

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

Interim Final

Date of Report November 11, 2019

Auditor Information

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Telephone: (724) 679-7280	Date of Facility Visit: March 27-29, 2019

Agency Information

Name of Agency: New York State Department of Corrections and Community Supervision	Governing Authority or Parent Agency (If Applicable): State of New York
Physical Address: 1220 Washington Avenue	City, State, Zip: Albany, NY 12226-2050
Mailing Address: Same as Above	City, State, Zip: Same as Above
Telephone: 518-457-8126	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal <input type="checkbox"/> County	<input checked="" type="checkbox"/> State <input type="checkbox"/> Federal

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

Agency Website with PREA Information: <http://www.doccs.ny.gov/PREA/PREAinfo.html>

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility:	Sing Sing Correctional Facility		
Physical Address:	354 Hunter St. Ossining, NY 10562		
Mailing Address (if different than above):	Click or tap here to enter text.		
Telephone Number:	914-941-0108		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission:	To improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where all inmates' needs are addressed and they are prepared for release, followed by supportive services for all parolees under community supervision to facilitate a successful completion of their sentence.		
Facility Website with PREA Information:	http://www.doccs.ny.gov/PREA/PREAinfo.html		

Warden/Superintendent

Name: Michael Capra	Title: Superintendent
Email: Michael.capra@doccs.ny.gov	Telephone: 914-941-0108 x2000

Facility PREA Compliance Manager

Name: Elizabeth Mastroieni	Title: Assistant Deputy Superintendent/PREA Compliance Manager
Email: Elizabeth.mastroieno@doccs.ny.gov	Telephone: 914-941-0108 ext. 2160

Facility Health Service Administrator

Name: Razia K. Ferdos	Title: Facility Health Director
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Email: Razia.ferdos@doccs.ny.gov	Telephone: 914-941-0108
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Facility Characteristics	
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Designated Facility Capacity: 1747	Current Population of Facility: 1479
Number of inmates admitted to facility during the past 12 months	1490
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1120
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1342
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	260
Age Range of Population:	Youthful Inmates Under 18: N/A Adults: 20-81
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	0
Average length of stay or time under supervision:	1243 Days
Facility security level/inmate custody levels:	Maximum
Number of staff currently employed by the facility who may have contact with inmates:	868
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	252
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	129

Physical Plant	
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Number of Buildings: 78	Number of Single Cell Housing Units: 5
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	2
Number of Segregation Cells (Administrative and Disciplinary):	60

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The facility does utilize cameras throughout the facility to assist with supervision of inmates. However, with the architecture of many of these buildings, since they were built 100+ years ago, the facility requires a large number of staff members to supervise offenders, rather than relying heavily on cameras. Cameras are utilized in the Special Housing Unit (SHU), Psychiatric Satellite Unit (PSU), Perimeter, HBA Yard Surveillance and Building 7.

Medical	
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Type of Medical Facility:	Hospital
Forensic sexual assault medical exams are conducted at:	Westchester Medical

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	362
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	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, 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.

Sing Sing Correctional Facility requested this PREA Audit be conducted through the American Correctional Association (ACA). ACA coordinated this PREA Audit with the ACA Audit conducted during the same week. ACA contracted with this Auditor and Auditor Joy Bell. Both Auditors are appropriately certified by the Department of Justice.

Due to the inability to find auditors able to conduct the PREA audit, ACA contacted this Auditor less than (6) weeks prior to the onsite audit and therefore audit notices were not posted for the required time before the onsite audit. In order to ensure the (6) weeks of posting, the facility left the audit notices up after the onsite audit visit to meet that (6) week requirement.

The Assistant Deputy Superintendent of PREA/PREA Compliance Manager for the facility provided information to the lead auditor prior to the onsite audit via an encrypted flash drive overnighted to this Auditor. The lead auditor provided information to the second auditor as it was received.

The onsite audit began the morning of March 27, 2019 and concluded on March 29, 2019. The onsite audit included an initial meeting, exit meeting, tour of the facility, interviews with staff and inmates, review of PREA related files, volunteer files, personnel files, training files, investigation files, and inmate files. The facility staff provided all materials requested by this Auditor while at the facility.

The first day of the audit began with a tour of the facility. At that time, the ACA audit was ending with separate auditors conducting that audit. Due to the size and layout of the facility, the tour was conducted in two groups, each Auditor being led by different staff members. Even with the majority of the first day consisting of the tour, the Auditors had to return on the second day of the audit to complete the facility.

The second day of the audit was spent in interviews the majority of the time. The Lead Auditor focused on the staff interviews and the second Auditor focused on the inmate interviews. The Lead Auditor also conducted the document review. This occurred on both the second and third days of the audit.

The last day of the audit was spent in file review, finishing required interviews and returning to several areas in the facility to ensure that the Auditors had all the information needed.

At the end of the last day, the Auditors met with staff members to discuss initial issues and successes of the facility at that point.

Interviews were conducted in accordance with the PREA Auditor's Handbook (September 2017). As noted earlier, the Lead Auditor interviewed key staff members, randomly selected staff members and phone interviews with inmates who wrote to the Lead Auditor and those letters were received after the onsite audit portion.

There were (25) staff member interviews, (1) contractor interview and (1) volunteer interview conducted. Staff interviews were conducted from all shifts. Additionally, informal interviews were conducted during the facility tour with both inmates and staff members. Staff interviews included the following specialized positions:

- Superintendent
- Assistant Deputy Superintendent/PREA Compliance Manager
- Associate Commissioner
- Acting Human Resource Director
- Captain
- Nurse
- Director of Health Services
- Intake Staff
- Investigative Staff (Office of Special Investigations)
- First Responders
- Contractor (Office of Mental Health Director)
- Volunteer (Academic Coordinator)

The second Auditor interviewed the randomly selected inmates and inmates who fall under specific categories. There were (41) inmate interviews conducted. Inmate interviews included (21) randomly selected offenders, chosen by utilizing the inmate bed assignment roster. There were (20) offenders interviewed who were in the following targeted groups.

- Inmate who was Hearing Impaired (1)
- Inmates who identified as Gay (5)
- Inmates who reported sexual victimization (4)
- Inmates with a cognitive disability (3)
- Inmate that was LEP (1) – *Language Line Translation Phone Service Utilized*
- Inmates who reported sexual abuse (4)
- Inmates who identified transgender (2)

After the onsite audit was completed, the post audit phase began and the Associate Commissioner and Institution PREA Compliance Manager (IPCM) provided corrections to all deficiencies identified through the audit process.

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.

Sing Sing Correctional Facility has a long and rich history not only in the State of New York's Department of Corrections and Community Supervision, but also in the history of corrections in the United States as a whole.

Sing Sing Correctional Facility is located at 354 Hunter Avenue, Ossining, NY, (30) miles north of New York City. The facility has been in continual operation for 194 years beginning in 1825 and is the 2nd oldest NY State Correctional Facility. Sing Sing is a maximum-security facility which also houses medium and minimum-security inmates. The facility is comprised of (78) buildings, five of which are housing units. All cells in the facility are single cells.

The facility has a history of housing both men and women, having the first correctional library with books other than bibles, construction of the “Death House” for executions of both men and women, professional baseball games played at the prison, several escapes and riots, and numerous programs implemented for the welfare of the inmates housed at Sing Sing.

The housing units in the facility are mainly a linear design, with some housing units having 5 tiers high of cells. This is a very staff intensive design and requires a large number of staff members to ensure that inmates are appropriately supervised.

As mentioned earlier, the facility was constructed along the banks of the Hudson River and is the only correctional facility in the world which has a commuter train running through the yard of the facility daily. The railroad began running through Sing Sing in 1848. Additionally, it is built on a hillside, there are many stairways and extension corridors throughout the facility.

The facility operates with approximately (900) staff members and volunteers and contractors. There are numerous volunteers and contractors who provide many types of services including religious services, education, mental health services, just to name a few. The facility employs over (600) corrections officers at any given time.

On the first day of the audit, the population count was 1479. The facility has a variety of programs that assist in meeting the needs of inmates while housed at the facility and those that will be released from custody in the near future. Some of those programs include mental health services residential crisis services, emergency psychiatric services, outpatient mental health services, community orientation and reentry services, and discharge planning to name a few.

Inmates have a longer average stay at this facility for several reasons. Inmates are able to access a number of programs in Sing Sing which are not available at other facilities throughout the state. As noted earlier, the facility is located (30) miles north of New York City and is close for families to visit.

While this report gives only a snapshot of the facility’s history, documentation of history and current operations of the facility provided to this Auditor was lengthy and fascinating to read and comprehend all that has occurred at the facility once I visited.

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: 3

115.33: Inmate Education; 115.41: Screening for risk of victimization and abusiveness; 115.42: Use of screening information

Number of Standards Met: 43

115.11 Zero Tolerance of sexual abuse and sexual harassment; 115.12: Contracting with other entities for confinement of inmates; 115.14: Youthful inmates; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.17: Hiring and promotion decisions; 115.18: Upgrades to facilities and technologies; 115.21: evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31: Staff Training; 115.32: Volunteer and Contractor Training; 115.34: Specialized training: Investigations; 115.35: Specialized training: Medical and mental health care; 115.43: Protective custody; 115.51: Inmate reporting; 115.52: Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.54: Third-party reporting; 115.61: Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65: Coordinated response; 115.66: Preservation of ability to protect inmates from contact with abusers; 115.67: Agency protection against retaliation; 115.68: Post allegation protective custody; 115.71: Criminal and Administrative Agency Investigations; 115.72: Evidentiary Standard for Administrative Investigations; 115.73: Reporting to Inmates; 115.76: Disciplinary Sanctions for Staff; 115.77: Corrective Action for Contractors and Volunteers; 115.78: Disciplinary Sanctions for Inmates; 115.81: Medical and Mental Health Screenings; History of Sexual Abuse; 115.82: Access to Emergency Medical and Mental Health Services; 115.83: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers; 115.86: Sexual abuse incident review; 115.87: Data Collection; 115.88: Data Review for Corrective Action; 115.89: Data Storage, Publication, and Destruction; 115.401: Frequency and Scope of Audits; 115.403: Audit Contents and Findings

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

Initially there were (5) standards which required corrective action. The facility did an outstanding job getting all corrective action items to this Auditor in a timely manner. The following standards required additional information to become compliant.

- 115.15: Limits to cross-gender viewing and searches
- 115.41: Screening for risk of victimization and abusiveness
- 115.63: Reporting to other confinement facilities
- 115.67: Agency protection against retaliation
- 115.86: Sexual abuse incident reviews

A description of the issue and the resolution to ensure compliance is described in each standard noted above.

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 New York State Department of Corrections and Community Supervision (DOCCS) employs an Associate Commissioner/PREA Coordinator at the state level to oversee all PREA related matters throughout the system. There are (15) Assistant Superintendents/PREA Compliance Managers which oversee more than one facility to ensure PREA compliance.

The Assistant Deputy Superintendent/PCM reports directly to the Superintendent of the facility according to her and the facility's organizational chart provided to this Auditor. At the time of this audit, the Assistant Superintendent/PCM for Sing Sing, also had the same responsibilities for Queensboro, Edgecombe and Lincoln.

PREA Compliance is the only responsibility of the that this position has. She tries to spend two days per week at Sing Sing, and one day per week at each of the other three facilities. If she is needed at a facility that she is not at on a particular day, she can adjust her schedule to allow her to go to another facility.

The PCM does have the ability to make changes at the facility in relation to PREA if it is needed. She will discuss the issues with the Superintendent and with the Associate Commissioner, if needed.

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.

The Sing Sing Correctional Facility does not contract with any other facility or company to house inmates. If there is a need to move an inmate to another facility, that will be done within the DOCCS system.

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.

The agency and facility work together on the development of the elements of the staffing plan. The DOCCS Security Staff Information Unit allocates the number of staffing positions for the facility. The facility is responsible for the deployment of those positions throughout the facility and days of the week.

This plan is reviewed by the Associate Commissioner/PREA Coordinator for DOCCS. This staffing plan is reviewed on an annual basis, as required by this standard. The staffing plan provided to this Auditor was dated November 2, 2018.

Through interviews onsite at the facility, it was determined that if there were deviations from the approved staffing plan, staff would be called in to fill any vacancies in the facility. No posts go unfilled in the facility.

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.

Sing Sing Correctional Facility does not house any individuals under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their

breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

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.

Sing Sing Correctional Facility is an all-male facility. There are female staff members who work in security at the facility. However, the staff were all clear during interviews that strip searches were only conducted by male staff members. Female security staff are permitted to conduct pat searches.

The facility allows inmates to shower, change clothes and perform bodily functions without non-medical staff viewing their genitals. In order to assist with ensuring this is the case, female staff announce themselves when entering a housing unit.

One area that was an issue in regards to allowing inmates to shower without non-medical staff to view their genitals was the bath house. The bath house has several rows of showers which are separated with shower stalls, but no shower curtains or doors. There is a male corrections officer who is in the bath house to observe inmates throughout their shower time.

The issue identified during the tour of the facility was that the gate at the entrance to the bath house allowed for any female staff member to view the first row of showers and view inmates in a state of undress. In order to correct this deficiency, the facility added a metal plate to the door which allows for female staff to be outside of the bathhouse and not be able to view inmates showering in the first row of showers. Photographic evidence of the correction was sent to the Lead Auditor to prove compliance with this standard.

A second area identified as needing correction in relation to inmates showering without non-medical staff viewing them showering was in the Segregation Unit. While the showers did have a covering so that genitals of male inmates could not be seen while showering, the covering was not up high enough to cover the upper torso of any transgender inmates housed in that unit. The facility did correct the showers in this area by putting up a shield for transgender inmates. Photographic evidence of the correction was sent to the Lead Auditor to prove compliance with this standard.

As noted, the facility does house transgender inmates. Those that were interviewed indicated that they were able to shower at different times or to utilize the single showers in some of the housing units in the facility. If an inmate wishes to utilize the single showers, on specific housing units, they are required to request permission to do so including the reasoning for the request. If approved, the offender will receive a shower time for the single shower on the housing unit.

Interviews with staff indicated they have received the appropriate training for working with transgender inmates and searches with transgender. Those staff interviews were able to articulate specific training topics in this area.

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

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Sing Sing Correctional Facility works to provide PREA information in multiple formats. The institution provides written PREA information in a number of languages, if needed. Samples of all the different languages provided were given to the Lead Auditor. In addition, the posters posted throughout the facility were available in both English and Spanish.

PREA information is provided on the facility television channel. Both Auditors had the opportunity to observe this information while waiting in a waiting area at the facility. A recommendation made to the staff was to slow the speed of the information on the channel as it was hard to read do to the speed it was taken of the screen. The IPCM was going to look into getting that information slowed down.

If an individual is unable to read or has limited cognitive functioning, then staff members will read the information to an inmate. The intake staff members interviewed indicated they have read information to new arrivals on numerous occasions to ensure the inmate understands the information.

Not only did staff provide this information about alternate formats, but inmates also confirmed this practice during their interviews with the Auditor.

The inmate population consists of a majority of individuals who are able to speak and understand English. However, the facility does have inmates who are Limited English Proficient (LEP). The Auditor was able to interview an inmate utilizing the language line. The language line information was provided by the staff member.

Those inmates interviewed with a disability were able to articulate reporting methods for sexual abuse or sexual harassment, the zero-tolerance policy of the department, who they would report to at the facility if they felt there was a problem.

Overall, the Auditors felt confident that inmates were provided with clear and accurate information regarding PREA at Sing Sing.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Sing Sing has a Human Resources Department, however, the hiring process for employees is done in conjunction with DOCCS Central Office in Albany, NY. If there is an open position, the HR Department at Sing Sing requests a list of potential employees, based on their scores on the Civil Service test.

Sing Sing will review the list sent by Central Office and schedule interviews for the position. Once the interviews are completed, the selected candidate's name is submitted to an analyst in Central Office. The Employment Investigation Unit will then do the background check, check references, run a criminal history and send out emails asking the required questions if the individual has worked at other correctional facilities.

The agency has a process for being notified if there is an arrest of employee. Notification goes to the Command Center in Albany. Then the facility is notified of the arrest.

Background checks for volunteers are completed by Volunteer Services.

Background checks for contractors are done by the Office of General Services, such as construction workers etc. Medical contractors have their background checks completed by the facility where they will be working.

If the facility receives a request for PREA information about a current or previous employee, the facility is required to forward that to the Central Office in Albany.

If there is an allegation of sexual abuse against an employee, the case is investigated by the Office of Special Investigations (OSI). OSI will make the determination as to whether to terminate the person with a substantiated case of sexual abuse against them. OSI will direct the facility on how to handle the situation.

To verify that the appropriate items are being conducted, the Lead Auditor reviewed (19) personnel files in the Human Resource Office of the facility. All were found to contain the appropriate information.

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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Through interviews with key staff members and review of materials provided to the Auditors, it was found that the facility has not had any major renovations or additions built in the physical plant of the facility since 2006 when Building 8 was rehabilitated to be used by Security, Program Services and Office of Mental Health Services.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency is responsible for conducting administrative and criminal investigations regarding PREA. The agency does not have forensic examinations completed at its facilities, but instead has an agreement with local hospitals which have specially trained staff, SAFE nurses, who conduct the forensic examinations. These are performed at Westchester Medical Center located in Valhalla, NY. When a forensic examination is conducted as a result of a sexual abuse at the facility, there is no cost to the victim as per policy.

Directive #0700 states that a victim advocate is available to accompany the victim to the hospital for the forensic examination.

In addition, the agency follows the NYS Department of Health's evidence collection protocol, "State of New York Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault". Information regarding this protocol was provided to this Auditor.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy review and staff interviews confirmed the compliance with this standard. The Acting Commissioner has delegated the authority of conducting administrative and criminal investigations to the Office of Special Investigations (OSI). OSI works cooperatively with the New York State Police, Bureau of Criminal Investigations in cases involving staff-on-inmate and inmate-on-inmate sexual abuse which may involve criminal conduct. This information can be found in Directive #0700 "Office of Special Investigations (OSI)".

Guidance in conducting investigations is provided to the staff in Directives #4027A "Sexual Abuse Prevention & Intervention – Inmate-on-Inmate" and #4028A and #4028B "Sexual Abuse Prevention & Intervention – Staff-on-Inmate/Staff-on-Parolee".

The facility has published the PREA policy on their website for public viewing and can be found at <http://www.doocs.ny.gov/PREA/PREAINfo.html>

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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NYS DOCCS requires all staff members to complete training on sexual abuse and sexual harassment when the individual is hired. This 40-hour orientation training includes a 3-hour segment entitled “Sexual Abuse Prevention and Response”. The lesson plans were provided to the Auditor for this training segment. Additionally, all staff are required to view a training video entitled “Maintaining Professional Boundaries” which is approximately 45 minutes long.

Additionally, all staff are required to participate in “Sexual abuse Prevention and Response Refresher” once every (2) years. This training is one hour in length. The facility provided a copy of the PowerPoint for this training to the Auditor.

The Training Manual, Subject: 7.100 – Employee Familiarization directs that any staff transferring from a facility which houses only male inmates to a facility that houses only female inmates, or vice versa, receive training related to the gender of the inmates in the facility the staff member is transferring to.

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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The facility utilizes both contractors and volunteers to fill different roles in the facility. Interviews with the contractor and volunteer supported the practice of the being provided training by the facility. No matter whether the person is a contractor or a volunteer, all must be educated on the agency's zero-tolerance policy. Both interviews were able to discuss the basics of PREA.

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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Sing Sing does an excellent job educating inmates when they arrive at the facility regarding PREA. During the intake process, inmates are provided with the PREA pamphlet which provides information about PREA and how to make a report at the facility. This is done when the inmate arrives at the State Shop.

Within the first couple of days of arrival at the facility, inmates go through testing and education sessions. PREA is one of those educational sessions that all incoming inmates are required to review. The unique quality about this training is that Sing Sing operates a Peer Education Program and PREA is one of the topics covered in the Peer Education Program.

Inmates are provided with information regarding PREA from specially trained inmates known as Peer Educators. During the first day of the onsite audit, the Auditors were able to observe one of the classes in progress. The Peer Educators use a video and lecture style format in the training. The Peer Educators were able to talk with the new arrivals about the reality of the facility, what they needed to be aware of and what to avoid.

This is an excellent program and the agency and facility should be proud and continue with this program.

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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Review of documentation and interviews with the investigators verified that the facility meets this standard.

During the onsite audit phase, the Lead Auditor interviewed two investigators from OSI. Both were able to articulate topics in the training they received which are required by standard.

Additionally, this Auditor was able to review the PowerPoint utilized in the Specialized Investigations training. It contained all the required elements outlined in this standard including use of Miranda and Garrity warnings, techniques for interviewing a sexual abuse victim, evidence collection in a confinement setting and evidence and criteria needed to substantiate a case for administrative investigation or for criminal prosecution.

The agency keeps electronic records of all training each staff member participates in. Information was provided to the Auditors regarding all training individuals have taken.

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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This facility has a full-time medical department which operates (24) hours per day, (7) days per week. There are both regular DOCCS employees and contracted staff in the medical department. All staff, regardless of their employer, is required to take the basic level and specialized medical/mental health training.

As indicated earlier, all training is documented electronically. However, the PowerPoint for this specialized training was provided to the Auditor prior to arriving at the facility. All items required by the standard were found to be a part of this Specialized training.

In conducting interviews with staff members, both medical and mental health practitioners were able to articulate topics included in the training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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.

Sing Sing Correctional Facility conducts the initial risk assessment screening in the State Shop, usually within (24) hours of an inmate arriving at the facility. During the interview with the Sergeant conducting these assessments, it was noted that inmates were not informed that they would not be punished for not answering those questions or providing complete responses. However, information was provided to this Auditor regarding the risk assessment form including the admonition that “Inmates may not be disciplined for refusing to answer or provide complete response to these questions.” The staff were clear that no discipline could be issued if questions were not answered or not answered fully.

Additionally, there was a review of policy, specifically *Facility Operations Manual (FOM) #700, Item III. Procedure, Item D. Discipline*. This section states the following.

Inmates shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to the PREA Risk Screening process.

PREA Standard 115.41, item (h) states “*Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(7), (d)(8) or (d)(9) of this section.*” While the standard or FAQ’s regarding this standard does not explicitly require this information is provided to the inmate prior to answering the risk assessment questions, it is considered a best practice and is highly recommended by this Auditor. Answering some of the questions asked on the risk assessment can be traumatic for those who have been victimized. In order for the facility to be victim centered and trauma informed, information in item (h) and the FOM cited above should be provided to inmates prior to answering these questions.

When the risk assessments are being conducted, the staff will take the inmate into another area of the State Shop to ask the questions. This provides more privacy for the inmate, which is intended to provide a space for more honest answers to be given.

The risk assessment was provided to and reviewed by this Auditor and it has been determined that it meets the requirements for questions to be asked.

The reassessments are required to be conducted within (14) days of the inmate’s arrival at the facility. These are conducted by the inmate’s assigned Offender Rehabilitation Counselor (ORC).

Additionally, assessments can be redone for a number of reasons such as additional information coming to light, an allegation of sexual abuse, or some other change in information which staff becomes aware of related to sexual abuse.

The Lead Auditor reviewed (25) inmate files and the appropriate risk assessments were available for review.

The facility provided the Facility’s Operations Manual (FOM) for the PREA Risk Screening. This is an extensive manual providing detailed direction regarding the administration of the risk assessments and referrals to make when certain results are obtained. This manual is thorough and well thought out for use.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Sing Sing Correctional Facility staff were able to provide information regarding the use of the information gained through the risk assessments of the inmates. This information is utilized in all four areas required by PREA standard of housing, education, work and programming.

Staff are responsible for ensuring the information from the assessments are taken into consideration for placement in these areas, along with the use of good correctional judgement. The Facility Operations Manual provides direction on the results of the assessment.

In addition, if the inmate answering the questions on the assessment identifies as transgender, the manual provides directions on how to proceed with the requirements of this standard. In addition to the FOM, Directive #4401: Guidance & Counseling Services provides information about the services for transgender inmates and sex offenders.

The in-depth information provided as guidance for staff is very well written and it clear on the actions which must be taken and services which are to be provided.

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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Through interviews with staff and review of the PREA policies, it is clear that involuntary protective custody is only used as a last resort for the safety of the inmate. Directive #4948: Protective Custody Status articulates the elements of this standard and how the staff are to implement this process.

The facility has a form to utilize when the involuntary protective custody will be used for an inmate to protect them against becoming a victim of sexual abuse.

The manual is clear that involuntary protective custody should only be used for a temporary solution until alternative means of separation from likely abusers can be arranged.

During this audit period, no inmates were placed in involuntary protective custody due to being a high risk for sexual victimization.

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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It was determined through interviews with both staff and inmate interviews and policy review, that inmates have multiple ways to report sexual abuse in the facility. Inmates are encouraged to report to any staff member they trust as all staff are trained in how to handle reports of sexual abuse or sexual harassment.

Reports can also be made by writing. Inmates are encouraged to write to the Superintendent, member of the facility's Executive Team, OCR, Chaplain, Grievance Program Supervisor, Central Office or PREA Coordinator.

Inmates have a phone number (777) they can call to access the rape crisis hotline. This number will connect an inmate with rape crisis counselors.

If an inmate or outside person wishes to report to an outside organization to report sexual abuse, they may write to:

*New York State Commission of Corrections
 Alfred E. Smith State Office Building
 80 South Swan Street, 12th floor
 Albany, NY 12210*

Inmates or outside person may also write to:

*Ombudsman Services Unit, Office of the Public Advocate
 1 Centre Street, 15th floor
 New York, NY 10007*

Information was provided to this Auditor that NYS DOCCS does not detain individuals solely for civil immigration purposes.

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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Sing Sing Correctional Facility does not handle sexual abuse cases through the grievance process. All allegations of sexual abuse and sexual harassment are handled through the investigation process in accordance with PREA policy.

Directive #4040 – Inmate Grievance Program indicates that if a “grievance is filed regarding sexual abuse or sexual harassment shall be deemed exhausted if official documentation confirms that:

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

A sexual abuse or sexual harassment complaint may be submitted at any time, however, a timely complaint is essential to providing services and proper investigation. Acceptance of a late complaint does not waive the applicable statute of limitations with respect to any related lawsuit.”

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

During the onsite audit tour of the facility, it was noted that inmates have the ability to call a phone number (777) to access rape crisis counseling services. Posters include information about the Rape Crisis Hotline and enhanced victim services. The poster indicates that a victim can be connected to a partner program for advocacy and emotional support services.

In addition to the posters that are hanging throughout the facility, information is also provided on the PREA brochures provided. These brochures are available to inmates in (8) languages.

Sing Sing has a contract with Westchester Community Opportunity Program Inc. This contract is for telephone and mail services to be provided to inmate victims of sexual abuse. While the phone calls made to this number are recorded, the rape crisis center keeps all information confidential.

The contract between Westchester Community Opportunity Program Inc. and NYS DOCCS provides funding to the rape crisis center based on the amount of services provided to inmates at the facility.

Additionally, DOCCS has included information in policy to ensure that communication via mail between inmates and rape crisis counselors remain confidential. Directive #4421 "Privileged Correspondence" reads:

"B. Incoming Privileged Correspondence – 1. Confidentiality: Incoming privileged correspondence shall not be opened outside the presence of the inmate to whom it is addressed, and shall not be read without express written authorization from the facility Superintendent (see Section III-C below)."

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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The agency offers multiple options for reports to be received about sexual abuse or sexual harassment in Sing Sing Correctional Facility.

NYS DOCCS posts information on its website regarding how people can make a report. The address for the website is <http://www.doccs.ny.gov/PREA/PREAinfo.html> Listed on the website are numerous places to write to make a report, an email address for OSI, and a phone number for OSI.

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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Through staff interviews and policy review, it is clear that the agency directs that all reports of sexual abuse and sexual harassment be reported by staff members when they learn of the situation. All staff members that were interviewed during this process were very clear about the process for handling sexual abuse and sexual harassment reports.

Staff were able to articulate the process well and all knew that they were to report to a supervisor immediately to begin the process and then are required to write up an incident report for submission.

The staff were also aware that information should only be shared to the supervisor it is reported to, investigators and anyone providing services such as medical.

In addition to the interviews conducted, policy review also confirmed direction to staff related to 115.61. Directive #4027A, Section C-2: Reporting and Investigation of Inmate-on-Inmate Sexual Abuse, Sexual Harassment, or Sexual Threats indicates:

“2. Any employee who receives a report of sexual abuse, sexual harassment, sexual threats or any act of retaliation for reporting such an incident, or for participating in an investigation of such an allegation, shall immediately notify his or her immediate supervisor as outlined below:

- a. Any facility-based employee shall report the information immediately to their supervisor, who shall notify the Watch Commander. In the event the supervisor is not available, the employee shall immediately notify the Watch Commander directly.*
- b. Any community-based employee who receives a report involving an inmate or parolee, who is being supervised in the community has a duty to report such information to the Supervising Parole Officer (Bureau Chief) who shall immediately notify the Regional Director. In the event the Supervising Parole Officer (Bureau Chief) is not available, the employee shall immediately notify the Regional Director. In the event the Regional Director is not immediately available, the Assistant Regional Director shall be notified to avoid any delay.*

4. Reports of sexual abuse and sexual harassment are confidential information, including but not limited to the identity of the victim, the identity of the person reporting the sexual abuse and sexual harassment, the identity of the witnesses and the identity of the alleged perpetrator, is only to be shared with essential employees involved in the reporting, investigation, discipline and treatment process, or as otherwise required by law.”

In addition, the Memorandum of Understanding (MOU) between the New York State Office of Mental Health (OMH) and NYS DOCCS, clearly articulates what disclosures must be reported to DOCCS and does not need the consent of the inmate revealing that information. This MOU has been in effect since September 27, 2016.

Page 26 of this MOU states the following.

“5. Sexual Misconduct

OMH acknowledges that, in accordance with 28 C.F.R. § 115.61 “staff and agency reporting duties,” paragraph (c), unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of section 115.61 and to inform inmates of the practitioner’s duty to report, and the limitation of confidentiality, at the initiation of services.

The following situation require automatic reporting to DOCCS staff. The consent of the inmate-patient is not required in these cases:

Any sexual contact between any combination of inmates, or inmates and staff, while at CYNPC shall be reported as soon as possible, to the DOCCS Sexual Abuse Prevention and Education Office.

The Superintendent shall be contacted by OMH immediately regarding any sexual contact between any combination of inmates, or inmates and staff, that occurred while the inmate or inmates were in DOCCS custody, whether reported to OMH by an inmate or inmates while at a correctional facility or while at CNYPC. The Superintendent shall immediately thereafter report the matter to the DOCCS Inspector General.”

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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Review of agency policy and interviews with staff confirmed compliance with this standard. All staff indicated that they would take immediate action to keep an inmate safe if they learned of imminent danger. All staff indicated that they would immediately separate the potential victim from the potential abuser.

Interviews with the ADS/PCM and other staff indicated they do not recall any situations in the last (12) months requiring immediate action being taken to protect an inmate from a PREA related situation.

Agency Directive #4948: Protective Custody Status dictates that an inmate will not be put into protective custody status without a review of all alternatives and a process established which establishes a review. Documentation has been developed and will be utilized to document the required elements of the custody status review.

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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The Associate Commissioner sent a memo to all Superintendents entitled "Reporting to Other Confinement Facilities (Revised) PREA Standard 115.63/263" dated February 12, 2016. This memo directs that reporting will be done on the form provided. The report will also be recorded in a the Sexual Abuse/Threat Incident Log.

Two attachments were provided with this memo. One was the form that was developed which is to be sent to the facility where the incident occurred. The other was a listing of all correctional facilities in NYS with their contact information.

During initial interviews with medical staff, it was brought up that if an abuse occurred in a DOCCS correctional facility, this information was forwarded to the ADS/PCM so that it could be reported. However, information about abuse occurring outside of the system was not sent to the ADS/PCM. As part of the corrective action, information was provided to staff directing that all abuse reported which occurred in any confinement facility was to be reported to the ADS/PCM in order for that facility to be notified.

Six examples of notifications sent to other facilities and received at Sing Sing were provided as further verification that the facility is meeting this standard.

This standard is now in compliance with the standard.

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

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

Interviews with staff of all levels confirmed that the steps listed above are the actions they would take should they receive an allegation of sexual abuse. All staff interviewed were able to articulate the appropriate steps that should be taken.

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

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The facility provided a written institutional response plan to this auditor for review. This plan, FOM #701: Coordinated Response Plan to an incident of Inmate Sexual Abuse, is well written and addresses each department's responsibility in the event that an allegation of sexual abuse is made at the facility.

In addition to the policy, the agency has created a checklist, "Sexual Abuse Response and Containment Checklist", for use in this situation. This checklist provides information for the staff to ensure that all steps outlined in the plan are followed and none are overlooked.

Training is provided to all staff members regarding their duties as part of this coordinated response to sexual abuse.

Interviews with staff confirm that they are aware of their role in the response to sexual abuse and are aware of the responsibilities of the other departments in the facility. The majority of the staff members

had small cards during the interview which outlined the steps to be taken. Staff keep those cards with them while on duty to refer to in case an incident does occur. This is a quick reference to the policy and is a time-saving tool in the event that a situation does occur.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Sing Sing Correctional Facility has multiple collective bargaining units which it works with. The Superintendent and Acting Human Resources Director indicated that he had a good working relationship with the collective bargaining units in this facility. The collective bargaining units which operate at Sing Sing include the following.

1. Administrative Services Unit (ASU)
2. Institution Services Unit (ISU)

3. Operational Services Unit (OSU)
4. Professional, Scientific and Technical Services Unit (PS&T)
5. Security Services Unit (SSU)
6. Security Supervisors Unit (SSPU)

If a staff member has a report of sexual misconduct filed against them, OSI, in collaboration with the Bureau of Labor Relations, will determine the appropriate action to be taken, including removal of the employee from contact with any inmates pending the outcome of the investigation. This can be found in Directive #2110: Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings.

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*)
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The ADS/PCM is the staff person responsible for monitoring anyone participating in an investigation of sexual abuse for signs of retaliation. Initially during this onsite audit, the ADS/PCM indicated that she was not monitoring all individuals for retaliation due to a breakdown in communication between her and OSI. She was not receiving information on all cases.

However, as part of the corrective action period, the original memo regarding this standard "Agency Protection Against Retaliation PREA Standard 115.67/267" dated August 20, 2015 was re-sent to OSI and the ADS/PCM to ensure that all areas of communication are clear. Two attachments were also included in this memo, the Protection against Retaliation Tracking Sheet and the Retaliation Monitoring Form.

This monitoring is required to be done at 30, 60 and 90 days and documented on both forms. At the end of the 90 days, the ADS/PCM will make the determination as to whether the monitoring should continue or not. This determination is also documented.

As verification that this standard is now in compliance, the ADS/PCM sent copies of monitoring forms to this Auditor. This standard is now considered complete.

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*)

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As documented under standard 115.43, this facility does not involuntarily place inmates in protective custody. However, if no other option is available, the facility will follow the process established by Directive #4948 and complete the appropriate paperwork.

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*)
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Incidents of sexual abuse are investigated by the Office of Special Investigations (OSI). OSI has been given the authority to conduct both administrative and criminal investigations for the NYS DOCCS. Incidents of sexual harassment will be investigated by the facility.

The Office of Special Investigations contains a Sex Crimes Unit. According to Directive #700: Office of Special Investigations (OSI), this unit is responsible to conduct *"investigations involving sexual misconduct between inmates or parolees and Departmental staff, as well as inmate-on-inmate sexual abuse, and assists outside law enforcement in the development of cases for criminal prosecution. SCD conducts other investigative activities as directed by the Deputy Commissioner/Chief of Investigations, the Commissioner, or designee. The SCD also collaborates with others within the Department to ensure compliance with the Prison Rape Elimination Act (PREA)."*

In addition to OSI, DOCCS also works collaboratively with the Office of the Inspector General (IG) and the New York State Police (NYSP) on criminal investigations of staff-on-inmate and inmate-on-inmate sexual abuse.

New York State law prohibits the use of polygraph tests in any criminal procedure. The law reads: *"No district attorney, police officer or employee of any law enforcement agency shall request or require any victim of a sexual assault crime to submit to any polygraph test or psychological stress evaluator examination."*

During the onsite audit visit, the Lead Investigator reviewed (5) investigation files. These files were in excellent order. The files were easy to read and determine what the outcome of the investigation is.

During the interviews with investigators, it was clear that investigations are seen through to conclusion, even if one or both parties is released from DOCCS custody or resigns from their position in DOCCS.

According to Directives #4027B and #4028B, paper investigation files related to PREA are retained for a minimum of (7) years and the electronic case files, including copies of the investigative report and other critical documents, are kept permanently.

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*)
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Interviews with the investigators while onsite at the facility did verify this standard. All were able to discuss this evidentiary standard and how it is applied to investigations.

The OSI Policy Manual, Chapter 5, Section II.4, also includes a statement indicating that administrative investigations utilize a "Preponderance of the Evidence" evidentiary standard.

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*)
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The agency and facility provide notification to inmate victims of sexual abuse at Sing Sing Correctional Facility.

According to a memo titled "Notification of Investigative Determination to Inmates or Parolee/Residents" dated May 17, 2018 and sent to all DOCCS Superintendents, directed that all complainants must be informed of the outcome of all investigations. Depending on which entity investigates the allegation, notification will be made by specific entities.

For investigations conducted by OSI, notification will be made the OSI Sex Crimes Unit to the Superintendent of the facility where the incident occurred. This notification will also be sent electronically to the ADS/PCM or the facility's PREA Point Person. The complainant will be notified via Privileged Mail.

If the investigation was conducted by the facility, the Deputy Superintendent for Security (DSS) or higher authority will review the investigation and the notification will be sent by the facility DSS or higher authority. The complainant will be notified via Privileged Mail in this situation as well.

Examples of notifications were provided for review during this process.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Through documentation review and interviews with staff, the facility was found to be in compliance with this standard. Documentation was provided for review from the Deputy Commissioner for

Administrative Services to the Director of Labor Relations indicating that the agency will ensure that termination will be the presumptive action for staff who have engaged in sexual abuse of an inmate. Additionally, disciplinary sanctions of violations of agency policy relating to sexual abuse or sexual harassment will be commensurate with the nature and circumstances of the acts committed, disciplinary history and sanctions imposed for comparable offenses by other staff.

The interview with the Acting Human Resources Director also verified the elements of this standard are being met. At the time of the onsite audit, there were two cases of employee sexual misconduct which ended in either termination or resignation of the employee prior to termination. Both of these cases were referred for criminal investigation.

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

The agency has developed standards for all volunteers to follow while working in a DOCCS facility. These standards provide clear information about the zero-tolerance policy the agency has adopted and the consequences of having a relationship with an inmate in the system.

These standards also provide clear direction about what the responsibility of the person is if they receive a report about sexual abuse or sexual harassment which occurred in a confinement facility.

Contractors working in the facility are essentially treated the same as a regular employee when it comes to issues related to PREA. They are held to the same standards of first response and reporting as a staff member is.

Allegations of sexual abuse against a contractor or volunteer are investigated in the same manner as any other allegation of sexual abuse in the facility. OSI will investigate any allegations involving a contractor or volunteer.

At the time of the onsite audit, there had been no investigations of contractors or volunteers related to allegations of sexual abuse at Sing Sing in the preceding (12) months.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The DOCCS has an established policy/protocol for the imposition of punishment for violations of policy. Review of documentation provided to this Auditor and interviews with staff and inmates confirmed the information provided in policy.

If an inmate is found guilty of perpetrating a sexual offense, there are clear guidelines outlined for the Hearing Office hearing the case in the "Hearing Officer Reference Book: Hearing Officer Guidance, Standards of Inmate Behavior *All Institutions* and Confinement Sanctions Guidelines for Incidents Occurring On or After 4/1/2017". This text provides information on aggravating and mitigating circumstances for offenses, a "Checklist for Tier III Disciplinary Sanctions", as well as a table outlining minimum and maximum punishments for sex offenses.

Definitions of offenses are clearly defined in Directive #4027A: Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, as well as Directive #4028A: Sexual Abuse Prevention & Intervention – Staff-on-Inmate/Staff-on-Parolee.

The agency also has a policy to clearly state that an inmate will not be punished for a report of sexual abuse made in good faith. Directive #4028A: Sexual Abuse Prevention & Intervention – Staff-on-Inmate/Staff-on-Parolee clearly states on Page 5 of 6 that:

“A report made in good faith based upon a reasonable belief that the alleged conduct did occur does not constitute falsely reporting an incident or lying for the purpose of disciplinary action, even if the investigation does not establish evidence sufficient to substantiate the allegation.”

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has both medical and mental health services at the facility and "staff" from both departments were interviewed. Most of the staff in the medical department are employees of DOCCS, however, there are some nurses who are contractors. The mental health providers at the facility are actually employees of the Office of Mental Health (OMH) and are actually considered contractors.

PREA questions have been included in the screening tools for medical and mental health services. Both medical and mental health policies are clear that information regarding sexual abuse in a confinement setting must be immediately reported and does not require permission from the inmate to make the report. However, sexual abuse which occurred in the community and is disclosed during either of these screenings may only report with the permission of the victim.

During interviews with both medical staff and mental health providers, it was clear that all were aware of the requirements regarding reporting sexual abuse disclosures.

A referral protocol has been established so that if an inmate discloses sexual abuse during the initial medical screening, a referral slip is completed and the victim will be seen by the mental health staff within the required (14) day timeframe.

Additionally, if someone is identified, either by the staff or self-disclosure, as someone who has committed sexual offenses while incarcerated, an assessment with the mental health providers will be completed with that inmate.

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

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

As stated, the facility has a (24) hour per day, (7) day per week medical department with nurses on duty all shifts. Medical staff are available to provide care at any time day or night. While the mental health staff are not (24/7), medical is able to provide assistance until the mental health professionals are available.

If a situation occurs in which an inmate would need to be seen at a hospital for a forensic examination, the medical staff are the ones to make that decision. If medical staff indicate that the inmate must be transported out, the security staff put the process in motion to make that occur.

If transportation to an outside medical facility is required for a forensic examination, those individuals will be taken to Westchester Medical Center in Westchester, NY.

As per policy, the inmate will not be charged for the treatment they receive as a result of a PREA incident that they have reported.

If an inmate is taken out to the hospital for a forensic examination, the medical department will see the inmate upon arrival back to the facility to review discharge and doctor's notes. They will stay in the facility's medical cells for observation for a short period of time.

There have been no cases of sexual abuse which have required an inmate be taken to Westchester Medical Center for a forensic examination as a result of a sexual abuse in the preceding (12) months.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Through discussions with both the medical and mental health staff members, it is clear to this Auditor that the services received through these departments are above those services they would receive in the community. Discussions with providers included information regarding the length of time it typically takes to receive medical and mental health services in the area. For mental health services in particular, it can be a wait of four to six weeks or longer.

Emergent medical issues are addressed as soon as they are identified. Inmates may also request an appointment with the medical department by submitting a request. Interviews with staff and inmates indicated that a medical request can usually be accommodated within a week of the receipt of the request and sooner if warranted.

If an inmate requires a forensic medical examination, which is determined by the medical staff, that inmate will be transferred to the hospital for those services as soon as transportation can be arranged. When an inmate is taken to Westchester Medical Center, those services are provided free of charge to the inmate. This is documented in NYS DOCCS Division of Health Services Policy, Title: Sexual Assault, Section: Health Care Services, Section II: Background, “..... All treatment, including outside hospital services, will be provided to victims without financial liability and regardless of whether or not the victim cooperates in any investigation arising from the incident.” This not only includes the forensic medical examination, but testing for sexually transmitted diseases as well.

If the mental health staff learn of an abuser who has perpetrated institutional sexual violence, they will conduct the required evaluation on that individual.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency has established a policy and protocol for conducting sexual abuse incident reviews for all investigations determined to be either substantiated or unsubstantiated. The facility indicated that in the preceding (12) months there were (10) investigations completed at Sing Sing.

Policy regarding this standard was conveyed to the facility via memo to all Superintendents titled “Prison Rape Elimination Act Procedural Enhancements, Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits” and dated May 9, 2014. In addition to the direction of the memo, a form was designed to assist the IPCM’s in completing all the necessary requirements of the review. This memo explains the timeframes which are required to be followed, as well as the required participants of these reviews.

During the onsite interview, the ADS/PCM indicated during the interview that she was not aware that she had to complete sexual abuse incident reviews for investigations. This Auditor had lengthy conversation with her regarding what the reviews were, why they were important and the process which is required.

In order to come into compliance with this standard, the ADS/PCM completed the sexual abuse incident reviews for all (10) investigations finalized in the preceding (12) months. These reviews were provided to this Auditor for review. She indicated that she now understands the process and will complete these reviews according to policy in the future.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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New York State DOCCS collects data from all of the facilities it operates on a monthly basis. The Deputy Superintendent for Security is required to compile information regarding all allegations with supporting detail, investigations and outcomes of investigations which occurred during that month. A form has been created to capture this information. It is compiled monthly and submitted to the Deputy Commissioner for Correctional Facilities and the Associate Commissioner for Prison Rape Elimination Act Compliance. This direction and related form is provide in Directive #4027B: Sexual Abuse Reporting & Investigation – Inmate-on-Inmate.

The facility provided two months of reports as examples for 2018. Additionally, proof of submission of the Survey of Sexual Violence for 2017 was provided.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The NYS DOCCS collects data related to sexual abuse and sexual harassment in its facilities as required by 115.87. This information is analyzed and utilized according to policy of the agency. This information is then compiled into a report, which is posted on the agency's website.

Direction is given to staff in regards to the synthesis of data in a document titled “Office of Program Planning, Research and Evaluation PREA Data Collection, Review, Retention and Publication Manual”. This document states the following.

Section IV: Review For Corrective Action:

The PREA Analyst prepares and aggregates data collected in coordination with the Sexual Abuse Prevention & Education Office and the Office of Special Investigations Sex Crimes Division in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training throughout the year. An annual report is prepared which includes identification of problem areas, and corrective action for each facility and the agency as a whole. The annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The report is provided in compliance with PREA Standards §115.87 Data Collection and §115.88 Data Review for Corrective Action and approved by the Associate Commissioner/PREA Coordinator and the Commissioner. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The report is then made available to the public through the Department website.

The annual report is available to the public at the following website.

<http://www.doocs.ny.gov/Research/Reports/2018/Annual-Report-on-Sexual-Abuse-2013-2016.pdf>

This annual report is dated December 2018 and compares information from all facilities for the years 2013-2016. Appendix E of this report also includes the number of reported allegations for the calendar year 2017. In reviewing this annual report, it appeared that no information was included which could have jeopardized the safety and security of any of the DOCCS facilities.

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.

As noted in 115.88, the document titled “Office of Program Planning, Research and Evaluation PREA Data Collection, Review, Retention and Publication Manual” provides specific information regarding the collection, analysis, publication, storage and destruction of PREA related information. The information found in this document was also verified through interviews with staff members.

The Office of Special Investigations and the PREA Analyst are responsible for securely retaining all PREA related information. Aggregated information is available to the public on the agency’s website at the following address. <http://www.doccs.ny.gov/PREA/PREAinfo.html> All PREA information is available and accessible on the public website beginning with 2013. The manual indicates that all aggregated information will be maintained for a minimum of (10) years.

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.

This Auditor was able to review the prior audit report for the Sing Sing Correctional Facility dated April 18, 2016.

The agency works to ensure that all facilities are audited in the correct timeframe and at least 1/3 of all facilities are audited each audit year.

This Auditor was provided with a great deal of information just prior to the onsite visit. In addition, this Auditor requested multiple documents while onsite and was provided with all information requested.

All interviews were conducted in private for both staff and inmates. Both Auditors were provided confidential space to talk with interviewees and given space to review documents and discuss the audit process and issues in a private area as well.

The staff were extremely accommodating to both Auditors and were extremely knowledgeable about the facility, its programs and the inmates at the facility. It was an honor to have the opportunity to evaluate this facility for PREA compliance. Due to the age and design of the facility, PREA compliance is not always easy with the physical plant. However, the staff take this responsibility seriously.

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 facility's prior onsite audit was conducted March 22-24, 2016. The date of the report is April 18, 2016. This report can be found on the agency's website at the following address:

http://www.doccs.ny.gov/PREA/ACA_PREA_Sing_Sing_CF_Report.pdf

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jennifer L. Feicht

November 11, 2019

Auditor Signature

Date

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

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