sexual harassment. NYDOCCS not only addresses such in the above directive, but outlines in a summary memorandum concerning sexual abuse and sexual harassment complaints the following: "Any inmate grievance filed regarding a complaint of sexual abuse or sexual harassment shall immediately be reported by the IGP supervisor to the Watch Commander for further handling in accordance with departmental policies. The complaint shall be deemed exhausted upon filing for PLRA purposes. If the grievance does not set forth any additional matters that require a response, the grievance shall be closed." The facility is exempt from this standard making Standard 115.52 non-applicable.

## **Standard 115.53: Inmate access to outside confidential support services**

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

### **115.53 (a)**

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

### **115.53 (b)**

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

### **115.53 (c)**

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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On May 9, 2019, the auditor was wanting to interview the Director of the Rape Crisis Center associated with Queensboro and Lincoln Correctional Facilities. Several messages were left for him to return the call as more detailed information was needed regarding the victim support services provided. On May 24, 2019, this auditor was able to speak to the Director of the Crime Victims Treatment Center (CVTC) in New York City regarding services provided to these two facilities. They have an employee assigned to QCF and LCF even though they have not had to supply any services to the facilities during this audit period. He stated the contact is minimal due to the type of facilities they are (pre-release/work release). The Director stated they do not currently have an MOU in place with DOCCS, but they provide services as if they did have an MOU. According to DOCCS, CVTC provides services under a contract with New York State Coalition Against Sexual Assault (NYSCASA) that is funded by the NYS Office of Victim Services. He stated the PREA Compliance Manager is their primary contact with these facilities and they would contact her with any issues. If services were to be provided over the phone, he stated they would contact the PREA Compliance Manager and the manager would set the inmate up on a legal line. They would begin with 12 sessions if needed. He stated that in NYC, every hospital has their own advocacy program for rape crisis, however, if anyone requests they accompany them to the hospital, they would do so. He also stated they would accompany the inmate during a forensic medical exam, investigatory interviews/court proceedings if needed, emotional support services, crisis intervention, provide as much information as possible to the victim and make any relevant referrals. He stated they remain confidential unless they threaten to harm themselves or if they discuss anything that is mandated by law to report (juvenile abuse, etc.). He stated all services provided are available to all inmates regardless of whether they have reported sexual abuse or sexual harassment. NYSDOCCS meets the standard by providing services; however, they exceed the standard as New York has the

most comprehensive victim support program available to survivors of sexual victimization in any state prison system in the nation. The 777 direct-dial number is available every day, in English, Spanish and other languages, at all 54 facilities operated by the state Department of Corrections and Community Supervision (DOCCS).

The Auditor relied on interviews with the PREA Compliance Manager, CVTC, random staff/inmate interviews and the following documentation was reviewed as well as observations of memorandums and signage posted throughout the facility providing inmates access to outside victim advocates for emotional support services related to sexual abuse: Directive 4423 – Inmate Telephone Calls; Directive 4404 – Inmate Legal Visits; Directive 4421 – Privileged Correspondence; and Memo: from Jason D. Effman, Associate Commissioner to All Superintendents, 12/18/18, Implementation of PREA Statewide Rape Crisis Hotline.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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NYDOCCS Web page for PREA reference outlines the method for third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The Auditor reviewed the NYDOCCS Policy Web page dated 8/22/18 to ensure compliance with 115.54(a). Also, random interviews with staff and inmates determined that they are aware of the third-party reporting process. DOCCS meets this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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NYDOCCS policy outlines that all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Also, apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

The Auditor was able to determine compliance through random staff/inmate interviews and the policy and procedure reviews: DOCCS Employee Manual Section -2.20; DIR 4027A – Sexual Abuse Prevention & Intervention - Inmate on Inmate; and DIR 4028A - Sexual Abuse Prevention & Intervention – 3/4/16 Staff on Inmate.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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DOCCS policy requires staff to take immediate action to protect any inmate subject to substantial risk of sexual abuse. Immediate steps to be taken to protect inmates with a substantial risk of sexual abuse are outlined in policies. Inmates are immediately removed from the area and placed in a safe location.

Staff interviews gleaned a complete understanding of the steps needed to protect an inmate at risk of sexual abuse. Queensboro CF has not had any reports of an inmate who was at substantial risk of imminent sexual abuse during the 12 months prior to the audit. The auditor relied on random staff interviews, random inmate interviews, PREA Compliance Manager interview, Supt. Interview, and review of Directive 4040 – Inmate Grievance Program and Directive 4948 – Protective Custody Status.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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NYDOCCS policy requires upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Superintendent of the facility that received the allegation must notify the head of the facility where the sexual abuse is alleged to have occurred within 72 hours. The facility

must also notify the Office of Special Investigations. During the past year, Queensboro Correctional Facility has not received any Report of Sexual Abuse notifications from another facility; however, they have had to make two notifications in the last twelve months to other facilities regarding allegations of incidents at those facilities. This auditor reviewed the notifications submitted by the Superintendent.

Auditor finds compliance based on review of the following: Memo from Jason Effman, Associate Commissioner, RE: Reporting to other Confinement Facilities (Revised) PREA Standard/263-Entire Form 115.63 Report of Sexual Abuse - 8/20/15 Jail Administrators contact Information; "Sexual Abuse Threat Incident Log Books" – Covers Inmate on Inmate/Staff on Inmate; outlines how the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Interviews were conducted with the Agency Head, Facility Superintendent who acknowledged notifications of abuse from one facility to another are investigated in accordance with standard 115.63 (d) and interview with PREA Compliance Manager.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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



## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

NYDOCCS provides training to all first responders which include the separation of the alleged victim and abuser; preservation and protection of the crime scene until appropriate steps can be taken to collect evidence; the collection of physical evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff is knowledgeable of their responsibilities when responding to reports of sexual abuse.

The auditor also reviewed, with random staff, scripted questions about first responder duties, including: "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" All interviews were positive and favorable and it was clear that staff were knowledgeable about their duties and responsibilities as first responders.

To find compliance, the auditor relied on random staff interviews and a review of the following policies/procedures: Directive 4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; Directive 4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; Associate Commissioner Memo – RE: PREA Coordinated Response Plan; Sexual Abuse Response and Containment Checklist; Deputy Commissioner Memo – RE: PREA Coordinated Response Plan; and Sexual Abuse Prevention and Response (SAPR) Lesson Plan.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Queensboro Correctional Facility's Coordinated Response Plan to an Incident of Inmate Sexual abuse was reviewed and the plan coordinates actions taken in response to an incident of sexual abuse among first responders, security, medical and mental health practitioners, Office of Special Investigations, facility administration, and victim advocates. A checklist is utilized to ensure all process steps are completed and notifications are made. The facility specific plan also addresses, SAFE/SANE hospitals, third-party and anonymous reports (documentation, and referral to the Office of Special Investigations), victim advocates, and notifications. The auditor relied upon random staff interviews, Investigative interviews; and Medical staff interviews as well as the following documentation: Associate Commissioner Memo – RE: PREA Coordinated Response Plan and Sexual Abuse Response and Queensboro CF Coordinated Response Plan to an incident of Inmate Sexual Abuse FOM 9013 dated 02/27/19. Queensboro CF is complaint with this standard.

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

DOCCS Union Contracts allow the removal of alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Also, a review of the collective bargaining agreements was conducted. The Auditor determined compliance through policy and procedure review; State Union Contracts documentation; Interviews conducted with the Superintendent and Investigative Staff and the following relevant policies/procedures: A Review of DOCCS DIR 2110, Employee Discipline-Suspension from Duty during the Continuation of Disciplinary Proceedings; DIR 2114, Functions of the Bureau of Labor Relations; New York state Governor's Office of Employee Relations (GOER); Therefore, QCF is compliant with this standard.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

DOCCS has policies and processes in place to protect inmates and staff that report sexual abuse and harassment. The PREA Compliance Manager is responsible for monitoring retaliation at Queensboro CF. In the past 12 months, there have been zero (0) number of incidents of retaliation. Those that report is monitored for at least ninety (90) days. The PCM monitoring responsibilities includes any inmate disciplinary reports, housing, program changes, negative performance reviews, or reassignments of staff. DOCCS policy allows the monitoring period to be continued as needed. Monitoring continues upon transfer to another facility. Retaliation is monitored at a minimum, 30, 60, and 90 days and longer if necessary. A retaliation monitoring form details this 30-day intermittent review with a conclusion allowing for the completion of monitoring, the termination of monitoring or to continue monitoring. The agency/facility is required to act promptly to remedy any retaliation.

The auditor relied upon interviews with the PREA Compliance Manager, Superintendent, and the following policies/procedures and other supporting documentation: Employee Manual – 2.19; Associate Commissioner Memo – RE: Agency Protection against Retaliation, 115.67/267, and Retaliation Monitoring Form-115.67/115.67A; Queensboro CF example: Retaliation Monitoring Form 115.67. QCF is compliant with this standard.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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During this audit period, Queensboro CF has not utilized Voluntary or Involuntary Protective Custody placement solely for the purpose of protecting an inmate who is alleged to have been a victim of sexual abuse. Directive 4948, Protective Custody Status – Form 2168A; outlines the agency’s use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43. Compliance was determined through review of policy and procedures; Interviews conducted with Facility Superintendent; Staff who supervise inmates in segregation housing.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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



### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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The Office of Special Investigations (OSI), Sex Crimes Unit in the NY DOCCS conducts investigations as outlined in the PREA standards. The Investigators continually receive specialized training in sexual abuse investigations pursuant to standard 115.34. Interviews and documentation support that investigations into all allegations of sexual abuse, sexual harassment, and sexual misconduct are done promptly, thoroughly, and objectively to include third party and anonymous reports.

DOCCS policies and procedures outline how the agency shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When evidence appears to support criminal prosecution, the OSI conducts interviews only after consulting with prosecutors to ensure the interviews will not hinder subsequent criminal prosecution. By agency policy, every allegation of sexual abuse and sexual harassment is investigated, and the agency will validate the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person's status as inmate or staff.

DOCCS does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Investigations continue even if the inmate is released or the employee is no longer employed at the facility. Administrative investigations are very well written, and documentation of the process is very thorough. Reports are maintained for a minimum of 7 years. An electronic copy of the reports with the other critical documents (medical, depositions) are permanently maintained. Interviews with two OSI investigators took place on May 9, 2019 at Lincoln Correctional Facility and they were very impressive. They were very knowledgeable about PREA and their responsibilities when they receive an allegation.

The Auditor reviewed the following documentation to determine the findings: DOCCS DIR 0700 – Office of Special Investigations; Chapter 5, Sex Crimes Division (confidential procedures); Chapter 11 Case Tracking and Investigative Reports (Confidential); Queensboro Correctional facility had (0) reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months. The Auditor determined compliance through review of all above mentioned documentation, policies and procedures, training logs, interviews with two OSI, Sex Crimes Investigators and reviews of investigative case files from previous investigations since none have occurred in this audit period.

## **Standard 115.72: Evidentiary standard for administrative investigations**

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

#### **115.72 (a)**

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

OSI Manual, Chapter 5, Sex Crimes Division (confidential procedures); PowerPoint Presentation Excerpt: PREA Specialized Training Investigations – 8/4/15 outlines how the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Auditor determined compliance through review of policy and procedures; review of investigative case files; additional supporting documentation and training logs; Chapter 5, Sex Crimes Division (confidential procedures); Interview conducted with DOCCS OSI Investigators with the Sex Crimes Division at Lincoln CF on May 9, 2019. Lincoln CF has had (0) sexual abuse, harassment, misconduct cases in the last 12 months.

## **Standard 115.73: Reporting to inmates**

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

#### **115.73 (a)**

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

#### **115.73 (b)**

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

#### **115.73 (c)**

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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DOCCS Office of Special Investigations (OSI) has a process that notifies the inmate once the investigation has been closed out which indicates if the allegation has been substantiated, unsubstantiated or unfounded. The OSI Investigator notifies the inmate directly in cases of substantiated cases and it is recorded in the case file. Investigations that are unsubstantiated or unfounded are sent to the inmate's facility Superintendent and provided to the inmate in person or via the legal mail process.

Queensboro CF has had zero notifications in the last 12 months. The Auditor reviewed the following materials to determine compliance and conducted interviews with the Investigative Staff and the PREA Compliance Manager: Office of Special Investigations Chief – Memo RE: Notification of Investigative Determination dated 5/17/18; Chapter 5, Sex Crimes Division (confidential procedures) and an example of a notification to an inmate.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

## 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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DOCCS policy addresses disciplinary sanctions of employees up to removal for PREA related issues. The employee manual provided to all employees explains the disciplinary process to them. Queensboro CF has had no incidents of employee suspension or termination for issues of sexual abuse or sexual harassment in the past year. Staff interviews revealed an awareness of the departments zero tolerance policy as it pertains to sexual abuse and sexual harassment.

The auditor reviewed the following and conducted interviews with random staff, PREA Compliance Manager, and the OSI Investigators: Review of Chapter 32, Reporting of Misconduct to Outside Agencies (confidential procedures); Directive 4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; Directive 2110 – Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings; Directive 2111, Report of Employee Misconduct; and the Employee Manual.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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NYDOCCS has a zero-tolerance policy regarding sexual abuse and sexual harassment of inmates by volunteers and contractors. The policy outlines criminal actions taken if a volunteer/contractor sexually abuses or participates in sexual harassment of an inmate. Queensboro CF has had no incidents of a volunteer/contractor engaging in sexual abuse or harassment of an inmate in the past year. The auditor did interview one volunteer and the Imam who supervises most of the volunteers and he stated that the volunteers are very well trained regarding PREA.

The auditor relied on the following documentation to find compliance along with the interview of a volunteer, the Imam and the PREA Compliance Manager: Volunteer and Contractor Acknowledgments of Orientation or PREA; Directive 4750 – Volunteer Service Program; Directive 2605 – Sexual

Harassment in the Workplace; OSI Chapter 32 - Reporting of Misconduct to Outside Agencies and Memo dated 09/04/18 reminding staff/contractors/volunteers of zero tolerance.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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



## 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

DOCCS policy outlines that disciplinary sanctions may be imposed on inmates who engage in sexual abuse and harassment. Inmates can be subject to discipline internally for inmate on inmate sexual abuse. Inmates are not disciplined for sexual relations with staff unless it is determined it was without staff consent. There have been no administrative or criminal findings inmate on inmate sexual abuse at Queensboro CF. Queensboro does offer therapy, counseling, and/or any other interventions as outlined in the Sex Offender Counseling and Treatment Program Guide. The agency also prohibits all sexual activity between inmates as outlined in policies/procedures.

The auditor determined compliance based on random staff and inmate interviews and review of the following documentation: Directive 4027A – Sexual Abuse Prevention & Intervention Inmate – on – Inmate; Directive 4028A – Sexual Abuse Prevention & Intervention Staff – on – Inmate; Directive 4932 – Standards Behavior & Allowances; Sex Offender Counseling and Treatment Program Guidelines and Hearing Officer Standards of Inmate Behavior and Confinement Sanctions Guidelines.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Queensboro Correctional Facility medical staff conducts medical screenings upon intake which are followed up by medical staff within fourteen days of the offender's arrival at the facility. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other select staff. Informed consent is obtained before information is shared with additional staff. In the past 12 months, zero inmates disclosed prior victimization during screening. In the past 12 months, no inmates disclosed during screening as previously perpetrating sexual abuse.

The auditor found compliance based on interviews with Medical staff and random inmate interviews and review of the following supporting documentation: Directive 4301 – Mental Health Satellite Services and Commitments to CNYPC - Mental Health; HSPM 1.12B Inmate Bloodborne Pathogens Significant Exposure; HSPM 1.44 – Health Screening of Inmates; Queensboro CF Example Health Screening, copy of blank Mental Health Referral Form and copy of Memo regarding Confidentiality Disclaimer.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Queensboro CF inmates receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This includes inmate victims of sexual abuse. Inmates of sexual assault are provided treatment which includes outside hospital services without financial responsibility. The nature and scope of the services offered to the inmate population are determined by the medical/mental health practitioners at Queensboro CF according to their professional judgment.

SAFE/SANE hospitals are identified by the Health Services Policy Manual. Queensboro CF has a policy/protocol in place to transport a victim of sexual abuse to an outside SAFE/SANE hospital for medical examination, if required. Queensboro CF has processes to provide emergency prophylactic medications if deemed appropriate. Queensboro CF had no incidents that required transport to a SAFE/SANE hospital in the past 12 months.

The auditor was able to find compliance by conducting interviews with medical staff, PREA Compliance Manager, random staff interviews and the following documentation: Directive 4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; Directive 4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate; HSPM 1.60 - Sexual Assault – SAFE/SANE Hospitals.

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

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### **115.83 (c)**

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

### **115.83 (d)**

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

DOCCS has protocols in place to provide ongoing medical examination of inmates who claim sexual abuse. Medical staff interviewed were knowledgeable in the emergency protocol to follow with sexual abuse victims. The agency/facility offers medical and mental health evaluation and, as appropriate,

treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Office of Mental Health, Memorandum of Understanding states that those identified as victims shall receive, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care, following the transfer to or placement in, other facilities, or their release from custody. Further, the facility shall provide victims with mental health services, consistent with the community level of care. Individual counseling is offered to inmates who request on going treatment related to sexual abuse or being a perpetrator of sexual abuse.

The auditor relied upon interviews with the Medical Staff, PREA Compliance Manager, Random Staff/Inmate Interviews and the following supporting documentation provided with the PAQ: HSPM 1.60 - Sexual Assault; HSPM 1.12B – Inmate Bloodborne Pathogens Significant Exposure; HSPM 1.44 – Health Screening of Inmates; and OMH MOU.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or inter-sex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

DOCCS agency policy states the facility conducts a Sexual Abuse Incident Review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Further, it is directed that an incident review will take place within 30 days of the conclusion of the abuse investigation, and that the Incident Review Team includes an upper-level management official and allowing input from line supervisors, investigators, and medical and mental health practitioners. The memorandum above also stipulates that the facility prepares a report of findings, recommendations for improvement and submits such a report to the PREA Compliance Manager. Queensboro Correctional Facility, in the past 12 months, has had no criminal and/or



administrative investigation of alleged sexual abuse investigation. Therefore, no review had taken place as of the dates of this audit. The incident review team reviews the circumstances of the incident; the inmates and staff involved, whether actions taken were consistent with agency policies and procedures, if allegation or investigation indicates a need for policy changes and whether the incident or allegation were motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction. The report is completed and submitted to the Superintendent and Facility PREA Compliance Manager.

The auditor finds compliance based on interviews with the Superintendent, PREA Compliance Manager and the following documentation submitted with the PAQ: A memorandum from the Agency Deputy Commissioner and the Associate Commissioner/Agency PREA Coordinator referencing PREA Procedural Enhancements outlines procedures for compliance with the standard on Sexual Abuse Incident Reviews.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

NYDOCCS Office of Program Planning Research and Evaluation Policy for PREA Data Collection, Review, Retention and Publication Manual outlines basic procedures for data collection of sexual abuse data. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Dept. Of Justice. DOCCS reviews and collects the data as needed from all available reports, investigations, and sexual abuse incident reviews. DOCCS provides all data from the previous calendar year to the DOJ upon request. The data for 2017 was submitted to the Bureau of Justice Statistics on January 15, 2019, prior to the deadline for the submission. This includes, but is not limited to Office of Special Investigations, Sex Crime Division (SCD) data, sexual abuse incident review information, unusual incidents, personnel records, confidential security information, inmate records, disciplinary data, and the inmate locator system.

After preliminary review and preparation of all Office of Special Investigations Sex Crimes Division allegations, sexual abuse data is extracted, coded, and prepared for a secondary review with a SCD investigator. A final review team consisting of the Associate Commissioner/PREA Coordinator, the Chief of the Office of Special Investigations, the Deputy Chief of Investigations of the Sex Crimes Division and

the PREA Analyst meet annually to review substantiated PREA allegations prior to submission of data to the Bureau of Justice Statistics.

The auditor relied upon an interview with the PREA compliance manager and the following supplied documentation: Office of Program Planning Research and Evaluation; PREA Data Collection, Review, Retention and Publication Manual; Directive 4027B – Sexual Abuse Reporting & Investigation Inmate – on – Inmate; Directive 4028B – Sexual Abuse Reporting & Investigation Staff – on – Inmate; and a confirmation that the data was sent to the DOJ.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

DOCCS prepares an annual report which includes identification of problem areas, corrective action for each facility, and the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. Before publishing the annual report, the agency removes all personal identifiers. The annual report is made available to the public through the agency's website. DOCCS Annual Report on Sexual Victimization is available for review on the agency's website. The latest annual report was published December 2018 for the period of 2013-2016.

The auditor reviewed the following documents: Office of Program Planning Research and Evaluation PREA Data Collection, Review, Retention and Publication Manual; NYDOCCS PREA Web Page, [www.doccs.ny.gov/PREA/PREAINfo.html](http://www.doccs.ny.gov/PREA/PREAINfo.html); Therefore, Queensboro CF/DOCCS is compliant with this standard.

### Standard 115.89: Data storage, publication, and destruction

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The DOCCS PREA Data Collection, Review, Retention, and Publication Manual (revised on 8/18/15) outlines basic procedures for data collection, review, storage and reporting of sexual abuse data and ensures that the incident based information and aggregate data is collected and securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise. The data is retained and secured by OSI and the PREA Analyst. The manual also outlines that the agency will prepare an annual report and that the report include: identification of problem areas, corrective actions for each facility and the agency, a comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse.

Prior to publishing the annual report, the agency removes all personal identifiers. The annual report is made available to the public through the agency's website, [www.doccs.ny.gov/PREA/PREAinfo.html](http://www.doccs.ny.gov/PREA/PREAinfo.html), which was reviewed as a part of the audit process.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

##### 115.401 (b)

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

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

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

## 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Auditor reviewed the DOCCS web page at [www.doccs.ny.gov/PREA/PREA\\_Final\\_Audit\\_Reports.html](http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html), containing the 61 audit reports for PREA audits completed from November 6, 2015 through June 7, 2019. The Agency began conducting its PREA audits in October 2015 with 12 facilities audited in the first cycle. Second cycle Final Reports include: 23 in year one, 19 in year two, and 7 in year three so far. Ten additional Agency run facilities are scheduled for audits this year. The Auditor reviewed the schedule of audits and verified that the NYS DOCCS has, beginning in audit year 3 of cycle 1, ensured that at least one-third of each facility type operated by the Agency was and is scheduled to be audited.

NYS Correction Law section 121 provides that the private ownership or operation of a facility for housing state or local inmates or the private ownership or operation of a facility for the incarceration of other state's inmates is prohibited. Thus, no private prisons are operated on behalf of the Agency. However, New York State Department of Corrections and Community Supervision has entered into agreements with private organizations for 14 Community Based Residential Programs (CBRP) to provide up to 4 months of housing and treatment for selected Parolees. These contracts became effective according to the following schedule: Seven (7) programs on 5/1/17, six (6) programs on 10/01/17, and one (1) program on 7/23/18. In compliance with PREA requirements, these contracts permit monitoring and requires the program to achieve and maintain PREA Compliance and to arrange for PREA Audits on a schedule set in consultation with the New York State Department of Corrections and Community Supervision PREA Coordinator. The CBRP audits began in 2018, with four audits being completed as of date of this report. Information obtained through interview with Associate Commissioner/PREA Coordinator and a review of the NYDOCCS website.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Auditor reviewed the NYDOCCS web page at, [www.doccs.ny.gov/PREA/PREA\\_Final\\_Audit\\_Reports.html](http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html) containing the 61 audit reports for PREA audits completed from November 6, 2015 through June 7, 2019 and (5) privately operated Community Based Residential Program (CBRP) on behalf of New York State Department of Corrections and Community Supervision, as of last update of June 9, 2019. New York State Department of Corrections and Community Supervision operates 54 State prisons. The Agency began conducting its PREA audits in October 2015 with 12 facilities audited in the first cycle. Second cycle Final Reports include: 23 in year one, 19 in year two, and 6 in year three so far. The CBRP audits began in 2018, with five audits being completed as of date of this report. Final Reports are posted to the Agency website according to the timeline requirement, with the latest reported on June 9, 2019. New York State Department of Corrections and Community Supervision meets the mandate of this standard.



## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Michelle L. Burrows \_\_\_\_\_

June 16, 2019 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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