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

☐ **Interim** ☒ **Final**

Date of Report April 27, 2019

Auditor Information

Name: Theresa A. Grenier	**Email:** grenier@jumpinjoesbbq.com
Company Name: Click or tap here to enter text.	
Mailing Address: PO Box 1265	**City, State, Zip:** Midlothian, VA 23113
Telephone: 913-683-1201	**Date of Facility Visit:** March 11-12, 2019

Agency Information

Name of Agency: New York State Department of Corrections and Community Supervision		**Governing Authority or Parent Agency** *(If Applicable)*: Click or tap here to enter text.	
Physical Address: 1220 Washington Avenue		**City, State, Zip:** Albany, NY 12226-2050	
Mailing Address: Click or tap here to enter text.		**City, State, Zip:** Click or tap here to enter text.	
Telephone: 518-457-8126		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

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

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

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Hale Creek Correctional Facility			
Physical Address: 79 Maloney Road, Johnstown, New York 12095-37692			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (518) 736-2094			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	
Facility Mission: Same as agency mission			
Facility Website with PREA Information: http://www.doccs.ny.gov/PREA/PREAinfo.html			

Warden/Superintendent

Name: Peggy Lotz	**Title:** Superintendent
Email: peggy.lotz@doccs.ny.gov	**Telephone:** (518) 736-2094 Ext 2000

Facility PREA Compliance Manager

Name: Michele DeBraccio	**Title:** Assistant Dept. Supt./PREA Compliance Manager
Email: michele.debraccio@doccs.ny.gov	**Telephone:** (518) 736-2094 Ext. 2160

Facility Health Service Administrator

Name: Dr. Albert Paolano	**Title:** Health Services Director
Email: albert.paolano@doccs.ny.gov	**Telephone:** (315) 768-1400 Ext 8100

Facility Characteristics

Designated Facility Capacity: 480	**Current Population of Facility:** 431

Number of inmates admitted to facility during the past 12 months			1143
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1018
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1133
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	**Youthful Inmates Under 18:** 0	**Adults:** 19-66	
Are youthful inmates housed separately from the adult population?	☐ Yes ☐ No	☒ NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			95 Days
Facility security level/inmate custody levels:			Medium
Number of staff currently employed by the facility who may have contact with inmates:			214
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			43
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3

Physical Plant

Number of Buildings: 32	**Number of Single Cell Housing Units:** 0
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	10
Number of Segregation Cells (Administrative and Disciplinary:	0

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

Perimeter only

Medical

Type of Medical Facility:	Medical clinic, not an infirmary
Forensic sexual assault medical exams are conducted at:	Albany Memorial Hospital or Albany Medical Center

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	224
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.

The PREA audit of the Hale Creek Correctional Facility was conducted on March 11-12, 2019 by Ms. Theresa Grenier. Approximately two weeks prior to the audit, the auditor received the Pre-Audit Questionnaire and additional documents. A thorough review of the report and the documentation provided was conducted. Notes were recorded as they related to corresponding standards. The documents and questionnaire were well organized and highlighted. A request was sent to the New York State Department of Corrections and Community Supervision (NYS DOCCS) PREA Coordinator and facility compliance manager for additional information and copies of documentation that should be prepared and available upon auditor's arrival at facility. The auditor requested inmate and staff rosters to be provided the night before the audit. The facility provided a roster of all inmates housed at the institution; lists of inmates for specific categories to be interviewed; and a list of all staff to be interviewed (random and specific category) the morning prior of the audit.

Prior to the audit, the auditor contacted Just Detention International (JDI) about any information previously submitted by inmates at the Hale Creek Correctional Facility; researched the Hale Creek Correctional Facility on the internet; and reviewed the NYS DOCCS website prior to the audit. The website is easy to navigate and provides both PREA policy regarding the agency's zero tolerance policy, investigations, and information on reporting options for staff, inmates and third parties. The website also contains a brief history of PREA as well as the pamphlet distributed to all inmates, and the educational video shown to inmates during orientation at each facility. It also has several links to include: PREA Standards; the PREA Resource Center; National Institute of Corrections; Office of Justice Programs; Just Detention International; and The Moss Group, Inc.

The auditor was at the facility from 08:00 am – 6:00 pm on day; 6:30 am – 6:00 pm on day two; Following the entrance meeting with staff, the auditor conducted a site review of the facility. Following the site review on day one, the auditor began the formal interviews. Review of investigations was completed on Wednesday morning after the site visit.

During the site review random informal interviews were conducted with staff and inmates which were not counted toward formal interview requirements. Adequate PREA posters and announcement of the PREA audit in both English and Spanish were placed throughout the facility and posted on bulletin boards in housing units. Area logs were reviewed at various posts to observe that rounds are being conducted and documented. The auditor visited all areas of the facility during the audit. Observations were made of security staff presence, line-of-sight, physical plant condition and barriers, general sanitation, inmate movement procedures and general institution operations. Additionally, the auditor tested the inmate phone system for emotional support services.

The auditor conducted 30 staff interviews (12 random, 16 specialized, and 2 volunteers). Additionally, the DOCCS PREA Coordinator; Agency head, investigators, SAFE/SANE staff, from the outside hospital and Contract Specialist were interviewed by this auditor. Staff interviews were based on the requirements from the auditor handbook. Staff were selected for interviews based on availability of staff. Security line and supervisory staff were selected from all shifts. Interview rooms were provided to ensure privacy and confidentiality. Staff interviewed were well versed in their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; proper procedures for conducting a pat search of a transgender inmate and evidence preservation.

The number of interviews required for inmates was calculated based on the auditor handbook formulas. The auditor used inmate rosters provided by the facility the morning of the audit. Specialized interview inmates were selected first, and then random inmates from each housing unit were then selected based on race and arrival date in order to ensure all races and inmates from various time periods were selected. Each housing unit had at least one inmate interviewed. Hale Creek had a small targeted inmate population, so all inmates that fell into a targeted category were interviewed. A total of 35 inmates were formally interviewed: 26 random interviews and Nine (9) specialized interviews: GB (1); physically disabled (1), and limited English proficient (6). The staff stated there were no inmates with a cognitive disability, transgender/Intersex, reported sexual abuse or disclosed sexual abuse at the time of screening confined at the facility. Staff were organized and kept the inmates moving without them being held for long periods of time waiting to be interviewed.

Inmates were respectful. There were no refusals. The majority of the inmates interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and inmate's handbooks) in a language they understand outlining the agencies zero tolerance policies towards sexual abuse; knew the reporting procedures; and reported staff of the opposite gender announced when entering a housing area. All inmates stated female staff do not see them naked. Twenty-three of the 26 inmates interviewed knew how to report sexual abuse or sexual harassment. The auditor found the inmates aware and knowledgeable of PREA.

The auditor reviewed the PREA Allegation Spreadsheet from 2018 and 2017. In 2018 there were two (2) PREA cases. There were two (2) staff-on-inmate sexual abuse allegations; one (1) staff-on-inmate sexual abuse was unsubstantiated and one (1) staff on inmate sexual harassment case was still under investigation.

When the on-site audit was completed, the auditor conducted an exit meeting at 5:50 p.m. on March 12, 2019. While the auditor could not give the institution a final finding, the auditor did provide a preliminary status of her findings. The auditor thanked the Hale Creek Correctional Facility staff for their hard work and commitment to the Prison Rape Elimination Act.

Facility Characteristics

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

The Mission of the State of New York Department of Corrections and Community Supervision (DOCCS) and Hale Creek Correctional Facility is to “improve public safety by providing a continuity of appropriate treatment services in safe and secure facilities where offenders’ needs are addressed and they are prepared for release followed by supportive services under community supervision to facilitate a successful completion of their sentence.” Hale Creek Correctional Facility is one of 54 facilities in the Department of Corrections and Community Supervision that shares the mandate to maintain the security of the community while providing a safe, clean and humane environment for all who live and work within the facility.

Hale Creek Correctional Facility is a medium-A security prison sitting on 30 acres of land located in the picturesque Mohawk Valley of upstate New York, situated in the Town of Johnstown within Fulton County. This facility is used for the general confinement of males ages 18 and older. Hale Creek Correctional Facility is also classified as an Alcohol Substance Abuse Treatment Correctional Annex (ASATCA).

All five of the housing units at Hale Creek Correctional Facility are dorm like in design, fashioned in a therapeutic community model. All residents in the housing units have assignments based on their positions in the dorm housing residential hierarchical system. These assignments are an integral and vital clinical component of the therapeutic community structure. The structure of the therapeutic community is a pyramid of job functions and the community’s daily regimen is based on work. All residents in a therapeutic community, from the newest member to the oldest, have an assigned job function. You enter the system at the bottom where jobs entail relatively minor responsibility, mostly physical labor with few rewards and little status. Higher level job functions require more responsibility, skill and leadership and are accomplished by earned status and privilege. Progression up the job function / hierarchy in a therapeutic community is much like the real world; advancement requires hard work, discipline and good work skills. Upward mobility depends on psychological growth and progress towards their treatment goals.

Hale Creek Correctional Facility offers a six-month Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program and an Alcohol and Substance Abuse Treatment (ASAT) program. Successful completion of the CASAT program can lead to work release or to a community-based residential program. An Alternative Shock program is provided to inmates that have medical contradictions and cannot participate in Shock. A 90-day Alternative Drug Treatment is provided to parolees and Judicially Sanctioned inmates. A 60-day Relapse Treatment program is provided to inmates that have tested positive or report drug/alcohol use while on work release.

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: 6

115.11, 115.16, 115.33, 115.53, 115.87, 115.88

Number of Standards Met: 39

115.12, 115.13, 115.14, 115.15, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.85, 115.89, 115.401, 115.403.

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

None

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.

DOCCS has written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The main PREA policies are Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate and Directive #4028A, Sexual Abuse Prevention & Intervention – Staff-on-Inmate/Staff-on-Parolee Other agency policies supplement these main PREA policies.

Hale Creek Correctional facility FOM #10.01 dated January 22, 2019, is the facility supplement to implement PREA. Immediate reporting of any above known behavior or action is required by all written related directives reviewed by auditor. The facility Coordinated Response Plan to an Incident of Inmate Sexual Abuse outlines the steps for facility staff to respond to allegations. These policies collectively establish the agency's zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Associate Commissioner (AC) Jason Effman is the DOCCS agency-wide PREA Coordinator. He is very knowledgeable of PREA standards and is an active participant in working groups developed by the PREA Resource Center. AC Effman has the authority to develop, implement, and oversee PREA compliance. He oversees 68 total facilities (54 Corrections Facilities; and fourteen (14) Community

Based Residential Programs for PREA purposes. He is very active in coordinating PREA, sending updates to facilities. He conducts weekly teleconferences to keep PREA Compliance Managers up to date on any changes and best practices. He is consistently looking for ways to improve DOCCS PREA program. The DOCCS organization chart demonstrates AC Effman is in a position of authority. Fifteen ADS PREA Compliance Managers report directly to AC Effman with two positions currently waiting to be filled. He also has direct contact with the PREA Point Person at each facility.

Ms. Michele DeBraccio is the ADS PREA Compliance Manager for four facilities including Hale Creek Correctional Facility. She reports directly to the DOCCS PREA Coordinator. She was very knowledgeable of PREA standards and was actively involved in PREA activities. During the audit she actively assisted inmates with questions or concerns with their specific needs. It was apparent the inmates knew her and her duties and were able to communicate with her openly. She claimed to have enough time to perform her PREA duties. She visits each of the four facilities every week and attends the executive staff meetings. The facility also has a PREA Point Person.

Deputy Superintendent of Security, Glenn Scarafile is the PREA Point Person assigned to the facility. His duties include: alerting the Deputy Superintendent for Security and the facility's designated ADS PREA Compliance Manager of any concerns with respect to Policy and PREA Standard compliance; assisting In the development or revision of any PREA-related Facility Operations Manual (FOM) or other facility-specific procedures required to meet the PREA Standards or Department sexual abuse/sexual harassment prevention policies; assisting with the review of PREA Risk Screening Forms (115.41 M); assisting with retaliation monitoring for inmates and staff in accordance with Agency Protection Against Retaliation procedures; forwarding any questions, requests for assistance with access to community-based rape crisis services or other requests seeking an accommodation based on the Department's Sexual Abuse Prevention policies or the PREA Standards to the ADS PREA Compliance Manager; ensuring that all complaints of sexual abuse or sexual harassment are responded to in accordance with Department Directives as well as in accordance with the facility PREA Coordinated Response Plan; and serving as a member of the sexual abuse incident review team.

The interviews of the PREA Coordinator, Superintendent, and PREA Compliance Manager demonstrated PREA is part of the DOCCS and facility fabric; as leaders they were very knowledgeable of and believed in PREA; and they set the tone for the facility.

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.

DOCCS does not contract with other entities for the confinement of inmates. NYS Correction Law § 121 provides "the private operation or management of a correctional facility … or a local correctional facility …, the private ownership or operation of a facility for housing state or local inmates or the private ownership or operation of a facility for the incarceration of other state's inmates is prohibited." New York State is not permitted to enter into contracts for the confinement of inmates.

DOCCS has entered into agreements with private organizations for 14 Community Based Residential Programs to provide up to four (4) months of housing and treatment for selected Parolees. Seven Regional Contract Managers monitor the programs monthly. Site visits include: ensuring zero tolerance policy is in place; ensuring all residents are screened within 24 hours of arrival; ensuring that all residents received a PREA Pamphlet; ensuring PREA informational posters are visible.

The agency has an open application process, applications are reviewed every six months. The vetting process for new facilities includes a site visit to review cameras, blind spots, rooms, shower and stairwell areas to promote sexual safety.

The contracts include wording regarding the PREA standards. "…The Contractor shall develop a written policy mandating zero tolerance toward all forms of Sexual Abuse, and Sexual harassment. The Contractor's policy shall address and meet all requirements of the National Prison Rape Elimination Act Standards for Community confinement Facilities adopted by the United States Department of Justice…"

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.

Documentation and interviews with PREA Coordinator and Superintendent confirmed an annual staffing review is completed. PREA data is sent to the facility to assist in the completion of the review. The facility completes a portion of the review then it is sent to the Deputy Commissioner for Correctional Facilities, Director of Security Staffing and the PREA Coordinator. The review uses the criteria found in standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan. Staffing adjustment can be made at any time deemed necessary. Additionally, every two years a Security Chart/Staffing Review is conducted at each facility by the Central Office. The in-depth review considers use of overtime, staff utilization, post closures, additional services usage, preplanning practice leave policies and schedules, local agreements, supervisor charts and post descriptions. Any findings from the review require a plan of action for correction.

By policy the facility documents all deviations to the plan and it is recorded electronically. After review of the Pre-audit questionnaire and interview of the Superintendent there were no deviations from the plan. The facility uses overtime to fill all its unfilled positions in the plan.

Unannounced rounds are conducted by Sergeants and Lieutenants. Interviews and review of log books validated that the rounds are conducted on all shifts. Interviews with staff reflect the nature of the rounds includes security checks of the housing units to ensure the safety and security of both inmates and staff.

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.

Per Directive #0025, dated March 29, 2018, Hale Creek Correctional Facility mission does not include housing youthful inmates. There were no youthful inmates confined during the audit period.

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 ☒ N/A

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.

Directive #4910, Control of & Search for Contraband states "A strip frisk of an inmate who has been diagnosed with Gender Dysphoria/GID shall be conducted by staff of the same gender as the gender classification of the facility. Staff shall apply procedures as appropriate based upon the anatomy of the inmate. The facility (administration/security) shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, a medical provider may determine the inmate's 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."

Hale Creek Correctional Facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, and staff is prohibited and does not search transgender or intersex inmates to determine inmates' genital status. Hale Creek Correctional Facility has not had any incident of cross-gender strip searches or visual body cavity searches during this review period.

Directive #4001, Facility Administrative Coverage & Supervisory Rounds, provides guidance for staff of the opposite gender to verbally announce their arrival on a housing unit to avoid unnecessarily invading the privacy of inmates of the opposite gender, unless emergency conditions dictate otherwise. An announcement is required when the gender supervision on a housing unit changes from exclusively

same gender, to mixed- or cross-gender supervision. Observation during tour, interviews with inmates and staff, and review of log books clearly shows staff of the opposite gender announce their presence when entering a housing unit.

Standards 115.15 b and part of c does not apply as Hale Creek Correctional Facility Policy is a male only facility.

Directive #4910, Control of & Search for Contraband was revised in May of 2014 to add procedures to the section on strip searches to address visual inspections of an inmate assigned to a male correctional facility who has been issued a permit to possess and wear a bra (such as an inmate diagnosed with Gender Dysphoria/GID or who has breast development). When a security supervisor authorizes such a visual inspection (for example, a body check) the inspection shall be performed outside the presence of other inmates. The inmate will not be required to remove the bra or undershorts/underwear, absent probable cause. A supervisor of the rank of Sergeant or above is present when the removal of the bra is required. Interviews and review of training records confirmed staff were trained in the proper search procedures.

Directive #4910, Control of & Search for Contraband, also provides for modified procedures when a male Correction Officer performs a pat frisk of an inmate assigned to a male correctional facility who has been issued a permit to possess and wear a bra (such as an inmate diagnosed with Gender Dysphoria/GID or who has breast development). The male officer must use the back and side of his hand when frisking the breast area of the inmate. The Directive also provides that all Officers shall conduct themselves professionally, alert to the perceived sensitive nature of the frisk.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

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

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in

obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Limited English inmates are afforded the opportunity to have the agency's PREA information brochure in a language they understand. DOCCS has translated various vital documents into the most common non-English primary languages, including "The Prevention of Sexual Abuse: What inmates Need to Know", and other educational materials based on the Prison Rape Elimination Act. Currently the brochure is available in Spanish, Haitian-Creole, Russian, Polish, Italian, Chinese and Korean. If the document is not available in the correct language, interpretation services are provided. Inmates sign for PREA Sexual Abuse Brochure citing the language they use on the form to ensure they are receiving the information in a language they can understand.

DVD's contain the PREA Education film "Ending Sexual Abuse Behind the Walls: An Orientation" with audio and captions In English, Spanish, Haitian-Creole, Russian, Polish, Italian, Chinese and Korean. The appropriate language is used when providing PREA orientation to an inmate who is limited English Proficient. Facilities are also be provided with a small supply of printed brochures in Haitian-Creole, Russian, Polish, Italian, Chinese and Korean. The Statewide emotional support line is also available in multiple languages. Staff provide services in English and Spanish and have the ability to use a confidential third-party interpretation service to communicate with callers in other languages. In the event that an inmate has difficulty understanding the written material due to a disability or limited reading skills, appropriate staff provide assistance.

DOCCS also has an agreement with Language Line anytime staff need assistance with communicating with an inmate.

Tour of the facility and Inmates interviews confirmed the facility provides the PREA information in various formats the inmate can understand. Review of intake documentation shows inmates are given an option of languages.

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.

Personnel Procedure #407 – Civilian Promotions states prior to appointment, every candidate selected for a potential promotional appointment will be reviewed for prior incidents of sexual abuse, a conviction for a disqualifying sexual offense, or a civil administrative finding for such sexual acts. The review will also identify any incidents of sexual harassment. Personnel Procedure #407A – Security Promotions also requires a candidate with a substantiated allegation meeting the criteria under 115.17(a) shall be bypassed in accordance with Civil Service Law for the next reachable candidate.

Personnel Procedure #407 – Civilian Promotions and #407A – Security Promotions both require the Department to consider any incidents of sexual harassment in determine whether to promote anyone who may have contact with inmates. Criteria to be considered include the number of substantiated sexual harassment incidents, the number of complaints of sexual harassment (excluding unfounded), the length of time since the last complaint or substantiated incident, and the nature and severity of the sexual harassment.

NYS Department of Correctional Services Personnel Procedural Manual #406A Recruitment Process outlines the process for hiring new staff. If the candidate was previously employed by a prison, jail, lockup, community confinement facility or juvenile facility (an institutional employer), the supervisor or the interviewer shall contact the former institutional employer and inquire whether the candidate was the subject of any substantiated allegations of sexual abuse or resigned during a pending investigation of sexual abuse. This contact is recorded using the Employment Telephone verification form PPM 406A.2.

Directive #2216, Fingerprinting/Criminal History Inquiry – New Employees and Contractors indicates all employees and contractors of the Department of Corrections and Community Supervision (DOCCS) are subjected to a criminal history inquiry in order to obtain background information pertinent to the security of operations, to verify data on employment applications, and to receive notification when Department employees are arrested.

For background checks conducted pursuant to statute, the Division of Criminal Justice will notify DOCCS of subsequent arrests of the subject individual, unless the Division is prohibited by State statute to do so. Per Directive #2112, Report of Criminal Charges, A "Report of Criminal Charges" must be filed when an employee is charged with the commission of: A felony or misdemeanor, or; A violation which alleges possession and/or use of a controlled substance, or; A domestic related incident and/or Order of Protection (current).

The application and the Personal History Questionnaire used by DOCCS asks: Have you ever been the subject of disciplinary action in connection with any employment? This would include, but is not limited to: suspension, termination, written warning, verbal warning, or formal counseling.; a) Have you ever been named in any allegations of sexual abuse (i.e., engaging in or attempting to engage in any form of sexual activity with a person by force, overt or implied threats of force, or coercion; without the person's consent, or when the victim was unable to consent) or sexual harassment?; Have you ever been asked to resign from any employment in lieu of termination or resigned during a pending investigation? Have

you ever been convicted of a crime where you engaged in or attempted 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 if the victim was unable to consent?

Applicants are cautioned to answer every question, truthfully and without evasion. Both New York State Civil Service Law and the Rules and Regulations of the Civil Service Commission, which have the force and effect of law, provide penalties for making a false statement of material fact in any application, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment, revocation of employment and prosecution.

Per Directive #2012, Release of Employee Personnel and Payroll Information, DOCCS does not release information about an employee's record without the former employees written consent. The policy states information about an employee's job performance or reasons for a change in supervisor, unit, or duty station may only be disclosed to private and public employers upon written authorization from the employee or former employee. Information about a former employee's reason for leaving employment may be provided to State agencies without authorization from the employee, but shall not be provided to parties other than State agencies without such written authorization. If a request is received without such an authorization attached, the requester should be informed that the information cannot be provided without an authorization. In accordance with the Personal Privacy Protection Law, all such requests and responses shall be made in writing.

Review of documentation provided by the facility indicates background checks are completed on all hiring actions and promotions.

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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Directive #3053, Alternations/Construction Request, outlines the requirements to consider when upgrades to facilities and technologies are proposed. These considerations include: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, or modification upon the agency's ability to protect inmates from sexual abuse; and when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

Interviews with the Agency Head, PREA Coordinator, PREA Compliance Manager, and Superintendent it was determined that DOCCS considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

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

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

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

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Directive #0700, Office of Special Investigations (OSI), dated March 9, 2018. Sex Crimes Division: The Sex Crimes Division (SCD) conducts 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. Where evidentiarily or medically appropriate, the agency transports the victim of sexual abuse to a community hospital to ensure access to a forensic medical examination pursuant to the National Protocol for Sexual Assault Medical Forensic Examinations.

Staff interviewed were very knowledgeable of the evidence protocols and could explain the protocol for obtaining useable evidence when an inmate alleges sexual abuse. Alleged victim and assailant will be separated. Both parties will be monitored to ensure physical evidence is not destroyed. Participants and witnesses will be separated. DOCCS policy requires offering a forensic medical examination to potential sexual assault victims for up to 120 hours after the alleged incident.

Health Services Policy 1.60, Sexual Assault, states all victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The facility through agreements with Albany Medical Center, Albany NY offers all victims of sexual abuse access to forensic medical examinations. A Sexual Assault Nurse Examiner (SANE) performs the forensic exam. If a SAFE/SANE is not available a physician will perform the forensic exam. During the last 12 months there no allegations that resulted in a SAFE/SANE exam. A victim advocate is contacted by the SAFE/SANE when an inmate is transported to the hospital to provide emotional support and crisis intervention, through the forensic medical examination process and investigatory interviews.

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*)

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Directive #4027A Sexual Abuse Prevention & Intervention – Inmate-on-Inmate and Directive #4028A Sexual Abuse Prevention & Intervention – Staff-on-inmate/Staff-on-Parolee require immediate notification to the Office of Special Investigations in accordance with Directive #4027B, "Sexual Abuse Reporting & Investigation-Inmate-on-Inmate" is made. This investigation shall be initiated promptly and shall be the responsibility of the Office of Special Investigations who shall determine the appropriate investigative response.

The auditor reviewed the PREA Allegation Spreadsheet from 2018 and 2017. In 2018 there were two (2) PREA cases. There were two (2) staff-on-inmate sexual abuse allegations; one (1) staff-on-inmate sexual abuse was unsubstantiated and one (1) staff on inmate sexual harassment case was still under investigation.

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 ☒ N/A

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

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.

Initial Employee Training includes a three-hour class on Sexual Abuse Prevention and Response. This course discusses NYS law and PREA Standards. Emphasizes that inmates are unable to consent to engage in sexual activity with staff. Addresses the issue of inappropriate behavior between staff and Inmates. Annually each employee watches the Maintaining Professional Boundaries Video. Additionally, every two years all employees complete the "Sexual Abuse Prevention and Response Refresher" training.

The PREA training curriculum was reviewed and verified that the training provided to employees is very comprehensive. Review of the lesson plan and slides demonstrated the training covered: zero-tolerance Policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Employees sign an acknowledgement form that they have received and understood the PREA training they received during pre-service training. Staff interviewed were well versed in the DOCCS zero tolerance policy; their responsibilities in reporting sexual abuse, sexual harassment, and staff negligence; first responder duties; and evidence preservation.

Documentation received prior to the audit indicated the staff sign that they understood the training they received. The auditor requested randomly selected staff training records; the ones received were electronic training records showing 6 out of 6 employees received PREA training. Based on knowledge of staff, document review, interviews, and incident files it is evident staff have received meaningful training and understand their responsibilities and put the procedures into practice.

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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Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate and Directive #4028A, Sexual Abuse Prevention & Intervention – Staff-on-Inmate, requires all contractors and contract employees, volunteers, and interns receive orientation and periodic in-service training consistent with their level of inmate contact relating to the prevention, detection, and response to inmate-on-inmate sexual abuse and sexual harassment.

In accordance with Directive #4750, volunteers are trained on the zero-tolerance policy. All applicants must acknowledge that they understand the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Job-specific training for the volunteer activity will be given by the volunteer's Staff Supervisor and may or may not include a tour of the facility grounds.

Directive #4071, Guidelines for Construction Projects, states each contract worker will be issued a copy of Form #4071A, "Guidelines for Construction Projects." These guidelines and this directive are explained to each contract worker for the contracting company by a DOCCS employee. All contractors will acknowledge receipt of this directive and the information in Form #4071A by signature. The guidelines include the DOCCS zero tolerance policy, definitions of sexual abuse; duty to report; and confidentiality.

Based on documentation received prior to the site visit, DOCCS requires volunteers to sign that they understand the agency's zero tolerance policy and how to report.

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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Upon the inmate's arrival at the facility, each inmate is provided a brochure in a language they understand explaining the agency's policy on "The Prevention of Sexual Abuse in Prison, What Inmates Need to Know". The brochure is available in eight languages. If an inmate arrives whose language is different than the brochures available, the agency will make every effort to translate the information into a language the inmate understands. The brochure is comprehensive includes: how to reduce your risk of sexual abuse; definitions; what to do if you are abused; how to report; confidentiality; and the address of the outside reporting agency. Each inmate signs that they have received the information.

Typically, within 14 days the inmates attend orientation and are provided classroom training on PREA and watch a video with tracks and captioning in English, Spanish, Mandarin Chinese, Haitian Creole, Italian, Korean, Polish, and Russian.

The Prevention of Sexual Abuse in Prison: What Inmates Need to Know brochure, in both English and Spanish, is made continuously and readily available to inmates through the law library, general library, medical/dental waiting areas, guidance/religious services waiting areas, transitional services, and any other areas routinely accessible to inmates within the correctional facility.

The auditor reviewed 25 inmate records who were interviewed: all had documentation demonstrating they received the required PREA information upon arrival; and received the PREA education within 30 days. During inmate interviews, 25 of 26 inmates said they received the PREA information and PREA Education and one (1) said he did not receive the information. Intake staff interviewed described how they document providing inmates PREA information. Inmates interviewed were also able to articulate the zero-tolerance policy; their right to be free from sexual abuse and sexual harassment; and their right to be free from retaliation for making a report.

Zero-Tolerance Policy posters and PREA posters (English and Spanish) are placed throughout facility in locations accessible and visible to inmates, staff, and the public.

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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Investigators in the Office of Special investigations receive the basic PREA class given to all DOCCS employees. For specialized training, DOCCS puts all new members of the Office of Special Investigations through an internal training program. Upon completion of the training program, new Sex Crimes Division investigators take an in-house PREA Specialized Training for Investigators course. This training program includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. DOCCS OSI SCD also utilizes the "National Institute of Corrections course for Specialized Training for Investigators" and investigators participate in interview training through a local law enforcement agency. In November 2016, "Investigating Physical and Sexual Abuse in Institutional Settings" was presented in a three-day classroom setting and fourteen of the current SCD investigators participated in that program.

After an investigator gains experience, they will participate in the NIC Advanced Investigations on-line training, certification training from the National Association of Inspectors General, and other relevant trainings as identified by the agency. In addition, DOCCS Office of Special Investigations has certified evidence collectors strategically located in their offices throughout the state. In the Utica area, there is one Sex Crimes Division Investigator who is a certified "Police Crime Scene and Evidence Specialist," as well as a second certified evidence collector with the Criminal Intelligence Division who is also available to assist in processing a sex offense crime scene.

The auditor reviewed the specialized training for investigators, and it covered all requirements of the standard to include: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor reviewed sign-in sheets which documented both annual PREA training and PREA investigator training. The OSI maintains documentation that the investigators have received both the general and investigative PREA training. The lesson plans, slides and sign in sheets were reviewed and interview of the investigators demonstrated knowledge of conducting a sexual abuse investigation in a confinement setting.

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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DOCCS ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have received appropriate PREA training. Memorandum of Understanding between New York State Office of Mental Health and DOCCS provides for a standardized orientation to all new OMH employees working in correctional facilities. All full and part time OMH employees working in any DOCCS facility must participate in training provided by DOCCS. Additionally, all full and part time

mental health care practitioners participate in specialized training designed by DOCCS. The training is given to the new employees by their supervisor during the first three days at their work location. The training required for medical and mental health practitioners to include how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how to report allegations of sexual abuse and harassment.

Hale Creek Correctional Facility does not have any mental health staff. Any inmate in need of mental health services is referred to OMH at other facilities. Prior to the audit, documents were reviewed showing staff had completed the specialized training for medical practitioners. The auditor requested randomly selected medical training records. The facility provided a sign in sheet for three staff members documenting Sexual Abuse Training and PREA training for Medical Providers. Interviews of medical staff demonstrated they understood: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Each staff member interviewed described their role through each step of the process following an allegation of sexual abuse through follow-up services. Medical staff does not conduct forensic medical examinations;

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

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

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

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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Instructions for Overall Compliance Determination Narrative

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All inmates transferred into Hale Creek Correctional Facility are screened by a Sergeant or above, ordinarily within 24-hours of arrival at the facility, and reassessed by an assigned Offender Rehabilitation Coordinator (ORC) ordinarily within 14-days of arrival at the facility. The Assistant Deputy Superintendent PREA Compliance Manager makes a final risk assessment determination ordinarily within 30 days of the inmate's arrival at the facility; and reassesses inmate's risk level again when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

DOCCS uses an objective screening tool to identify inmates at high risk to be sexually abused and to identify inmates who are at high risk to be sexually abusive. The screen includes the following criteria to assess offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability; (2) The age of the offender; (3) The physical build of the offender; (4) Has the inmate been incarcerated (prison/jail) for less than 2 years (all incarceration combined)? (5) Whether the offender's criminal history is exclusively nonviolent; (6) Whether the offender has prior convictions for sex offenses against an adult or child; (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the offender has previously experienced sexual victimization; (9) The offender's own perception of vulnerability; and (10) Whether the offender is detained solely for civil immigration purposes. For risk of sexual abusiveness, the initial screening considers: if the inmate has been convicted of a crime related to sexual abuse of another inmate, detainee, or resident, including the current offense; whether the inmates has a known history of committing institutional sexual abuse; whether the inmate has been convicted of a violent offense including the current offense; and whether the inmate has a known history of committing institutional violence. During the initial screening, if the Sergeant perceives that the inmate is gender nonconforming or appears to be victim prone, or if the Sergeant perceives that the inmate displays tendencies of acting out with sexually aggressive behavior, the Sergeant shall document his or her observations under "additional comments, observations, or concerns" on the screening form.

The auditor randomly selected 25 inmates and reviewed their screens during the report writing period. Of the 25 initial screening forms reviewed: 25 were screened within 24 hours of arrival. Of the XX follow-on screenings: 25 were screened within 2 weeks all screens were done IAW timeline requirements. An inmate's risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The auditor reviewed 25 reassessment screens. During inmate interviews, 21 of 26 inmates who were asked and arrived within the last 12 months remembered receiving the initial PREA screen; 19 of 26 remembered the follow-on PREA screen.

The auditor had three staff who conduct the screens perform the screen of the auditor to demonstrate the process of filling out the screening form. The process was done very professionally and demonstrated their knowledge of the process and importance of the screen. Some information is provided through asking the inmate questions, others through review of inmate records. Policy states that inmates will not be 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 the standard. Staff who perform the screens make their own assessment of whether the inmate is gender non-

conforming; majority of the screeners interviewed did know the definition of gender nonconforming. Inmates are not disciplined for refusing to answer questions during the risk screening interview.

The Hale Creek Correctional Facility implements 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 offender's detriment by staff or other offenders. Only the Facility Executive Team and Guidance Staff with a business necessity to review the completed forms have access to the completed forms.

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*)

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Instructions for Overall Compliance Determination Narrative

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When an inmate is determined to be at high risk for sexual victimization or high risk to be sexually abusive, a "Report of PREA Risk Screening Information" is completed by the PREA Compliance Manager who notifies the Program Committee Chairperson. The form does not reveal the score from the screening tool, only if the inmates is high risk. The Program Committee uses this information as necessary in furtherance of the goal to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Directive #4401, Guidance & Counseling Services, outlines the process for transgender/intersex Inmates to request consideration of placement in a facility for male or female inmates by advising their ORC of their desire for such placement and providing any information that will assist the Department in assessing the request. Form 115.41GI, Gender Identity Interview, is designed to help correctly classify inmates who identify themselves as transgender or gender non-conforming during PREA Risk Screening, or who have been diagnosed with Gender Dysphoria or with an Intersex medical condition.

The request is evaluated by a multi-disciplinary Central Office Transgender/Intersex Inmate Placement Review Committee who consider the inmates' own views with respect to safety, the inmate's gender identity, the inmate's security level, criminal and disciplinary history, current gender expression, medical and mental health information, vulnerability to sexual victimization, and likelihood of perpetrating abuse. The Central Office committee may also consider factors including but not limited to the composition of an individual facility's inmate population, staffing pattern, and physical layout. Housing assignment by gender identity will be made when appropriate.

Through a review of screening forms, housing and program decisions, inmate and staff interviews, it was determined Hale Creek Correctional Facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis using information from the screen, assigned PREA classification, and good correctional judgment.

There was only one LGBTI inmate in the facility. He had one concern which was immediately addressed by the PREA Compliance Manager.

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

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

DOCCS Directive #4948, Protective Custody states an inmate who is appropriate for Involuntary Protective Custody solely because he or she is at high risk for sexual victimization as determined by an assessment conducted pursuant to Directive #4027A, "Sexual Abuse Prevention & Intervention – Inmate-on-Inmate," or following a report that the inmate was the victim of sexual abuse, may be placed in Involuntary Protective Custody on such basis only after an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A, "Sexual Victimization – Involuntary Protective Custody Recommendation."

DOCCS has policies in place to document Involuntary Protective Custody assignments, review the reasons for the placement and other consideration for alternative placement. Inmates placed in Protective Custody on this basis have access to programs, privileges, education, and work opportunities to the extent possible. If any are limited, they are documented. Inmates assigned to this status do not ordinarily exceed a period of 30 days

It was confirmed through Pre-Audit Questionnaire; investigative paperwork; and during interviews with the Superintendent and inmates; that no inmates at high risk for sexual victimization had been placed in involuntary segregated housing during the past 12 months prior to the audit.

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 ☒ N/A

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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PREA handouts, and posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment. Inmates can report a PREA allegation: verbally or in writing to staff including PREA Compliance Manager or PREA Point Person, Supervisory ORC or ORC, Chaplain, security staff, medical staff, or any employee; in writing to the Superintendent, any member of the executive team, a SORC, ORC, a chaplain, security supervisor, the inmate Grievance Program supervisor, the DOCCS Office of Special Investigations, or to the New York State Commission of Correction, and through a third party. The DOCCS website provides addresses for individuals outside the facility to make a report for an inmate. Interviews of inmates and staff and review of investigations verified inmates knew of and used multiple internal and external ways to report incidents of abuse or harassment. During the inmate interviews 23 of the 26 inmates knew how to report a PREA; allegation. Two (2) weren't sure and one (1) said he didn't know.

Staff are required to document verbal reports and immediately notify the Watch Commander to initiate protocols. Staff can privately report sexual abuse by calling the Office of Special Investigations Sex Crimes Division. The number is provided to all staff on sexual abuse response cards issued to all staff.

DOCCS does not detain offenders 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

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

The DOCCS does not provide for inmates to grieve sexual abuse.

DOCCS Directive #4040, Inmate Grievance Program (IGP), confirms any inmate grievance filed regarding a complaint of sexual abuse or sexual harassment shall immediately be reported by the IGP Supervisor to the Watch Commander for further handling in accordance with Departmental policies. If the grievance does not set forth any additional matters that require a response, the grievance shall be closed.

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 ☒ N/A

- 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*)

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There is a Memorandum of agreement between the New York State Office of Victim Services (OVS) and the New York State Office for the Prevention of Domestic Violence (OPDV) for the OPDV Prison Rape Elimination Act Hotline Expansion Project to provide emotional support services for victims of sexual abuse to all correctional facilities in New York. Any inmate can add a telephone number for a Rape Crisis Program to his or her telephone list at any time. Calls to rape crisis programs are treated as confidential to the extent possible, however, such calls placed on the inmate telephone system are recorded. As of April 2018, facility staff do not have the ability to randomly monitor calls to 777 or any of the designated "PREA Centers." Only Central Office investigators have access and they are not allowed to listen without authorization from the PREA Center manager or the inmate. Visits from an employee or registered volunteer of a rape crisis program are considered a legal visit and is confidential. Inmates may write to these organizations confidentially also. The letters are considered privileged correspondence.

In January 2019, the previous hotline was replaced with a statewide system. The inmates can call 777 and the call will be routed to Crisis Services, Inc., in Buffalo. The number does not have to be on the approved telephone list. Crisis Services' Hotline Counselors provide crisis counseling services and, as

requested, a referral to a Rape Crisis Program for follow-up services. As requested by the caller, they will also make referrals or reports to DOCCS via OSI, the facility Assistant Deputy Superintendent PREA Compliance Manager, the designated facility PREA Point Person, or the PREA Coordinator. In an immediate emergency (e.g., a report of a sexual assault that occurred within the prior 120 hours, suicidal ideation, or imminent threat to harm staff or another person), Crisis Services supervisors will immediately notify the facility Watch Commander by telephone with a follow-up e-mail to the ADS PREA Compliance Manager, PREA Point Person, OSI and PREA Coordinator. By policy phones are only usable between 8:00a and 11:00p. Operators can provide services in English or Spanish, and have the ability to obtain interpretation services in real time to communicate with callers in other languages.

Although the Sexual Assault & Crime Victims Assistance Program at Albany Medical Center no longer answers hotline calls from Hale Creek Correctional Facility, they are the designated "PREA Center." Thus, inmates may write or call them directly for services, or when an inmate uses the 777 hotline and accepts a referral for ongoing emotional support or advocacy services, Crisis Services, Inc. completes a referral to Sexual Assault & Crime Victims Assistance Program who will then schedule a legal call or legal visit to follow-up with the caller.

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*)

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Instructions for Overall Compliance Determination Narrative

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The DOCCS website provides information for the general public to report sexual abuse and sexual harassment on behalf of an inmate. Reporting options include contacting the facility Superintendent or, if after hours, the Watch Commander. They may also report a sexual abuse incident involving an inmate, a parolee or another offender by writing to the Department's Office of Special Investigations or by e-mail to OSIComplaint@doccs.ny.gov, calling, or submitting an online complaint. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.

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*)

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

Instructions for Overall Compliance Determination Narrative

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Per Directive #4027A and #4028A, all staff are required to immediately report incident of sexual abuse, retaliation, 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. The report is made to the immediate supervisor or Watch Commander and remains confidential.

A medical practitioner who receives such information in the course of providing medical treatment to an inmate is required to report the minimum information necessary as set forth in the Department of Corrections and Community Supervision Health Services Policy Manual (HSPM) 1.60. Inmates are informed of the medical care practitioners' duty to report. According to protocols, when a report of sexual abuse or sexual harassment is received, the facility notifies the Office of Special Investigations who begins the investigation.

Interviews with staff confirmed their knowledge of their duty to report and who to make the report to. The staff may also make a report directly to the Office of Special investigations Sex Crimes Division. The number is included in the quick response card issued to every staff member. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported to the facility.

Hale Creek Correctional Facility does not house individuals under the age of 18. Additionally, the State's vulnerable person's statute excludes inmates from the definition of vulnerable adults.

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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Directive #4948, Protective Custody outlines procedures for staff to take when an inmate is at high risk for sexual victimization. Involuntary Protective Custody is used only after an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in Involuntary Protective Custody for less than 24 hours while completing the assessment. The Assistant Deputy Superintendent/PREA Compliance Manager must be notified no later than the next business day. The Assistant Deputy Superintendent/PREA Compliance Manager or the facility PREA Point Person notifies the Associate Commissioner/PREA Coordinator.

Additionally, the facility shall clearly document: The basis for the facility's concern for the inmate's safety; and whether a determination has been made that there is no available alternative means of separation from likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. An inmate placed in Involuntary Protective Custody on this basis shall have a hearing conducted within 14 days to determine the need for Protective Custody admission.

There were no instances of an inmate being placed in Involuntary Protective Custody during this reporting period.

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

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.

Policy memorandum dated February 12, 2016 requires the superintendent of the facility receiving an allegation that an inmate was sexually abused while confined at another facility, notifies the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred within 72 hours of receipt. Notification is made via electronic mail utilizing Form 115.63. The Office of Special Investigations is copied on all such notifications via electronic mail.

The Office of Special Investigations Sex Crimes Division ensures that, for any allegation of abuse that allegedly occurred in a DOCCS facility, the allegation of sexual abuse is or has been investigated in accordance with the Department's policies, and advises the Superintendent of the facility where the sexual abuse is alleged to have occurred, as to the action to be taken.

Interview with the Superintendent confirmed her knowledge of the requirement for timely notification of the Superintendent of the facility where the allegation was reported to have happened.

The facility provided one example of an instancs where the facility received an allegation and notified the other facility, this allegation had been previously reported. Additionally, the facility provided one example where another facility notified the Hale Creek Correctional Facility of an allegation. The allegation was investigated and found to be unsubstantiated.

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Review of Hale Creek Correctional facility FOM #10.01 dated January 22, 2019, Coordinated Response Plan to an incident of Inmate Sexual Abuse, outlines the response as soon as a report is received. This includes the responsibilities of the Security Staff first responder, Watch Commander, and Medical staff. First response cards are issued to all staff for quick reference if needed. Interviews confirmed the staff are well versed in the steps to take in the event of a report of sexual abuse to include separating the alleged victim and abuser; how to preserve the crime scene; and what actions inmates should not take in order not to destroy physical evidence. The Sexual Abuse Prevention and Response training curriculum covers the first responder duties.

The facility also utilizes a Sexual Abuse Response and Containment Checklist to document the incident and ensure proper protocols and notifications are followed. Examples were requested and provided and within established policy.

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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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 Operations Manual FOM #10.01, Coordinated Response Plan to an Incident of Inmate Sexual Abuse is the procedure for staff in the event of an allegation of sexual abuse or sexual harassment. The policy outlines immediate actions to take, notifications, referrals for medical and mental health as well as confidentiality for the victim. The policy also indicates the referral of the case to the Office of Special Investigations, Sex Crimes Division for investigation. Interviews with staff indicated they were very knowledgeable about the PREA plan and the coordinated duties and collaborative responsibilities. Staff has also been issued a card with first responder information.

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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In accordance with Directive #4028A, “Sexual Abuse Prevention & Intervention – Staff-on-Inmate/Staff-on-Parolee,” and Directive #4028B, “Sexual Abuse Reporting & Investigation – Staff-on-Inmate/Staff-on-Parolee,” investigations of allegations of staff-on-inmate/staff-on-parolee sexual abuse are the responsibility of the Department’s Office of Special Investigations (OSI). In accordance with Directive #2110, Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings, when the OSI receives a report of staff sexual misconduct, they evaluate the facts and circumstances of the report together with any other available information and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including temporary reassignment to a different post, placing the staff on paid administrative leave, or suspending the employee (unpaid) based on the facts, circumstances and evidence assessed early on and as the case develops.

There are six union agreements. All agreements include specific language related to the suspension or temporary reassignment of an employee when a determination is made that there is probable cause that such employee’s continued presence on the job represents a potential danger to persons or property or would severely interfere with operations. Four of the agreements have been updated since the implementation of the PREA standards, they are: Administrative Service Unit; Institutional Services Unit; Operational Services Unit; and the Professional, Scientific and Technical Services Unit. The agreement with the Security Services Unit is in the final stages of publication. The agreement with the Security Supervisors Unit has not been updated.

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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Policy Memorandum, Agency Protection Against Retaliation, March 30, 2018 (Revised)
It is the policy of the Department to protect all inmates, parolees 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. Each facility employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse or sexual harassment, the facility monitors the conduct and treatment of: 1) an inmate, including an incarcerated parolee, who reported an incident of sexual abuse or sexual harassment; 2) an inmate, including an incarcerated parolee, who was reported to have suffered sexual abuse or sexual harassment; and 3) an employee who reported an incident of sexual abuse or sexual harassment of an inmate. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility and agency take appropriate measures to protect that individual against retaliation as well. Such monitoring seeks to identify changes that may suggest possible retaliation by inmates or staff.

Items the facility monitors include any inmate disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. In the case of inmates, such monitoring shall also include periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident of sexual abuse or sexual harassment.

The facility's Assistant Deputy Superintendent (ADS)/PREA Compliance Manager coordinates monitoring to prevent retaliation. The Designated PREA Point Person assists and serves as the backup for monitoring to prevent retaliation. This includes, but not be limited to, seeing monitored inmates and staff on rounds and making note of any complaints of retaliatory conduct.

The Office of Special Investigations, Sex Crimes Division is notified promptly of any complaint or evidence of retaliation. The complaint or evidence is reviewed by OSI for investigation or for further direction. Upon consultation with OSI, the facility acts promptly to remedy any such retaliation. Monitoring to prevent retaliation continues for an additional period of 90 days if the previous period of

monitoring indicates a continuing need. The obligation to monitor the conduct and treatment of any inmate who reported an incident of sexual abuse or sexual harassment, or who was reported to have suffered sexual abuse or sexual harassment, terminates if the agency determines that the allegation is unfounded.

There is a detailed Retaliation Monitoring form for each person being monitored, as well as an overview monitoring log form that is used to monitor inmates from retaliation. Interviews of the Superintendent, and PREA Compliance Manager demonstrated monitoring of inmates was being conducted.

At Hale Creek Correctional Facility there were no staff requiring monitoring during the previous 12 months.

Review of monitoring forms indicated all inmates were monitored at least 90 days unless investigation closed as unfounded or the inmate was released. Inmates who were transferred prior to the 90 days, continue to be monitored at the gaining facility

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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Directive #4948, Protective Custody Status, states an inmate who is appropriate for Involuntary Protective Custody solely because he or she is at high risk for sexual victimization as determined by an assessment conducted pursuant to Directive #4027A, "Sexual Abuse Prevention & Intervention – Inmate-on-Inmate," and Title 28 C.F.R. §115.41 of the National PREA Standards, or following a report

that the inmate was the victim of sexual abuse, may be placed in Involuntary Protective Custody on such basis only after an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A, "Sexual Victimization – Involuntary Protective Custody Recommendation."

The NY DOCCS considers all available alternatives to involuntary protective custody, including at a minimum: retaining in current housing unit; placement in cell/cube near officer's station; placement in facility infirmary/hospital area; transfer inmate/victim to another unit; transfer inmate/aggressor to another unit; placement of inmate/aggressor in Special Housing Unit; admission of inmate/victim to outside hospital; admission of inmate/aggressor to outside hospital; or placement of victim or aggressor in Specialized Unit to satisfy treatment needs – Specialized Unit Placement

If an Involuntary Protective Custody assignment is the basis for the facility's concern for the inmate's safety; and whether a determination was made that there is no available alternative means of separation from likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. This information is recorded on Form #2168A, "Sexual Victimization Involuntary Protective Custody Recommendation." Placement in Involuntary Protective Custody pending a hearing may only be authorized by the Watch Commander or above.

By policy an inmate placed in Involuntary Protective Custody on this basis shall have a hearing conducted within 14 days to determine the need for Protective Custody admission. Inmates placed in Protective Custody on this basis have access to programs, privileges, education, and work opportunities to the extent possible. Any restriction is documented. The assignment to Involuntary Protective Custody on this basis is only until an alternative means of separation from likely abusers can be arranged. Such assignment shall not ordinarily exceed a period of 30 days.

There was no instance of using segregation housing to protect inmates who had alleged to have been sexually abused in the last 12 months.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Per Directive #0700, Office of Special Investigations (OSI), the Sex Crimes Division (SCD) of OSI conducts 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.

The auditor reviewed the PREA Allegation Spreadsheet from 2018 and 2017. In 2018 there were two (2) PREA cases. There were two (2) staff-on-inmate sexual abuse allegations; one (1) staff-on-inmate sexual abuse was unsubstantiated and one (1) staff on inmate sexual harassment case was still under investigation.

OSI investigates all PREA cases and reviews facility investigations that do not rise to the level of PREA including inmate claims of inappropriate pat/frisk searches. If upon initial interview with inmate, if the allegation does not meet the definition of sexual abuse, it is not considered a PREA case.

Based on review of investigation tracking logs, and investigative training records; sexual abuse allegations are investigated by investigators who have received special training in sexual abuse investigations.

The investigators stated that they collect the appropriate direct and circumstantial evidence, review available video evidence, interview the reported victim, suspected perpetrators, and potential witnesses. They also review prior complaints and reports of sexual abuse involving the reported victim and suspected perpetrator. All investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Investigator also stated that the credibility of the victim, suspect, or witnesses are always assessed on an individual basis. Information regarding staff action or inaction that may have contributed to the alleged abuse is included in the investigative report. Polygraphs are not used in PREA investigations. The auditor reviewed 6 investigation reports and found them to include a description of the incident, the evidence collected, and summaries of interviews.

Investigations are not ended if the victim or the abuser is no longer under the custody of the agency. This would also be the case if the alleged abuser was a staff member who resigned from the agency; the investigation would continue until its conclusion.

A review of Directive #4027B, Sexual Abuse Reporting & Investigation – Inmate-on-Inmate and Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate/Staff-on-Parolee, indicates physical (paper) case records of the Office of Special Investigations will be retained by that office for a minimum of seven years. The electronic case file, including copies of the investigative report and other critical documents, is permanently retained.

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

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A review of Office of Special Investigations Policy Manual Chapter 5, Section II.4. and interviews with the investigator confirmed DOCCS investigators have no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An allegation is determined to have occurred based upon the preponderance of the evidence when the weight of the evidence indicates that the allegation is more likely to be true than not true.

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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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For OSI investigations, the Superintendent of the facility where the incident was reported to have occurred and the facility where the inmate is currently housed will be notified of the outcome of the investigation via a "Notification of Investigative Determination" by OSI. The OSI Sex Crimes Division shall forward a completed copy of the Notification of Investigative Determination via electronic mail to the appropriate facility Superintendents, Assistant Deputy Superintendents (ADS) PREA Compliance Manager, or the facility's PREA Point Person.

In all cases, the Notification of Investigative Determination will be sent to the complainant via Privileged Mail. The complainant's signature in the Privileged Mail Log will serve as acknowledgment of receipt of the notification of the outcome of the investigation and a copy will be made part of the investigation. The Notification of Investigative Determination is not required to be sent to a complainant who has been released from custody, nor to a third-party complainant. If the inmate has been transferred, the facility which conducted the investigation shall ensure that the Notification of Investigative Determination is served on the complainant.

Investigative policy requires the inmate to be informed as to whether the allegation of sexual abuse has been determined to be substantiated, unsubstantiated, or unfounded. If the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the institution, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate notify whenever the alleged abuser has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; and that all notifications will be documented.

Prior to the audit, the auditor reviewed one notification to an inmate. The one closed case was of an inmate transferred to another facility. The inmate was paroled prior to the case being closed.

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*)

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

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Directive #2110, Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings, states "when the OSI receives a report of staff sexual misconduct, they shall evaluate the facts and circumstances of the report together with any other available information and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including removal of the employee from contact with any inmates pending the outcome of an investigation."

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall continue to be 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. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate.

There were no substantiated cases of staff on inmate sexual abuse or sexual harassment in 2017 or 2018.

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*)

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

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Directive #4750, Volunteer Services Program prohibits volunteers from having any sexual contact or engaging in any sexual conduct with an inmate. The New York State Department of Corrections and Community Supervision has a zero tolerance for sexual abuse. It is a crime for any employee to engage in sexual conduct or sexual contact with an inmate.

Review of investigations demonstrated there were no allegations of sexual abuse by contractor or volunteer. Interviews with contractors/volunteers confirmed they knew the punishment for engaging in sexual abuse or sexual harassment of inmates or staff.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are 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; and considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior.

Disciplinary Hearing officers consider: aggravating and mitigating circumstances; age of inmate; inmate's medical condition; Inmate's intellectual capacity; past disciplinary history and record of adjustment; and seriousness of the misconduct. DOCCS prohibits all sexual activity between inmates and disciplines inmates for such activity.

There were no inmate on inmate substantiated cases of sexual abuse or sexual harassment in 2017 or 2018.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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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.

Directive #4301, Mental Health Satellite Services and Commitments to CNYPC, state regular mental health referrals are addressed within a timeframe that is consistent with the nature of the referral and within 14 days in accordance with CNYPC Corrections Based Operations (CBO) Policy #1.3. The screening form allows immediate or regular referral by the screener. This allows immediate contact with mental health services if needed. Interviews with the staff who conduct the screenings confirmed their knowledges of the referral options.

Facility Operations Manual FOM 10.02 requires all new inmates receive a PREA Risk Screening upon arrival. If the screening identifies someone as having experienced prior sexual victimization or previously perpetrated sexual abuse, whether in a prison/jail setting or in the community, they will be offered a medical (for an incident of victimization during preceding six months) and mental health follow-up meeting within 14 days. Interviews of medical staff and inmates confirmed inmates would be offered referrals if they disclosed prior victimization. Interviews of medical staff confirmed any information related to sexual victimization or abusiveness that occurred in the institution is strictly limited to medical practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. There were no inmates identified as having disclosed prior victimization.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

NYS DOCCS, Division of Health Services Policy 1.60, Sexual Assault, provides that all victims of sexual abuse are afforded access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. 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.

Interviews confirm medical staff are notified and prepared to provide lifesaving first aid and can, when medically appropriate, offer HIV prophylactic medications prior to transportation to the Albany Medical Center or another designated SAFE/SANE Hospital for a Sexual Assault Nurse Examiner (SANE) to perform the forensic exam. Forensic exams are performed up to 120 hours since the time of the incident. Follow-up care is provided for continued testing as necessary and referral to mental health services. There were no forensic exams in 2018.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Division of Health Services Policy 1.60, Sexual Assault, states all allegations of sexual assault must be evaluated immediately by the facility health staff. 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. The inmate victim of an alleged sexual assault will be medically evaluated regardless of whether or not the allegation has been independently verified prior to the victim's presentation for treatment. When medically appropriate, HIV prophylactic medications will be offered prior to transportation to the emergency department, through application of the Department's Inmate Bloodborne Pathogen Post Exposure Protocol if appropriate.

MOU between the Office of Mental Health and DOCCS states that mental health evaluation and treatment, as appropriate, shall be offered to all DOCCS inmates who have been identified as victims of sexual abuse in any prison, jail, lockup, or juvenile facility and are willing to undergo such evaluation and/or treatment. Further, the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Further, the facility shall provide such victims with mental health services consistent with the community level of care. Hale Creek does not have a mental health section. All inmates requiring a mental health referral are transported to another facility.

Based on review of polices, documentation, and interviews with staff and inmates Hale Creek Correctional Facility offers medical evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse and referrals for mental health. Hale Creek Correctional Facility provides victims with medical services consistent with the community level of care. Treatment is at no costs to the inmates and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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.

Per Memorandum dated May 9, 2014, sexual abuse incident reviews are required following the completion of the investigation by the Office of Special Investigations, Sex Crimes Division. A form PREA Standard 115.86/286 Sexual Abuse Incident Review Checklist has been designed to capture the review and any recommendations of the review team.

The PREA Standards require the review team to include upper-level facility management officials, with input from line supervisors, investigators, and medical practitioners. The chair of the review team will be the Assistant Deputy Superintendent PREA Compliance Manager (ADS/PREA) and be responsible for coordinating the review and completing the review form. A Captain, typically the PREA Point Person, will be the security representative on the review team. A third member of the multi-disciplinary review team is designated by the Superintendent for each review. A review must be conducted within 30 days of the conclusion of the investigation, unless the allegation is determined to be unfounded. The review addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The auditor reviewed two (2) incident reviews forms that were completed in the last 12 months. Hale Creek has very few allegations and the sample documents was limited to two cases. Interview with the PREA Compliance Manager indicated reviews are completed on all substantiated and unsubstantiated allegations of sexual abuse, including OSI investigations of sexual harassment.

The auditor did identify that both reviews that were not completed within the 30 days following the conclusion of the investigation. The Standard, 115.86 (b), does recognize that delays will occur on occasion as reviews "shall ordinarily occur within 30 days of the conclusion of the investigation." Upon raising this to the PREA Coordinator, AC Effman acknowledged that the agency's process is cumbersome and indicated that he is seeking to apply the Lean process improvement methodology to improve policy and practice around sexual abuse incident reviews. The auditor appreciates that this process has the PREA Coordinator's attention so that future reviews will more often be completed within the 30-day timeframe.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

NYS DOCCS Office of Program Planning Research and Evaluation Policy for PREA Data Collection, Review, Retention and Publication Manual outlines basic procedures for data collection of sexual abuse data. Data collected includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Bureau of Justice Statistics. The data for 2017 was submitted to the Bureau of Justice Statistics on January 15, 2019, prior to the deadline for the submission.

This includes, but is not limited to Office of Special Investigations, Sex Crime Division (SCD) data, sexual abuse incident review information, unusual incidents, personnel records, confidential security information, inmate records, disciplinary data, and the inmate locator system.

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

The 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.

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

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Instructions for Overall Compliance Determination Narrative

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NYS DOCCS Office of Program Planning Research and Evaluation Policy for PREA Data Collection, Review, Retention and Publication Manual states 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 data for 2016 was published in February 2019. The data for 2017 was submitted to the Bureau of Justice Statistics on January 15, 2019, in accordance with the January 18, 2019 due date. The 2017 data collected is being prepared for the next annual report. The report goes through several layers of approval including the Associate Commissioner/PREA Coordinator and the Commissioner before final approval with the NYS Chamber.

The report contains data on sexual abuse and sexual harassment allegations reported over a four-year period. The report compares types of allegations; allegations by the security level of the facility; and substantiated allegations. Review of the data for Corrective Action is also presented which includes corrections up to the date of publication and initiatives planned for the future.

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

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NYS DOCCS Office of Program Planning Research and Evaluation Policy for PREA Data Collection, Review, Retention and Publication Manual states data collected is securely retained by the Office of

Special Investigations and the PREA Analyst. Aggregated sexual abuse data is made readily available to the public through its website. The Department retains all sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection.

Data is maintained in a locked cabinet. Data in the annual report is prepared in a way that does not require redaction. The report is then made available to the public through the Department website.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

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.

DOCCS began conducting PREA Audits in Audit Year 3 of Cycle 1. Since that time, PREA Audits have been completed at all DOCCS Correctional Facilities on a schedule to ensure that at least one-third of each facility type operated by the Agency was and is scheduled to be audited during each audit year.

DOCCS posts CBRP audit reports at:
http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html#0

NYS Correction Law section 121 provides that the private ownership or operation of a facility for housing state or local inmates or the private ownership or operation of a facility for the incarceration of other state's inmates is prohibited. Thus, no private prisons are operated on behalf of the Agency. DOCCS has entered into agreements with private organizations for 14 Community Based Residential Programs (CBRP) to provide up to 4 months of housing and treatment for selected Parolees. These contracts were effective starting May 1, 2017 (7 programs), October 1, 2017 (6 programs) and July 23,1208 (1 program). Audits are scheduled at 2 per year per contract starting approximately one year after the start of the contract (i.e., two by May 2018, two by October 2018, etc.), thus ensuring that one-third of each facility type operated by a private organization on behalf of the agency will be audited during each forthcoming audit year.

DOCCS posts CBRP audit reports at: http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html

The auditor were provided full access to observe all areas of the facility and access to any staff member or inmate as requested. A private setting was provided for interviews and the facility was very accommodating with escorting inmates to and from the interview area in an organized and appropriate manner. Facility staff members were pleasant and forthcoming with information during formal and informal interviews and made themselves available timely. Audit notifications posted throughout the facility provided opportunity for inmates to send confidential letters to the auditor prior to the audit, although none were received. All documents and access to documents requested by auditor was made readily available for review.

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.

A review of NYS DOCCS website confirms that the agency publishes PREA final reports within 90 days of issuance making them available to the public.

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.

Theresa A. Grenier April 27, 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.