

PREA Facility Audit Report: Final

Name of Facility: Queensboro Correctional Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/21/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 07/21/2022

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	06/06/2022
End Date of On-Site Audit:	06/06/2022

FACILITY INFORMATION	
Facility name:	Queensboro Correctional Facility
Facility physical address:	47-04 Van Dam Street, Long Island City, New York - 11101
Facility mailing address:	

Primary Contact	
Name:	Dawn Butler
Email Address:	Dawn.Butler@doccs.ny.gov
Telephone Number:	7183618920

Facility Director	
Name:	Linda Carrington-Allen
Email Address:	Linda.CarringtonAllen@doccs.ny.gov
Telephone Number:	7183618920 ext. 2000

Facility PREA Compliance Manager	
Name:	Philip Detraglia
Email Address:	phillip.detraglia@doccs.ny.gov
Telephone Number:	
Name:	Laura Schade
Email Address:	laura.schade@doccs.ny.gov
Telephone Number:	
Name:	Dawn Butler
Email Address:	Dawn.Butler@doccs.ny.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Dawn Butler
Email Address:	Baileywallace, Gail M (DOCCS)
Telephone Number:	7183618920 ext. 6000

Facility Characteristics	
Designed facility capacity:	216
Current population of facility:	137
Average daily population for the past 12 months:	158
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	20-70
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	228
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	26

AGENCY INFORMATION	
Name of agency:	New York Department of Corrections and Community Supervision
Governing authority or parent agency (if applicable):	
Physical Address:	1220 Washington Avenue, Albany, New York - 12226
Mailing Address:	
Telephone number:	5184578126

Agency Chief Executive Officer Information:	
Name:	Anthony J. Annucci
Email Address:	commissioner@doccs.ny.gov
Telephone Number:	518.457.8134

Agency-Wide PREA Coordinator Information			
Name:	Jason Effman	Email Address:	jason.effman@doccs.ny.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

16	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.213 - Supervision and monitoring • 115.216 - Residents with disabilities and residents who are limited English proficient • 115.217 - Hiring and promotion decisions • 115.218 - Upgrades to facilities and technology • 115.221 - Evidence protocol and forensic medical examinations • 115.231 - Employee training • 115.233 - Resident education • 115.234 - Specialized training: Investigations • 115.241 - Screening for risk of victimization and abusiveness • 115.242 - Use of screening information • 115.253 - Resident access to outside confidential support services • 115.265 - Coordinated response • 115.267 - Agency protection against retaliation • 115.286 - Sexual abuse incident reviews • 115.403 - Audit contents and findings
----	---

Number of standards met:

25

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-06
2. End date of the onsite portion of the audit:	2022-06-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor conducted outreach to advocacy organizations and a general search of public information that could determine facility and agency compliance. Just Detention International (JDI) was contacted by e-mail to inquire if the organization had any information of concern for the Queensboro Correctional Facility. In response, JDI stated that their database indicated they had received no information regarding the facility. The auditor contacted the Crime Victims Treatment Center (CVTC) and Unity House Domestic Violence Services, listed as the community advocate for this facility; the auditor confirmed that the center is available to provide services to victims of sexual abuse housed at Queensboro and that their counselors are certified victim advocates. Additionally, City Hospital Center at Elmhurst was contacted and verified that they have SAFE/SANE available and that advocates are provided for any victim of sexual assault who receives a forensic medical exam at their hospital.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	216
15. Average daily population for the past 12 months:	158
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	80
---	----

38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Most of the incarcerated individuals who are assigned to this facility are eligible for work release. The facility would be difficult to navigate with a physical disability. The facility was unable to identify individuals in any of the targeted categories except for two LEP individuals. Based on data from February 2022, the average age of individuals housed at the facility is 39.4; The largest (23%) population is between 30-34 years of age, and 81% of the population is between 25-49 years of age. 32% of the population has been at the facility for less than two months, and 6 individuals have been at the facility for over 12 months. The facility is used for the general confinement of individuals 18 years of age or older and for returned parole violators on technical violation status. The facility is also classified as a residential treatment facility.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	228

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	26
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	38
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	Work and programming assignments were also taken into consideration.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected were categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, length of time in the facility, programming, and work assignments to ensure a balanced representative number of interviewees from each of the living units. The auditor also selected two individual from an under age 23 and over age 65 list.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor's interviews with incarcerated individuals were based on guidance from the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guide for Inmates. The interviews with incarcerated individuals were conducted using social distancing and with both parties wearing masks. All interviews were conducted in a private office to ensure the individuals felt comfortable expressing any concerns without prison staff being present. Interviews were conducted at various times during the day of the audit due to some of the individuals' work schedules. The official assigned population on the first day of the site visit was 80. The overall minimum number of individual interviews required for this population size is 16, with a minimum of 8 targeted. The auditor was provided a housing roster and several lists that identified individuals for the targeted categories. Individuals were selected by the auditor from each of the targeted lists using a combination of random number selection and housing assignments. The auditor interviewed 20 individuals using questions from the Random Interview Questionnaire. Three of these individuals qualified for targeted surveys. All individuals selected were willing to participate in the interviews and were forthcoming with information. Every individual was aware of the PREA, the agency's and facility's zero-tolerance policy, and how to make a report of sexual abuse and sexual harassment. The incarcerated individuals told the auditor that they had seen the video multiple times and at every facility they've been assigned. The auditor learned during the interviews that all individuals had been asked about their safety upon arrival by the Draft Sergeant and by their ORC. Overall, individuals expressed that they felt safe in their housing assignment and that they would be able to express any concerns to the security staff, ORC, or PREA Point Person (PPP), and staff would be responsive. No concerns were expressed to the auditor, and they all conveyed the message that the facility enforces zero-tolerance for any type of sexual activity. They understood that a report of sexual abuse/harassment could be made to any supervisor or line staff, in writing or verbally, and by use of a third party if necessary. The individuals interviewed were aware of the community advocacy providers and how to access the information, stating that there were posters all over with the information posted. The auditor met no barriers to completing the interviews. All individuals selected willingly participated in the interview. There were two randomly selected individuals the auditor selected that were out to work, so two others from the same housing unit were selected to replace the originally selected individuals.</p>
---	---

Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</p>
--	----------

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the ADA Coordinator and HSA to confirm there were no individuals with a physical disability. In addition, the auditor spent time at the facility observing individuals during recreation, work assignments, and meals and observed nothing that would indicate otherwise.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the ADA Coordinator and HSA to confirm there were no individuals with a cognitive or functional disability. In addition, the auditor spent time at the facility observing individuals during recreation, work assignments, and meals and observed nothing that would indicate otherwise.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the ADA Coordinator and HSA to confirm there were no individuals with blindness. In addition, the auditor spent time at the facility observing individuals during recreation, work assignments, and meals and observed nothing that would indicate otherwise. The logistics of this facility would not be conducive for a blind person to navigate due to the multi-level building and stairways.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the ADA Coordinator and HSA to confirm there were no individuals with a hearing disability. They stated that they have had individuals in the past who were hard of hearing who used hearing aids, but none were assigned during the site visit. In addition, the auditor spent time at the facility observing individuals during recreation, work assignments, and meals and observed nothing that would indicate otherwise.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the Superintendent, ADS/PCM, DS/A, and PPP to confirm there were no transgender or intersex individuals at the facility. The interviews revealed that there had transgender individuals housed at the facility within the prior 12 months but not currently. In addition, the auditor spent time at the facility observing individuals during recreation, work assignments, and meals and observed nothing that would indicate otherwise.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the ADS/PCM, DS/A, and PPP, who confirmed there were no individuals currently assigned to the facility who had reported sexual abuse at this facility. The auditor reviewed the allegations and the incarcerated individuals who had made allegations were not listed on the roster on during the site visit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who met this targeted category criteria. The auditor interviewed the DS/PCM, DS/A, PPP, and HSA to confirm there were no individuals who had disclosed prior sexual victimization during risk screening.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no residents who met this targeted category criteria. A review of the relevant policies and interviews with staff and incarcerated individuals indicated that individuals are never placed in segregated housing due to the risk of sexual victimization. The auditor also interviewed supervisory staff and the officer working segregation to confirm that individuals are not placed in segregated housing for risk of sexual victimization. The facility has a small 8-cell unit that is used for quarantining individuals and is not used for segregation purposes.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor's interviews with targeted incarcerated individuals were based on guidance from the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guide for Inmates. The interviews with the incarcerated individuals were conducted using social distancing and with both parties wearing masks. All interviews were conducted in a private office to ensure the individuals felt comfortable expressing any concerns without prison staff being present, with the exception of one bilingual ORC who assisted with interpretation as requested by the LEP incarcerated individuals. The official assigned population on the day of the site visit was 80. The overall minimum number of individual interviews required for this population size is 16, with a minimum of 8 targeted. Queensboro Correctional Facility houses no youthful offenders, and there were no individuals housed at the facility at the time of the site visit who were or had been housed in segregation for risk of sexual victimization. There were no individuals with a disability (hearing, vision, cognitive, or mobility) or who had reported prior victimization during risk screening. There was one individual who identified as non-binary (who also had reported an allegation), three listed as LEP, and the auditor interviewed all four individuals. Of the three individuals listed as LEP, one was proficient in English and did not need an interpreter. The other two were interviewed using a staff interpreter, who is trained and authorized by the Department to act as an interpreter. The auditor interviewed a total of 20 individuals. Four targeted surveys were used during the interviews (2-LEP/1-LGBTI+/1-Reported Allegation). Of the 20 individuals interviewed, one qualified for two targeted surveys. The auditor learned during the interviews that all individuals have been asked about their safety upon arrival by the Draft Sergeant and by their ORC. The interviews with targeted individuals selected confirmed interpreters are used, as needed, to convey important and crucial information to the individuals; that no specialized housing units exist at the facility; and that the facility responds timely and appropriately to allegations of sexual abuse/harassment. The auditor met no barriers to completing the interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Prior to the onsite portion of the audit, the facility provided the auditor with a full staff roster and lists of staff who perform specialized duties. Additionally, during the ADS/PCM interview, additional staff were identified who would be interviewed. A total of 17 random interviews were conducted during this facility's audit, in addition to informal conversations held during the tour. Interviews covered security and non-security staff, supervisors and line staff, and those staff from all tours and shift assignments and with a variety of tenure with the Department and at this facility. All who were selected participated willingly. Employees were pleasant, and overall the auditor observed a high level of job satisfaction. Staff were found to be very well trained in all aspects of the PREA, confirmed that they receive training annually, and were all in possession of their PREA First Responder quick reference card on their ID clip. The interviews were conducted either in the administrative conference room or in the employee's office/work area, in a private setting. The auditor met no barriers in completing interviews or ensuring representation.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>29</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Prior to the onsite portion of the audit, the facility provided the auditor with a full staff roster and lists of staff who perform specialized duties. Additionally, during the ADS/PCM interview, additional staff were identified who would be interviewed. A total of 38 total interviews were conducted during this facility's audit, in addition to informal conversations held during the tour. Of these 38 interviews, 34 were with facility staff, (32-employees; 1-volunteer; 1-contractor), and 4 were with central office representatives/executive level staff. The four central office/executive level representatives included Agency Head; PREA Coordinator; PREA Compliance Manager; Warden. Multiple protocols were administered to several individual employees due to the nature of their roles and responsibilities held at the facility resulting in a total of 31 specialized instruments being administered. The auditor encountered no barriers to completing the staff interviews and all who were selected participated willingly. Employees were pleasant and overall the auditor observed a high level of job satisfaction. Interviews covered security and non-security staff, supervisors and line staff, and those staff from all tours and shift assignments and with a variety of tenure with the Department and at this facility. All who were selected participated willingly. Staff was found to be very well trained in all aspects of the PREA and how the standards related to their specific job responsibilities. The interviews were conducted either in the administrative conference room or in the employee's office/work area, in a private setting. The auditor met no barriers in completing interviews or ensuring representation.</p>
--	---

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
---	--

Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
--	--

<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
---	--

<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Queensboro Correctional Facility is located at 47-04 Van Dam Street, Long Island City, New York, 11101. It is located in Queens County, New York, one of the five boroughs of New York City. The building that houses Queensboro was originally built in the 1930s as a local branch of the Young Men's Christian Association (YMCA). In the 1950's it was converted to a warehouse for a New York City electrical supply company. New York State acquired the warehouse in 1968 and repurposed it as a Community Rehabilitation Center that operated under the auspices of the New York State Narcotics Addiction Control Commission and utilized as a substance abuse treatment facility until 1975, at which time it was transferred to the NYS Department of Correctional Services. Since that time, the building has served the Department by housing incarcerated individuals participating in temporary release programs such as Work Release, Educational Release, and other furloughs; and general population incarcerated individuals. During the site visit, the auditor toured the complete facility, accompanied by the Superintendent, Deputy Superintendent for Administration (DS/A), Deputy Superintendent for Programs (DS/P), Assistant Deputy Superintendent/PREA Compliance Manager (ADS/PCM), and the Fire & Safety Officer. Queensboro is divided into separate residential, programming, and administrative areas housed within one six-story building. The facility has the capacity to house 216 incarcerated individuals in dormitory-style housing units on the top two floors (five and six) of the building. These housing units are comprised of four residential housing units (5-South, 5-North, 6-South, 6-North). Each unit contains 52 single beds. Each unit has its own toilet, tower, and washbasin areas. Two-day rooms are designated in each housing unit where individuals can watch television and participate indoor recreational activities. There are speakers in every dayroom, so announcements across the PA system can be heard. There are two (North/South) stairwells, and to help with the flow of traffic, individuals who live on the Northside travel on the North stairwell, and those living on the Southside travel on the South stairwell. The units are separated by programs, with 5-North housing General Population and the other three housing Work Release Participants. The fourth floor houses the Offender Rehabilitation Coordinator (ORC) offices, where incarcerated individuals are interviewed, assessed, and prepared for Community Supervision after release. Support services on this floor also include Records, Commissary, Medicaid Enrollment, Employee Gym, and Employee Assistance Program. A teleconference center is located on this floor used to comply with Court Orders for telephonic/video appearances when the individual does not need to physically appear in court, Parole Board Hearings and to facilitate legal visits and legal calls, including any scheduled community advocate calls. This area is also used for staff meetings and training. Additionally housed inside the Queensboro Correctional Facility on this floor is the State Screening Unit, which falls under the direct supervision of Central Office Classification and Movement.</p>

The third floor is separated into two units, 3-North and 3-South. The North unit consists of three classrooms where Re-entry Programs and Orientation are conducted. The Supervising (S)ORC, Volunteer Services, Chaplain's office, and a multi-denominational chapel are located in the North unit. The South unit consists of three classrooms, the Grievance Program Supervisor's Office, a general library, a law library, a barbershop, and a resource room. This unit also houses the Dennis Breslin Technology Lab and computer lab, known as the Career Zone Center, which are used by incarcerated individuals for creating resumes and (limited) website browsing for job searches and housing needs. Ministerial Services provide pastoral counseling, crisis intervention, bereavement support, and various classes and other services.

The Executive Team offices are located on the second floor, including the Superintendent's and Watch Commander's offices; also housed on this floor are Medical Services, Security Staff Briefing Room, and support services such as Personnel, Payroll, Accounting, Steward's Office, Mailroom, and a multi-purpose employee lounge/meeting space. Security Operations maintains offices for the Captain, Training, Timekeeping and Disciplinary Lieutenants, Chart Sergeant, Locator, Urinalysis Testing, and the Disciplinary Hearing Room. Additionally, the 8-bed Quarantine Unit is on this floor. This unit contains a shower, toilet facilities, kiosk stations, and a secure outdoor recreational space, previously used as a segregation/restrictive housing unit. Currently, when not being used for medical/quarantine purposes, this unit is closed. Medical Services include health services, dental, and mental health. The contraband drug testing room is located within the medical unit.

There is no infirmary at the facility, and the catchment facility for individuals who need services provided at an infirmary is Sing Sing. Queensboro is a medical level 2 and mental health level 4 minimum security correctional facility with an onsite physician four days per week, on call 24 hours per day. The medical area is primarily used for sick call screening, emergency dental work, referral services, mental health, and dispensing of medication. Nurses provide sick call screening four days per week, emergency sick call seven days per week, dental sick call four days per week, and dispensing of medication. Mental health services are provided two days per week and lab services once a week or as needed.

The kitchen is located on the first floor (street-level) along with the arsenal, State Shop, gymnasium, Processing Department (intake/draft area), Power Plant, Storehouse, and staff locker room area. The Arsenal Officer monitors and controls the flow of employees, official visitors, and incarcerated individuals' visitors in this area. All meals are prepared and served on the first floor. Incoming packages and supplies are received through the Storehouse for screening and delivery. The State Shop handles clothing issues and laundry services. The Processing Department handles all transfers in and out of the facility and receives incoming drafts weekly. Upon arrival, the incarcerated individuals are screened, given a bed location, and orientated by the Draft Sergeant of the rules and regulations governing the operations of the facility; identification cards are issued, and clothing and linens are issued in the Processing Department by the State Shop. The facility's Power Plant and emergency generator are located on this floor. The Recreation Supervisor's office, gymnasium, and outside recreation yard are located on the Southside of the first floor. The Fire & Safety Office is located on the mezzanine level of the gymnasium, as well as a satellite clinic used for medical screening of incoming drafts. The dining room is also utilized as the visiting room on weekends and holidays during the hours of 1:15 p.m.-3:30 p.m., and kid-friendly games and books are provided to encourage

family time during visits. The outdoor recreation yard is just outside the gymnasium.

During the facility tour the auditor observed the SAPEO issued PREA posters and brochures throughout the facility. There is no camera system for monitoring movement; however, the facility staffing complement is more than sufficient to provide supervision for the population based on the security level of the facility. Blind spots observed by the auditor were augmented with concave mirrors to improve visibility. Opposite gender viewing was mitigated by the use of doors and shower curtains in the toilet/shower areas.

Security Services are mainly responsible for the care, custody, and control as well as the safety and well-being of the population. In addition, security staff also play a role in the rehabilitative process as they are often the only staff available 24 hours per day. Security staff assists in problem resolution by making referrals to Programs, Administrative, Medical, and Mental Health. Queensboro is responsible for a centralized Transportation Unit that transports incarcerated individuals within the New York City region. The facility's Maintenance Department is located on the basement level, comprising the maintenance shops, shortage areas, and supervisor's office.

Program Services provided at the facility cover a wide range of community integration support as well as a host of re-entry services. All incarcerated individuals are either enrolled in a six-week Cognitive Behavioral Program presented by trained ORCs, a four-week parenting program facilitated by the Osborne Association, or a four-week college entrance exam preparation facilitated by John Jay College Prison to College Pipeline. The principal objectives of these programs are to provide individuals with less than 120 days until release with the opportunity to finalize their release plans, work toward family and community reintegration, and strive for a smooth transition back into society. In addition, individuals enrolled in the program are prepared by service providers from both public and private sectors to engage with and make use of available resources upon pre-and post-release. College courses are offered through St. John's University as part of the National Inside-Out Prison Exchange Program. Music on the Inside (MOTI) is a unique program that affords individuals the ability to create, express and foster new connections. This allows a unique and creative approach to treatment services and rehabilitation through music, learning, and mentorship. The "Inside Criminal Justice" Program is a unique collaboration between multiple agencies in which the residents are presented with an opportunity to sit alongside Assistant District Attorneys (DA) from the Manhattan DA's office while under the instruction of a professor from Columbia University. Re-entry programs are supported by The Osborne Association, Fortune Society, Queens Library, Community Health Action of Staten Island, and Human Resource Administration Child Support with offerings of programs and resources to help the returning citizen integrate successfully.

Temporary Release programs provide an opportunity for individuals to transition from incarceration to the community. Work Release allows for employment or on-the-job training for up to 14 hours on any day and the opportunity of Family Tie furloughs.

The Executive Management Team was highly engaged in the audit process and knowledgeable about the PREA standards and the Department's related policies. Positive interactions were observed between staff and incarcerated individuals. Based on the auditor's observations during the site visit, interviews and informal conversations with all levels of staff, interviews and informal conversations with incarcerated individuals, and documentation review, Queensboro Correctional Facility has integrated sexual

safety into its daily operational procedures and practices.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Correspondence between the auditor and the Department's designated PREA Coordinator began on March 7, 2022, and the audit was initiated in the OAS on March 11, 2022. Audit notices were issued to the PREA Coordinator with instructions for posting on March 21, 2022, and correspondence with the facility staff began on April 1, 2022. Once uploads were finalized by the facility, the auditor began reviewing the PAQ and documents using the PREA Compliance Audit Instrument and the Checklist of Policies, Procedures, and other documents to create a log of additional information to be requested from the facility. A schedule for the onsite portion of the audit was established, and travel arrangements were secured directly by the auditor. As needed, written requests by email were submitted to the facility for additional documents or clarification of the documents provided. All requests for additional information were responded to promptly and comprehensively. Additional correspondence occurred between the auditor and the PREA Coordinator, up to the onsite portion of the audit and then after until the issuance of the final report. A web search of the facility revealed no derogatory information relevant to this audit. No relevant litigation, no DOJ involvement, no federal consent decrees, or local oversight was discovered during the search. Interviews with the Assistant Commissioner/PREA Coordinator/Commissioner's Designee confirmed no consent decrees or oversight exists. The auditor reviewed relevant documents provided by the facility during the site visit and found on the Department's website and those provided during the Post-Audit phase. Documents reviewed for compliance determination will be referenced in the narrative sections under each individual standard discussion.

Throughout the audit, an extensive document review was conducted. Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining compliance with the PREA Standards. Included below is the list of governing NY State Department of Correction and Community Supervision (DOCCS) Directives (DIR) that were provided as evidence of policies and procedures and used by the auditor for compliance determination. These Directives are referenced throughout the audit report and annotated throughout the report using only the policy number. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process. Information obtained from these policies combined with the information provided with the PAQ and the observations, facility documentation, and general information collected from the site visit was carefully evaluated and assessed against each element of the standards.

- DIR #0700, Office of Special Investigations
- DIR #2012, Release of Employee Personnel and Payroll

- DIR #2110 Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings
- DIR #2111, Report of Employee Misconduct 2230, Guidelines for Assignment of Male and Female Correction Officers
- DIR #2112, Report of Criminal Charges
- DIR #2114 Functions of Labor Relations
- DIR# 2216, Fingerprinting/Criminal History Inquiry – New Employees and Contractors
- DIR #2230, Guidelines for Assignment of Male and Female Correction Officers,
- DIR #2612, Inmates with Sensorial Disabilities
- DIR #3053 Alterations/Construction Requests
- DIR #4001, Facility Administrative Coverage & Supervisory Rounds
- DIR #4009, Minimum Provisions for Health and Morale
- DIR #4021, Inmate Reception/Classification
- DIR #4027, Sexual Victimization Prevention & Response
- DIR #4040, Inmate Grievance Program
- DIR #4071A, Guidelines for Construction Projects,
- DIR #4301, Mental Health Satellite Services and Commitments to CNYPC
- DIR #4401, Guidance & Counseling Services
- DIR #4404, Inmate Legal Visits
- DIR #4421, Privileged Correspondence
- DIR #4423, Inmate Telephone Calls
- DIR #4490, Cultural and Language Access Services,
- DIR #4750, Volunteer Services Program
- DIR #4803, Inmate Program Placement
- DIR #4910, Control of and Search for Contraband
- DIR #4932, Chapter V, Standards Behavior & Allowances
- DIR #4948, Protective Custody Status
- HSPM #1.37, Body Cavity Search
- HSPM #1.19, Health Appraisal
- HSPM #1.01, Inmate Orientation to Health Care Services
- HSPM #1.44, Health Screening of Inmates
- HSPM #1.12B, Inmate Bloodborne Pathogens Significant Exposure Protocol
- NY State Department of Correction and Community Supervision (DOCCS) Employee Manual
- Office of Special Investigations (OSI) Manual
- Personnel Procedures Manual #406A, Recruitment Process
- Personnel Procedures Manual #407, Civilian Promotions
- Personnel Procedures Manual #407A, Security Promotions
- Sexual Victimization Prevention Policy Manual (SVPPM)
- FOM #9013, Coordinated Response Plan to Reports of Sexual Victimization, Queensboro Correctional Facility
- FOM #9014, PREA Risk Screening, Queensboro Correctional Facility

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	1	0	0
Total	1	1	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
--	---

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Both of the allegations involving staff reported during the audit period were still ongoing investigations. The auditor interviewed two OSI/SCD Investigators who provided an overview of both cases and information sufficient to make compliance determinations for the audit. The harassment case involving another incarcerated individual was investigated at the facility level under the direction of the OSI/SCD Investigator and determined to be unsubstantiated.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
---	---

<p>Identify the name of the third-party auditing entity</p>	<p>American Correctional Association</p>
---	--

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 398">Evidence Reviewed: DIR #4027; FOM #9013; Employee Manual; PREA Coordinator Appointment Memo; Email Announcement; DOCCS Organizational Chart; Associate Commissioner PREA Duties; DOCCS PREA Compliance Manager Handbook; Queensboro Organizational Chart; Assistant Deputy Superintendent/SG-25 Duties; PREA Compliance Manager Appointment Memo; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 432 1485 1093">115.211(a): Written Directive #4027, Sexual Victimization Prevention & Response (DIR #4027), establishes and governs the New York State Department of Corrections and Community Supervision's (DOCCS) mandated zero-tolerance toward all forms of sexual abuse and sexual harassment. DIR #4027 establishes the Sexual Victimization Prevention Policy Manual (SVPPM) as a supplement to this Directive, having the same force and effect as a Directive in setting forth the Department's policies for the prevention of sexual abuse, sexual harassment, unauthorized relationships, and retaliation related to such incidents or investigations, and provides detailed operating procedures implementing the National PREA Standards. Collectively, DIR #4027 and the SVPPM outline the agency's approach to preventing, detecting, and responding to sexual abuse, sexual harassment, and sexual threats, and further assert sexual abuse and sexual harassment violate agency rules and threaten security; and that all allegations of sexual abuse, sexual harassment, or retaliation for reporting such an incident of participating in an investigation will be thoroughly investigated; and establishes that perpetrators will be dealt with severely through discipline or prosecution to the fullest extent permitted by law and provide definitions consistent with those found in the Prison Rape Elimination Act of 2003, (PREA), 42 U.S.C. §15609. Under § 130.05 of New York State Penal Law, it is a crime for staff to engage in a sexual act with an incarcerated individual or releasee. Strategies for prevention and response include training, a duty to report, requirements and enforcement of discipline, and prosecution for those who offend. Queensboro Correctional Facility Operations Manual (FOM) #9013, Coordinated Response Plan to Reports of Sexual Victimization, provides written direction for mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to responding to such conduct. The DOCCS Employee Manual, Revised 2019, states, "the intentional reference to someone, especially a transgender, gender non-conforming, or nonbinary person, using a word, pronoun or form of address that does not correctly reflect the gender with which they identify is "misgendering" and may be considered sexual harassment."</p> <p data-bbox="242 1126 1485 2157">115.211(b): Associate Commissioner (AC) Jason Effman serves as PREA Coordinator for the DOCCS, appointed by previous Commissioner Brian Fisher in 2013, and evidenced by the appointment memorandum dated April 23, 2013. The PREA Coordinator is an upper-level position in the agency hierarchy and reports directly to the Commissioner, as indicated by the DOCCS Central Office Organization Chart and subsequent interview with AC Effman. The AC/PREA is a dedicated position. The Agency website displays that "Associate Commissioner Effman is the Department's PREA Coordinator, a member of the agency's Executive Team, and is responsible for developing and implementing policy and overseeing agency's compliance with the National PREA Standards. He leads a team of professionals within the Sexual Abuse Prevention & Education Office (SAPEO), both in Central Office and in the facilities. SAPEO strives to maintain full compliance with the PREA Standards, implement evolving best practices for the prevention of sexual abuse and sexual harassment, and facilitate support for incarcerated individuals who have been victimized." The auditor's interview with Associate Commissioner Effman confirmed that his time is almost exclusively devoted to PREA compliance and the prevention of sexual abuse and sexual harassment, as well as work on policy matters concerning transgender, gender non-conforming, and gender nonbinary population and the workforce. With the recent appointment of the Director of PREA Compliance and the creation within the SAPEO of an Assistant Deputy Superintendent (ADS) for LGBTIQ+ Initiatives, he feels that he is well-positioned to manage his PREA-related responsibilities and to advance the SAPEO work to mitigate sexual victimization within the Department. The Director of PREA Compliance serves as the assistant agency-wide PREA Coordinator. The Director reports to AC Effman, assumes primary responsibility for the PREA Audit Program, and assists the AC/PREA in overseeing all PREA compliance activities and the development and implementation of strategies to reduce incidents of sexual victimization. The Director also runs a mentoring program to support each new ADS/PCM upon appointment and as they become familiarized with their new role. AC Effman further manages the SAPEO with the assistance of two Correctional Facility Operational Specialists (CFOS) who work with and have frequent contact with the designated PREA Point Persons (PPP). The ADS/PCMs and through regular and direct coordination with 16 Assistant Deputy Superintendent/ PREA Compliance Managers (ADS/PCM) who are instrumental in PREA coordination and execution at the facility level. He interacts with the ADS/PCMs routinely and during bi-weekly conference calls to discuss policy updates and new initiatives and to discuss any issues that they or the SAPEO should be aware of. He emails and speaks with them on an ongoing basis as well. In addition, with the exception of 2020 due to COVID-19, the SAPEO and ADS/PCMs meet as a group at least annually for training programs, often in conjunction with the Office of Special Investigations (OSI), Sex Crimes Division (SCD) staff. AC Effman also communicated to the auditor his actual and implied authority and his ability to carry out duties without impediment and with direct support from the Acting Commissioner. The SAPEO has also published an internal PREA Compliance Manager Handbook to be used as written guidance by the facility ADS/PCMs for consistency across the agency; and recently developed and published a revised and more streamlined policy for the</p>

Department's PREA governance, DIR #4027, supported by a comprehensive policy manual (SVPPM) discussed in provision (a) above.

115.211(c): The ADS/PCM is an upper-level position at the facility and reports jointly to the Superintendent and AC Effman. The designated ADS/PCM for Queensboro Correctional Facility is Laura Schade, who also serves as PCM at Bedford Hills and Edgecombe Correctional Facilities. She was promoted to this position effective March 30, 2022. Based on the auditor's review of the Duties Description for the ADS/SG-25 (PREA), which outlines the specific responsibilities of this position, and the interview with ADS/PREA Schade, it is clear she possesses the time and authority to oversee the facility's efforts to comply with the PREA standards. As a member of the Facility Executive Team, she serves as the primary facility contact concerning compliance with Department sexual abuse prevention policies, development and periodic revision of a written institutional plan for responding to incidents of sexual abuse, and for pre-audits and audits of the PREA standards. She assists the SAPEO and upper-level facility management officials in the conduct of sexual abuse incident reviews within 30 days of the conclusion of every sexual abuse investigation and drafts a report of the review team's findings for the facility Superintendent and the AC/PREA. She conducts regular and irregular rounds and site inspections at all assigned facilities. She provides or oversees training and supervision to staff concerning PREA compliance, including but not limited to the agency's sexual abuse and sexual harassment policies, screening and assessments of incarcerated individuals upon intake or transfer, and incarcerated individual orientation on the Department's prevention of sexual abuse policies. She serves as a liaison for ongoing case-related communications, such as communication between incarcerated victims housed at the assigned facility and community-based victim advocates or rape crisis counselors, Central Office investigators, and other appropriate DOCCS and community-based representatives; and assists incarcerated individuals, as appropriate, in obtaining access to follow-up services. ADS/PREA Schade assists in monitoring the conduct and treatment of incarcerated individuals and staff following reports of sexual abuse, including monitoring the treatment of incarcerated individuals and staff who have reported an instance of sexual abuse or who cooperated with an investigation to mitigate the risk of retaliation by other incarcerated individuals or staff; and conducts periodic status checks of incarcerated individuals who have reported an instance of sexual abuse or who were reported to have suffered sexual abuse. Memorandum dated August 17, 2017, subject Facility PREA Point Person, from Deputy Commissioner for Correctional Facilities and AC Effman, directs each facility to identify and designate a PPP to assist the facility's ADS/PCM in efforts to comply with PREA standards. Additionally, this Directive outlines the specific responsibilities of these local positions. Based on an interview with the AC/PREA, the designated PPP at each facility is a senior security supervisor. The PPP's responsibilities include maintaining a direct and open line of communication with the ADS/PCM, assisting with monitoring retaliation, ensuring response to allegations, and serving as a member of the incident review team. Queensboro Correctional Facility designates the incumbent Captain as the PREA Point Person; however, the position was vacant at the time of the audit due to a recent retirement, so the Deputy Superintendent for Security (DS/S) is assuming these duties until the Captain's position is backfilled. The auditor's interviews with the AC/PREA, Superintendent, ADS/PCM, and PPP indicated that designated staff have sufficient time and authority to coordinate the facility's efforts to comply with the established sexual safety program.

Based on the auditor's analysis and evaluation of the stated evidence, the Facility and Department have demonstrated compliance with all provisions of this standard. Additionally, the Department has exceeded the requirements of this standard by 1) designating a PCM and a Point Person for every facility, which adds an extra layer of supervision of sexual safety efforts; 2) developing the PREA Compliance Manager Handbook; 3) keeping policies current, relevant, and streamlined through revision of policies and the development of the SVPPM; and 4) allocation of dedicated positions for focused enforcement of the zero-tolerance policy, and efforts toward prevention, detection, and response; all above and beyond the requirements of this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Evidence Reviewed: Community Based Residential Program (CBRP) RFA 2016; CBRP PREA Audit Schedule; Information Obtained from Interviews.</p> <p data-bbox="229 353 1509 510">115.212(a)(b): DOCCS maintains contracts for up to 249 Community Based Residential Program beds for releasees in 26 Catchment Areas. All 12 contracts require that the contractor adopts and complies with the PREA standards for Community Confinement Facilities. As evidenced by the Community Based Residential Programs PREA Audit Schedule dated 02/02/2022, all programs are routinely audited for their compliance with the PREA standards.</p> <p data-bbox="229 510 1509 598">Based on analysis and review of the stated evidence, the Department and Facility have demonstrated compliance with all provisions of this standard.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1469 360">Evidence Reviewed: DIR #4001; DIR #4027; SVPPM 115.13; Queensboro 2022 Supervision and Monitoring Review; Post Closure Key; Closed Post Reports; Log Book Entries; Employee Manual, Section 2.44; Personal Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 396 1490 891">115.213(a): SVPPM #115.13 establishes that each facility will develop and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect incarcerated individuals against sexual abuse. On an annual basis, or when a change in circumstances requires reassessment, the Superintendent shall conduct an Annual Supervision and Monitoring Plan Review and submit it to Central Office for review and consideration. Each facility is required to submit its annual review by the due dates reflected on an established schedule (Schedule for Annual Reviews). One month prior to the due date, data from the Division of Program Planning Research and Evaluation will be provided to assist in the review. The Annual Supervision and Monitoring Plan Review memorandum shall follow a designated template issued by the SAPEO in SVPPM #115.13. The memorandum is to be forwarded to the Director of Security Staffing, with a copy to the AC/PREA and the Deputy Commissioner of Correctional Facilities. When developing the plan, the following factors, at a minimum will be considered: 1) generally accepted detention and correctional practices; 2) any judicial findings of inadequacy; 3) any findings of inadequacy from Federal investigative agencies; 4) any findings of inadequacy from internal or external oversight bodies; 5) all components of the facility's physical plant (including "blind-spots" or areas where staff or incarcerated individuals may be isolated); 6) the composition of the incarcerated population; 7) the number and placement of supervisor staff; 8) programs occurring throughout the facility; 9) any applicable State or local laws, regulation, or standards; 10) prevalence of substantiated and unsubstantiated incidents of sexual abuse; 11) any other relevant factors.</p> <p data-bbox="242 920 1490 1617">A comprehensive and extensive staffing plan is developed and established through the DOCCS Security Information Staffing Unit. The staffing plan for Queensboro Correctional Facility takes into consideration the composition of the incarcerated individual population in calculating adequate staffing levels and determining the need for video monitoring. The capacity of the facility is 216 incarcerated individuals, and the plan is predicated on an average daily population of 170. The current population assigned at the time of the audit was 80. The current plan calls for 179 security staffing positions. Facility Administration and Union representatives also provide input to the plan development and review. The plan takes into consideration staff utilization, post closures, additional services usage, preplanning practices, leave policies and schedules, local agreements, supervisory charts, and job descriptions in addition to each of the categories required by this standard to provide for adequate levels of staffing. The auditor confirmed the staffing plan development procedures through a personal review of documents noted and interviews with the Superintendent, AC/PREA, and ADS/PCM. Queensboro Correctional Facility does not have a video monitoring system and based on the custody level of the current population and sufficient staffing, and low incidence at the facility, the need for a surveillance system has not been warranted. Queensboro Correctional Facility utilizes direct and indirect supervision. On the housing units, security rounds are made by officers at least every hour and by supervisors at least four times per Tour. On the restricted unit (only used currently for quarantined individuals), rounds are made by the unit officer at least every 30 minutes. The facility has Watch Commanders (Lieutenants) for every Tour, there are two additional Lieutenants on Tour 2 weekdays for Disciplinary and Time and Attendance. There is a Chart Sergeant, Housing Sergeant, and Work Release/Draft Sergeant on every Tour. The current staffing plan notes there are no judicial findings of inadequacy, no findings of inadequacy from federal investigative agencies, and no recorded findings of inadequacy from internal or external oversight bodies. The staffing plan indicates the facility operates in accordance with all applicable laws, agency directives, ACA accreditation standards, and Prison Rape Elimination Act standards, with no legal mandate for any specific staffing ratios.</p> <p data-bbox="242 1646 1490 2011">115.213(b): SVPPM #115.13 requires that the facility document any justifications for deviations from the staffing plan when it is determined that it has not been complied with, using the Post Closure Key established by the Security Information Staffing Unit. These deviations are documented directly into the database in the Post Closure Report using codes from the Post Closure Key. Three random date ranges were selected, and the Closed Post Reports were provided for the auditor's review; deviations were documented with justifications as required. The Chart Sergeant for each of the three tours is responsible for the scheduling of staff to ensure posts are covered. When a deviation from the Plot Plan is necessary, the Watch Commander is notified, and the closure and reason for the deviation are noted on the post tracking grid and then entered into the database. Reports from all three tours are collected daily and submitted to the Captain, who reviews them, then reports are routed to the DS/S and then Superintendent. The most common reasons for deviating from the staffing plan during the audit period were closed posts, staff sickness, and training. Interviews with a Chart Sergeant, Watch Commanders, and the DS/S further confirmed the documentation and regular monitoring of staffing at the facility.</p> <p data-bbox="242 2040 1490 2130">115.213(c): The most recent staffing plan review was conducted by the Superintendent and her management team on January 6, 2022, as evidenced by the memorandum reference subject Queensboro Correctional Facility Annual Supervision and Monitoring Plan Review. The review concluded that the facility's current staffing plan and monitoring infrastructure are</p>

adequate and that the available staffing resources are sufficient to meet the staffing plan. As indicated in the referenced memorandum, the review included generally accepted detention and correctional practices, any judicial finding of inadequacy (none), any findings of inadequacy from federal investigative agencies (none), findings of inadequacy from internal or external oversight bodies (none), all components of the physical plant, composition of the incarcerated individual population, number and placement of supervisory staff, institution programs occurring on a particular shift, applicable State or local laws, regulations or standards (Agency Directives, ACA & PREA). Additionally, the plan indicates a review of the substantiated and unsubstantiated incidents during the prior 12 months and determined that no changes to staffing levels or video monitoring were necessary at the time of the review. Staffing levels are conducted both at the local and agency level. The annual review is a collaborative effort between the facility Superintendent, PREA Compliance Manager, and PREA Coordinator. Based on an interview with the AC/PREA, a formal written assessment is completed annually by the facility Superintendent and submitted for consideration by the Director of Security Staffing, the Deputy Commissioner for Correctional Facilities, and himself. Additionally, he is notified of all facility staffing plan adjustments through the Security Staffing Information Unit.

SVPPM #115.13 establishes that in accordance with DIR #4001 and Employee Manual Section 2.44, intermediate-level (Sergeants and Lieutenants) and higher-level (Superintendent, First Deputy Superintendents, Deputy Superintendents, First Deputy Superintendent, Deputy Superintendents, Assistant Deputy Superintendents, Captains, and Stewards) supervisors are required to routinely make unannounced rounds throughout the facility to deter any form of sexual abuse and other misconduct, and these rounds are documented in the respective logbooks. Employees are prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operation function of the facility. Such rounds are made on all days and on all shifts. Facility Executive team members use a rotation to ensure an extended executive staff presence, including evenings and weekends. These rounds are logged and documented in accordance with Directive 4001. In addition to a review of log books during the site visit, the auditor also requested seven random historical dates to confirm that supervisory rounds are made frequently, irregularly, in areas where incarcerated individuals have access and during all shifts. The auditor found consistent documentation of these rounds as required by policy. Interviews with staff and supervisor, regular rounds are made in accordance with policy requirements. Because supervisory rounds are not a requirement of the Community Confinement standards, the facility has exceeded the requirements of this standard.

Based on the review and evaluation of the evidence stated, the facility and agency have exceeded the requirements of this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #2230; DIR #4001; D #4027; DIR #4910; HSPM #1.19; HSPM #1.37; DOCCS Employee Manual; Form #1140, Report of Strip Search or Strip Frisk; 2021 Contraband and Frisk 17008; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.215(a)(c): DIR #4910 governs frisk searches, strip searches, and body cavity searches involving both same gender and opposite gender incarcerated individuals, and cross-gender viewing and establishes that strip searches or strip frisks shall be conducted by an officer or employee of the same sex as the incarcerated individual being searched. A strip frisk requires probable cause and must be approved by the Sergeant of a higher-ranking Officer and documented on Form #1140. DIR #4910 further states, "A strip frisk of an incarcerated individual who has been diagnosed with Gender Dysphoria shall presumptively be conducted by staff of the same gender as the gender classification of the facility." DIR #2230 states all Correctional Officers will perform the duties assigned to them, regardless of gender, provided; however, that the following assignments will not be made to Correction Officers who are not of the same gender as the individual being searched: 1) Strip frisks or strip searches; 2) Obtaining a urine specimen; 3) Congregate shower facilities; 4) Videotaping of strip frisks or strip searches using handheld video cameras or body-worn cameras; 5) Special Watch; 6) Suicide Watch; 7) Security monitoring of visiting room incarcerated individual bathrooms via CCTV or vision panels. Cross-gender coverage of an individual on a Suicide Watch is permissible if exigent circumstances exist. The facility reports no cross-gender strip or cross-gender visual body cavity searches of residents have been conducted during the audit period. Cross-gender strip searches are prohibited by DIR #4910. DIR #2230 also requires that when two or more officers are transporting an individual, or supervising an outside security detail, at least one of the officers must be of the same gender as the incarcerated individual(s). DIR #4910 refers to HSPM #1.37 for body cavity search procedures. HSPM #1.37, directs Health Care Services on body cavity searches and establishes that body cavity searches are conducted only by primary care providers and may be authorized by authorized facility staff only after receiving approval from the Deputy Commissioner/Chief Medical Officer or designee when there is imminent danger to an individual's health or facility safety. Documentation of a body cavity search is made in the individual's Ambulatory Health Record Progress Notes, Form 3105. A correction officer of the same sex as the incarcerated individual will be present during the exam.</p> <p>115.215(b): This provision is not applicable to this facility because Queensboro Correctional Facility is a male facility. However, agency Directive 4910 requires exigent circumstances for a cross-gender pat frisk of female individuals. In situations of exigent circumstances, Form #1140CGPF must be completed.</p> <p>115.215(d): The DOCCS has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks through the issuance of DIR #2230, DIR #4001, and in the Employees' Manual. DIR #2230 governs duties and responsibilities of opposite gender staff to ensure adequate privacy is provided to individuals and security protocols are balanced. The stated directives further require staff of the opposite gender to verbally announce their arrival on a housing unit at a minimum upon each change of shift and when the gender supervision on a housing unit changes from exclusively same gender to mixed or cross-gender supervision to avoid unnecessarily invading the privacy of individuals of the opposite gender, unless emergency conditions dictate otherwise. The announcement(s) by staff is required to be accomplished in a manner that is easily heard and/or understood by all individuals on the unit and recorded in the unit logbook. This procedure is also addressed in the Employees' Manual. All staff interviewed confirmed announcements are made as directed by agency policy. Incarcerated individuals interviewed indicated cross-gender announcements as a well-established practice, and none had experienced opposite gender viewing while during a shower, using the toilet, or changing clothes. The auditor observed the bathroom areas had separate toilet stalls and showers with either doors or opaque shower curtains installed in housing units.</p> <p>115.215(e): As directed by HSPM #1.19, staff is prohibited, and the facility always refrains from searching or physically examining transgender or intersex individuals for the sole purpose of determining the individual's genital status. If the individual's genital status is unknown, it may be determined during conversations with the individual or by reviewing medical records. A medical practitioner may conduct a full physical examination of an individual, including a transgender individual, when relevant to the treatment of the patient. Such an exam is to be conducted in private and with the patient's consent, with findings to be recorded in the Ambulatory Health Record. This policy further prohibits a physical exam of an individual at the direction of the facility's security or administration for the sole purpose of determining the individual's genital status. DIR #4910 also prohibits searches for the purpose of determining the genital status of an individual. The facility indicated no searches of this nature have occurred in the past 12 months. Compliance with this practice was confirmed through interviews with executive staff, security supervisors, and healthcare staff. Interviews with incarcerated individuals further indicated no searches for this purpose had occurred.</p> <p>115.215(f): DIR #4910 requires that the employee conducting a personal search must assure its thoroughness and not</p>

offend the dignity of the individual being searched. Additionally, staff must refrain from demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, and obscene language or gestures during these searches as well as during other encounters with incarcerated individuals. The facility reports that all security staff has been trained on conducting cross-gender pat searches and searches of transgender and intersex individuals in a professional and respectful manner, consistent with security needs. All new correctional officers receive training on conducting proper searches during their mandated basic training prior to assuming duties at the facility and refresher during annual in-service. The Contraband and Frisk lesson plan was provided for the auditor's review. The lesson plan was found to be comprehensive and consistent with best practices. The auditor reviewed the roster for Contraband and Frisk training and found that 179 Queensboro Correctional Facility staff had completed the training. Training is well regulated, and non-compliance reports are monitored by the Administrative Training Lieutenant to ensure all required training is completed. During an interview with the Training Lieutenant, he confirmed that staff training is monitored by Regional Training Lieutenants and that they attend quarterly meetings to monitor the progress of annual training requirements. He explained that all security staff receives the searches training in the academy initially and a refresher every year during in-service. Staff complete the required training forms and submit them to the Training Lieutenant, who enters the training into the DOCCS's training database. He stated that exception reports are run periodically throughout the year to ensure that any staff or contract staff who may be deficient in any assigned training is notified with a copy to the employee's supervisor of the deficiency. All security staff has been trained in Contraband and Frisk at Queensboro Correctional Facility. Interviews with incarcerated individuals confirmed that searches are conducted by the same gender staff and are conducted respectfully and professionally.

Based on the review and evaluation of the evidence stated, the facility and agency meet all provisions of this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1469 398">Evidence Reviewed: DIR #2612; DIR #4021; DIR #4490; Form 4021A, Draft Receipt; Language Access Line Contract; Memo from AC, Ending Sexual Abuse Behind the Walls: An Orientation; Memo from AC, New/Updated Material; DOCCS Facilitators Guide; Incarcerated Individual Education Facilitator Training; Prevention of Sexual Victimization in Prison Male; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 427 1485 824">115.216(a)(b): DIR #2612 establishes policy to ensure compliance with Title II (Subtitle A) of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the New York State Human Rights Laws prohibiting state and local entities from discriminating against any qualified individual with a disability in their programs, services, and activities, and utilizing methods of program administration that have the effect of subjecting individuals with disabilities to discrimination. Programs and services provided to incarcerated individuals by DOCCS must ensure accessibility and usability by qualified individuals in the most integrated setting. The facility provided the Inmate Education & Orientation Film Facilitator Guide and the DOCCS Inmate Orientation Films Facilitator Training for review, and both provide that the agency provides individuals with education in formats accessible to all persons, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to those who have limited reading skills. If an individual has difficulty understanding the written material due to a disability or limited reading skills, appropriate staff shall provide assistance. Four facilities within the DOCCS have been identified to provide comprehensive accommodations to individuals with serious sensory, physical, hearing, visual, and cognitive impairments. Queensboro Correctional Facility is not a designated facility.</p> <p data-bbox="240 853 1437 1048">DIR #2612 ensures for individuals who are deaf or hard of hearing, who primarily communicate in sign language, a sign language interpreter certified by the National Registry of Interpreters for the Deaf or other National or New York State credentialing authority, or a sign language interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary will be provided. There were no incarcerated individuals at the facility who had a known visual or hearing impairment for the auditor to interview. This was confirmed during interviews with the HSA and Superintendent.</p> <p data-bbox="240 1077 1474 1238">DIR #4490 establishes policy and procedures to ensure that all individuals with LEP have meaningful access to programs, services, and benefits. The directive further requires that LEP individuals will have access to vital documents, which include PREA complaint documents and procedures. The agency maintains a contract for interpreting services through Language Line Services, Inc., which was provided for the auditor's review. Additionally, designated bilingual staff interpreters are available to assist individuals with interpretation.</p> <p data-bbox="240 1267 1485 1731">The auditor observed both the Report Sexual Abuse poster and the gender-specific zero-tolerance posters posted in both English and Spanish in the housing units and other common areas accessed by individuals, such as intake, program areas, medical, and public areas such as the visiting area, and visitor hospitality areas. The PREA Education Film "Ending Sexual Abuse Behind the Walls: An Orientation" is provided in DVD format appropriate to the gender classification of the facility and with tracks and captioning in English, Haitian Creole, Italian, Korean, Mandarin Chinese, Polish, Russian, and Spanish. A sample of the video transcript was provided to the auditor for review. By written directive of the AC for PREA, during admission into DOCCS custody at an intake or reception facility and upon transfer to another correctional facility, the individuals must be provided with a current copy of the gender-appropriate brochure upon arrival at the facility. Interviews with the intake staff at Queensboro confirmed that the facility provides each individual coming into the facility with The Prevention of Sexual Victimization in Prison, What You Need to Know brochure. Delivery of this brochure to the individual is documented on the Draft Receipt, form 4021A, with the appropriate language circled if issued in other than English. This pamphlet has been translated into and is printed in English, Bengali, Chinese, Korean, Russian, Spanish, Haitian/Creole, Polish, Yiddish, Arabic, and Italian. These pamphlets were also observed by the auditor in various common areas of the facility, including the intake area, library, and resource areas.</p> <p data-bbox="240 1760 1497 2159">Interviews with the AC/PREA, PCM, healthcare staff, security staff, and counseling staff indicated appropriate assistance is provided to individuals when needed to ensure meaningful communication. When interviewing staff, all employees indicated their knowledge of the Language Assistance Line. The facility has designated staff interpreters who are bilingual in Spanish who assisted with interpretation during interviews with the two Spanish-speaking individuals. The auditor offered the incarcerated individuals the option of a staff interpreter or using the Language Line Service, and both opted to use the staff interpreter. The third incarcerated individual selected for an interview was fluent in English as a second language and did not need an interpreter. One of the Spanish-speaking individuals stated that he did not understand written English and had not received the PREA information in Spanish. When his intake record was reviewed, there was no indication that he received the video or the Sexual Awareness brochure in Spanish. At the auditor's request, the facility corrected this on the spot, and an ORC delivered the PREA education and the brochure to the individual that day and provided the auditor with signed documentation as evidence. When speaking with individuals who are LEP, they informed the auditor that their inability to speak English fluently had not affected their ability to participate in any facility-based services, including the agency's efforts</p>

to prevent, detect, and respond to sexual abuse and sexual harassment. An interview with the Deputy Superintendent of Programs (DS/P), ADS/PCM, and Draft Sergeant confirmed that in the future, they would ensure that LEP individuals receive a brochure and PREA education in a language of their understanding. It was also confirmed through interviews that there are two ORCs at the facility who are designated Spanish interpreters, and the Spanish-speaking individuals are assigned to their caseload.

115.216(c): DIR #4490 provides that staff shall not rely on an incarcerated individual/releasee, LEP individual's family member or friend, or a minor as an interpreter or a translator for communications with an individual that involves sensitive, confidential, or privileged information or that creates a conflict of interest. However, this general prohibition does not apply during exigent circumstances, such as when an extended delay in obtaining qualified interpretation services could compromise an individual's safety or health, the performance of first response duties in connection with a report of sexual abuse, or the investigation of an incarcerated individual's/releasee's sexual abuse allegation. The facility reports there were no instances where interpretation or translation has been necessary for a sexual harassment or abuse allegation/investigation during the audit period. This was confirmed during interviews with the PCM, Point Person, and OSI investigators.

Based on review and evaluation of the stated evidence, the facility and agency have demonstrated compliance with all provisions of this standard. Additionally, the agency has gone above and beyond to ensure that cultural diversity and gender-specificity have been included in posters and educational materials and provides the PREA message in eleven languages through multiple methods.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1490 432">Evidence Reviewed: DIR #2012; DIR #2112; DIR #2216; DIR #2216/Attachment A; DIR #2232; #406A, Recruitment Process; #406A.1, Recruitment Process Checklist Questions 10/14; #406A.2, Employment Telephone Verification Employment Record Section; #407 Civilian Promotions Memo; Personnel Procedure 407/407A; Fair Chance Hiring Application; Personal History and Interview Record Form 1253; Personal History Questionnaire; Employee Manual; Memo from John M. Czaka, Deputy Commissioner and Counsel; Personnel Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 461 1490 723">115.217(a): DIR# 2216, Personnel Procedure #407, Civilian Promotions, and #407A, Security Promotions, direct that candidates for employment and contractors will be bypassed and not considered for hiring or promotion if they have engaged in any activity delineated in the five subsections of element (a) of this standard, thereby prohibiting the enlistment of services of any candidate who meets the criteria. New York State Civil Service regulates hiring procedures for all state agencies. Security positions are hired from the Civil Service registry and processed through a structured, centralized protocol by the Department's Employee Investigation Unit (EIU). Candidates with substantiated findings or pending investigations shall be bypassed in accordance with Civic Services Law for the next reachable candidate. A request to remove the candidate from the reliability list pursuant to Civil Service Law § 50(4) shall be submitted to the NY State Department of Civil Service.</p> <p data-bbox="240 752 1490 913">115.217(b): Any incidents of sexual harassment, both substantiated and pending investigation, will be considered in determining whether to hire an individual or to enlist the services of a contractor who may have contact with incarcerated individuals as directed by Personnel Procedures #407 and #407A. The Director of Personnel will review requests to promote a candidate who has engaged in an incident of sexual harassment and subsequently determine if it is in the best interest of the Department to promote the candidate.</p> <p data-bbox="240 943 1490 1507">115.217(c): DIR #2216 establishes the requirement that all employees and contractors of the DOCCS will be subjected to a criminal history inquiry in order to obtain background information pertinent to the security of operations, verify data on employment applications, and receive a notification when Department employees are arrested. Employees and contractors may also be fingerprinted in accordance with this directive. This policy applies to all titles, including employees, part-time/half-time employees, per diem employees, extra service employees, outside agency employees, contract service providers/consultants, contractors, and volunteers. Personnel Procedure #406A establishes a policy for contacting the former institutional employer for candidates who have been previously employed by a prison, jail, lockup, community confinement facility, or juvenile facility. Each facility is required to complete a Recruitment Process Checklist (406A1) upon recommending a vacant position be filled and thereby attesting to having contacted all prior institutional employers regarding substantiated allegations of sexual abuse or resignations during a pending investigation of an allegation of sexual abuse and to have sent emails to ODM, OSI and Labor Relations for inquiries on current employees considered for promotion. Interview with Human Resources Manager (HRM) and review of local personnel files indicates this checklist is completed on all civilian employee hires. Applications cannot be submitted for onboarding without documentation that prior institutional employers have been contacted. Criminal background checks were conducted on a total of 8 new employees hired in the past 12 months. The auditor reviewed seven randomly selected employee files (4-new hires/3-transfers/promotions) to review and found they contained required documents in accordance with DOCCS policy, and that background checks were conducted before they were hired.</p> <p data-bbox="240 1536 1490 1697">115.217(d): The facility provided a list of approved contractors who are approved to work in the facility, which included 38 listed contract employees; background checks were conducted on all 38 within the past 12 months. The interview with the PPP confirmed the approval process is renewed each year, at which time another background check will be conducted. The auditor reviewed three contractor packets and found that the background check was conducted prior to enlisting the services of the contractor.</p> <p data-bbox="240 1727 1490 1955">115.217(e): DIR# 2216 establishes the requirement that all employees and contractors of the DOCCS be subjected to a criminal history inquiry in order to obtain background information pertinent to the security of operations, verify data on employment applications, and receive a notification when Department employees are arrested. Criminal history inquiries are conducted by the Department's Employee Investigation Unit (EIU) and must be completed prior to the first date of employment. Criminal background record checks are not conducted after an employee's initial hire as the Department has a system in place to capture this information on an ongoing basis. This procedure is further confirmed by Memorandum from John M. Czuka, Deputy Commissioner and Counsel for the Division of Criminal Justice Services.</p> <p data-bbox="240 1984 1490 2145">115.217(f): DIR #2112 requires employees to report when they are charged with the commission of a felony or misdemeanor and imposes upon employees a continuing affirmative duty to disclose any of the above misconduct. Additionally, each employee is required to complete a Personal History Questionnaire, Form EIU23. This questionnaire requires yes/no responses to the following questions: 1) "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</p>

counseling."; 2) 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?"; 3) Have you ever been asked to resign from any employment in lieu of termination or resigned during a pending investigation?"; 4) 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?"; 5) Have you ever been civilly or administratively adjudicated to have 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?"; 6) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The Employee Manual states, "All employees shall immediately report in writing any criminal, civil or administrative adjudication that they (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or (2) have been convicted of or have been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or where the victim did not consent or was unable to consent or refuse."

115.217(g): Personal History Questionnaire, Form EIU23, informs every applicant for employment that material omissions regarding misconduct or the provision of materially false information are grounds for rejection for appointment and termination. Staff interviews indicated their awareness of this requirement and understanding of the consequences of not reporting. The auditor observed these questionnaires in the personnel files reviewed onsite.

115.217(h): DIR #2012 provides that information about a former employee's reason for leaving employment 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 the written authorization of the employee. If a request is received without such authorization attached, the requester should be informed that the information cannot be provided without authorization. Upon receipt of proper authorization by the prior employee, this information is provided. This policy is in accordance with the Personal Privacy Protection Law.

Interviews conducted with AC/PREA, Superintendent, and HRM combined with the documents reviewed confirmed the processes and procedures as outlined in the directives listed above.

Based on review and evaluation of the evidence stated, Queensboro CF and the DOCCS have demonstrated compliance with all provisions of this standard; additionally, the agency exceeds provisions of this standard by the fingerprinting of all staff and contractors, which provides real-time notification of any criminal activity.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 300">Evidence Reviewed: DIR #3053; Form 1612; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="229 300 1509 703">115.218(a): In accordance with DIR #3053, each facility Superintendent must obtain Central Office approval for any alteration or construction project. As a part of that process, the Superintendent submits a Form 1612 Alterations/Construction Requests form. The Superintendent is required to evaluate the scope of the alteration and consider the effect of the design, acquisition, or modification upon the ability to protect incarcerated individuals from sexual abuse. The Superintendent indicates on the form whether the alteration's impact will enhance, be neutral, or have a negative impact on the ability to protect incarcerated individuals from sexual abuse. The Division of Facilities Planning and Development reviews these requests and obtains comments from the AC/PREA and other appropriate Central Office units before approving any request. These procedures were confirmed during an interview with the Commissioner's Designee and the Superintendent. The Commissioner's Designee no new facilities have been acquired by the DOCCS during the audit period; the Superintendent confirmed during her interview that there had been no substantial alteration or construction project at Queensboro Correctional Facility during the audit period.</p> <p data-bbox="229 703 1509 1532">115.218(b): The Department has widespread audio/video surveillance in a number of its facilities and also coverage in specialized units such as Special Housing Units, Behavioral Health Units, and Residential Rehabilitation Units. When a report of sexual abuse or sexual harassment is received by the Office of Special Investigations (OSI), standard protocol calls for them to secure surveillance footage for the date, time, and location of the reported incident. Video surveillance has provided corroborating evidence used to help obtain convictions and has also assisted in vindicating wrongfully accused staff. Acting Commissioner conveyed that it is becoming more frequent for OSI, SAPEO, and Operations to review areas of concern for possible adjustment of existing camera systems or to make recommendations for augmentation of the system, and technical limitations prevent rapid adjustments to the surveillance system. In recent years, the Department has significantly expanded its video surveillance capabilities with the installation of full coverage camera systems at Attica and Clinton Correctional Facilities and the completion of a significant expansion of the existing camera system at Bedford Hills Correctional Facility. Camera system installation projects are in various stages of construction at Auburn, Coxsackie, Elmira, Great Meadow, Green Haven, Shawangunk, Sullivan, and Wende Correctional Facilities. The following facilities are currently in the design phase: Albion (expansion), Bedford Hills (expansion), Eastern, Fishkill, Five Points (expansion), Greene, Marcy, Mid-State, Orleans, Sing Sing, and Taconic (expansion) Correctional Facilities. The long-term goal is to install full-coverage camera systems at all maximum and medium-security facilities. Beginning in 2017, the Department has used Body-Worn Cameras in several correctional facilities. The Department initially piloted body-worn camera systems using a local storage solution. The Department is currently phasing out the original model in favor of Axon body-worn camera systems using a cloud-based storage solution. Body-worn camera systems are now in place at Albion, Bedford Hills, Fishkill, Great Meadow, Green Haven, Greene, and Taconic Correctional Facilities. Axon body-worn cameras are being piloted at Bedford Hills, Collins, Franklin, and Mid-State Correctional Facilities, with a plan to expand the number of cameras in use upon completion of data infrastructure upgrades. The Department's intent is to use grants and matching funds to expand its use of body-worn cameras to 6 other correctional facilities in 2022. During Superintendent's interview, she explained that currently, there are no cameras placed in Queensboro Correctional Facility, and based on the mission and custody level of the population along with the low incidence rate, it is considered a lower priority facility for video surveillance.</p> <p data-bbox="229 1532 1509 1747">Based on the review and evaluation of the evidence stated, Queensboro CF and DOCCS have demonstrated compliance with all provisions of this standard. Based on the DOCCSs commitment to audio/video surveillance enhancements and expansions within its facilities to protect incarcerated individuals and staff, the agency has exceeded the requirements of this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1469 427">Evidence Reviewed: DIR #4027; DIR #0700; HSPM #1.60; A National Protocol for Sexual Assault Medical Forensic Examinations; FOM #9013, Coordinated Response Plan/Watch Commander's Quick Reference Chart for Sexual Abuse/Harassment Related Complaints/Watch Commander's Sexual Abuse Response Sheet; New York Public Health Law Section 2807-c; NYSP Superintendent D'Amico PREA Investigations Memorandum; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 463 1493 1122">115.221(a)(b): DIR #4027 establishes that an administrative or criminal investigation shall be completed for all allegations of sexual abuse, sexual harassment, and unauthorized relationships. Pursuant to DIR #0700, the Commissioner has designated the Office of Special Investigations (OSI) to conduct these investigations. The OSI Investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, as directed by DIR #0700. This directive states the OSI Sex Crimes Division (SCD) conducts investigations involving sexual misconduct between incarcerated individuals and releasees and Departmental staff, as well as incarcerated individuals perpetrated sexual abuse, and assists outside law enforcement in the development of cases for criminal prosecution. In accordance with OSI Manual Chapter 5, all OSI/SCD Investigators are trained in evidence collection, which includes methods of documenting, collecting, and preserving physical evidence to ensure the best analysis results. In addition, OSI/SCD Investigators are required to know the content of HSPM #1.60. The OSI/SCD Investigators coordinate with the New York State Police/Bureau of Criminal Investigation (NYSP/BCI) to investigate criminal cases. Interviews with the AC/PREA and HSA confirmed that the NY State Department of Health requires SAFE/SANE providers to use the U.S. Department of Justice Office on Violence Against Women, "A National Protocol for Sexual Assault Medical Forensic Examinations", which is appropriate for adults and adolescents. The Department utilizes community hospitals that have Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner (SAFE/SANE) for forensic medical examinations. Interviews were conducted with OSI/SCD Investigators and confirmed the protocols and practices for PREA investigations. The Investigators were very knowledgeable of the investigation process, the uniform evidence protocol, and the use of the Sexual Abuse Checklist. Interviews with the Watch Commanders confirmed knowledge of their responsibilities in response to an allegation of sexual abuse/harassment, required notifications, use of the Watch Commander Quick Reference Chart (as needed), and the Watch Commander's Sexual Abuse Response Sheet.</p> <p data-bbox="240 1158 1485 1984">115.221(c): Based on an interview with the AC/PREA Coordinator and HSA, DOCCS does not conduct on-site forensic medical examinations. In accordance with DOCCS policies, when evidentially or medically appropriate, a victim of sexual abuse shall be transported to an outside hospital and shall be provided treatment and services as required by the laws, regulations, standards, and policies established by the State of New York and administered by the New York State Department of Health. This includes, but is not limited to, minimum standards and the uniform evidence protocol adopted by the New York State Department of Health and as specified in the "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition." Health Services Policy #1.60, Sexual Assault, provides for cases occurring within 120 hours to be expeditiously transported, as coordinated between the medical and the Watch Commander, to take the victim to an outside hospital emergency department staffed with a certified SAFE or SANE. The policy further directs that all allegations of sexual assault be addressed consistent with community standards for handling allegations of sexual assault. HSPM #1.60 requires all victims of sexual abuse to be afforded access to forensic medical examinations at an outside facility, without financial cost, where evidentially or medically appropriate. Incarcerated 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. Based on an interview with the HSA, Health Services maintains a list of SAFE/SANE hospitals and is responsible for confirming that a SANE/SAFE and a Victim Advocate are available to provide services prior to transporting a victim of sexual assault. The individual may be transported to a closer or more appropriate hospital if health staff determine the incarcerated individual's priority medical needs are such that they require immediate or specialized care (e.g., the inmate victim is suffering from traumatic injuries that require a level of care beyond what the certified SAFE/SANE hospital can provide). Admission to the facility infirmary and expedited follow-up assessment by a primary care provider are required upon the incarcerated victim's return from an outside hospital emergency department. The catchment facility for Queensboro is Sing Sing Correctional Facility. The primary care provider will continue any appropriate post-exposure prophylactic medications initiated at the outside hospital or at the facility. For all involved individuals, immediate completion and submission of a Mental Health Referral Form #3150 to Mental Health staff is required. Interviews with the HSA, Superintendent, Watch Commanders, PREA Point Person, and ADS/PCM confirmed these protocols and procedures are well implemented at Queensboro.</p> <p data-bbox="240 2020 1493 2141">Based on the facility's Coordinated Response Plan and interview with the HSA, SAFE/SANE examinations will be provided at any of the following locations 1) City Hospital Center at Elmhurst, 79-01 Broadway, Elmhurst, NY 11373; 2) Queens Hospital Center, 82-68 164th Street, Jamaica, NY 11432; 3) Bellevue Hospital Center, 462 First Avenue, New York, NY 10016. The facility's Coordinated Response Plan also includes contact numbers, email addresses, and names of the contact at each</p>

hospital. The New York Public Health Law section 2807-c states that no general hospital shall refuse to provide hospital services to a person presented or proposed to be presented for admission to such general hospital by a representative of a correctional facility based solely on the grounds such person is an incarcerated individual of such correctional facility. No general hospital may demand or request any charge for hospital services provided to such person in addition to the charges or rates authorized in accordance with this article, except for charges for identifiable additional hospital costs associated with or reasonable additional charges associated with security arrangements for such person. No incident occurred at Queensboro Correctional Facility during the audit period requiring a forensic medical examination. This was further evidenced through the auditor's review of investigative case files and interviews with Investigators, the Superintendent, ADS/PCM, and HSA.

115.221(d): New York Public Health §2807-c and HSPM #1.60 provides that victims of sexual abuse shall be afforded access to crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Health care staff will ensure that a Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE) and a Victim Advocate are available to provide services before transport to a designated hospital. Interviews with the HSA and ADS/PCM confirmed that an advocate is always made available for victims of sexual abuse.

115.221(e): Pursuant to FOM #9013, Medical staff shall provide counseling, as appropriate, regarding post-exposure prophylactic treatment, the need for a forensic medical examination, the availability of a victim advocate during such examination, pregnancy-related services, and the availability of crisis intervention services, including an OMH referral. Investigators are not to interfere with or make decisions regarding medical treatment, and an advocate shall be afforded to the individual at this time; and upon the individual's request, the advocate shall see the individual prior to discharge from the hospital. Advocacy services are offered to the victim by the Investigator prior to an interview and documented in the investigative file case notes. Advocacy services may be arranged if requested by the individual, the Supervising ORC, ADS/PCM, Deputy Superintendent for Security, or PREA Point Person, as needed. DOCCS offers one of the most comprehensive networks of support and advocacy services for incarcerated survivors of sexual victimization. Through a partnership with the State Office of Victim Services and State Office for the Prevention of Domestic Violence, DOCCS provides the confidential 777 Rape Crisis Hotline services to individuals incarcerated at all DOCCS facilities state-wide. Hotline operators provide supportive listening and crisis counseling, as well as referrals for emotional support and advocacy services. When requested by the survivor, the hotline will also make reports to the Department. Beyond the hotline, this partnership includes a number of community-based victim assistance programs or "PREA Centers" that provide incarcerated survivors with ongoing emotional support and victim advocacy services. Incarcerated individuals can receive crisis counseling and emotional support for the effects of sexual victimization, whether the abuse occurred during confinement or in the community, and the caller is seeking assistance to manage the triggers that often occur while confined. Based on Department's public website and interview with the AC/PREA Coordinator, New York is the only state in the nation with a network of centers, and specially trained victim assistance programs, to provide emotional support, counseling, and advocacy to incarcerated survivors of sexual victimization.

115.221(f): The DOCCS OSI/SCD is responsible for investigating allegations of sexual abuse; however, Investigators work cooperatively with the Office of the Inspector General Sex Crimes Unit (IG/SCU) and the NYSP/BCI to investigate sexual abuse that may involve criminal conduct. A memorandum from AC Effman to NYSP Superintendent D'Amico dated May 4, 2014, confirms that DOCCS has requested that the agency follow the requirements of paragraphs 115.221 (a) through (e) of the standards.

115.221(h): This provision is not applicable to Queensboro Correctional Facility as a victim advocate is available at the local hospital for SANE/SAFE examinations and is available through the hotline provided.

Based on review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard; additionally, the Department exceeds due to having dedicated sex crimes Investigators handle all cases and the extensive and ongoing training requirements for these investigators; the use of SAFE/SANE hospitals providing community standard of care; and its extensive partnership with a community victim assistance program for advocacy; and a comprehensive and well-established Coordinated Response Plan.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 331">Evidence Reviewed: DIR #0700; DIR #4027; DOCCS Website Review; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="244 365 1485 591">115.222(a): DIR #4027 establishes that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, which will be completed in accordance with DIR #0700. Within the last 12 months, two allegations involving staff (1-sexual harassment and 1-sexual misconduct) and one allegation involving another incarcerated individual were reported at Queensboro Correctional Facility and both allegations were referred for investigation. Based on interviews with the OSI Investigators and Superintendent of the staff allegations, one is being investigated administratively, and the other is being investigated criminally; both investigations are ongoing. The harassment allegation involving another incarcerated individual was investigated by the facility under the direction of OSI and closed unsubstantiated.</p> <p data-bbox="244 624 1485 981">115.222(b)(c): Based on an interview with the AC/PREA Coordinator/Commissioner's Designee, the Acting Commissioner of the DOCCS has delegated the authority to conduct administrative and criminal investigations to the OSI in accordance with Corrections Law § 112 and DIR #0700. DIR #0700 authorizes and designates the OSI as the official investigative body for all administrative and criminal investigations. The OSI is further charged with ensuring that substantiated allegations are referred to the appropriate person(s) for administrative, disciplinary, and/or prosecutorial action. OSI works cooperatively with the NYSP/BCI in the investigations of reported incidents of sexual abuse that may involve criminal conduct; however, DOCCS has not relinquished this authority to any separate activity. A separate entity is not responsible for conducting investigations. All complaints and information received by OSI relative to possible investigations are documented, reviewed, and processed. OSI/SCD has the authority to refer cases to NYSP/BCI, when appropriate, and works in conjunction with the local District Attorney's Office for prosecutions. Interviews with OSI/SCD Investigators confirmed procedures are well established and followed. DIR #4027 is published on the Agency's public website at http://www.doccs.ny.gov/PREA.</p> <p data-bbox="244 1014 1485 1070">Based on the review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with all requirements of this standard.</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1485 533">Evidence Reviewed: 0.100 Training Frequency Chart; 8.300A Attachment-Recruit Training Catalog of Courses; 35029, Sexual Abuse Prevention and Response Training; 35029RTF; 7.000, 40 Hour Orientation and Initial Employee Training; 7.100, Employee Familiarization; 7.100 Attachment A, Employee Familiarization Form for Facilities; 7.200, Employee Familiarization; Announcement of Mandatory Training, Sexual Abuse Prevention and Response; 17093, PREA Introduction-Transfer-Female; 17093, PREA Introduction-Transfer-Male; 2.1 Training Bulletin #7, Annual Training Bulletins; 17093RTF; 2.2 Annual Policies and Standards Generally Applicable to All Employees; 17078 PREA Refresher 2020; 17078RTF; Memorandum from AC Effman, 2022 Updated Refresher Training; Preventing Sexual Misconduct and Saving Careers PREA Refresher Training, March 9, 2922; Employee Manual; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 562 1485 1059">115.231(a)(c): DOCCS's body of directives clearly expresses a zero-tolerance for sexual abuse. DIR #4027 sets forth the Department's zero-tolerance policy for sexual abuse and is supplemented by the Employee Manual and various other related directives and training curriculum. DOCCS mandates all staff complete the three-hour Sexual Abuse Prevention and Response training during their initial orientation training for new employees. This DOCCS training includes 1) its zero-tolerance policy for sexual abuse and sexual harassment; 2) on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) on incarcerated individual's right to be free from sexual abuse and sexual harassment; 4) on the right of incarcerated individuals and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) the dynamics of sexual abuse and sexual harassment in confinement; 6) on the common reactions of sexual abuse and sexual harassment victims; 7) on how to detect and respond to signs of threatened and actual sexual abuse; 8) on how to avoid inappropriate relationships with incarcerated individuals; 9) on how to communicate effectively and professionally with incarcerated individuals, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming individuals; and 10) on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Additionally, receipt of the Employee Manual is acknowledged through signature by all staff upon hire and is comprehensively inclusive in the expectations of staff regarding PREA prevention, detection, responding, and reporting.</p> <p data-bbox="240 1088 1485 1451">Training Manual 0.100, Frequency Training Chart establishes required training for Security Officers and Civilians, and prior to 2022, required both classes of employees to take Maintaining Professional Boundaries training annually and Sexual Abuse Prevention and Response Refresher training every two years. Effective April 2022, these two lessons were replaced by the roll-out of the new DOCCS PREA Refresher training. The auditor was provided the DOCCS's new PREA refresher training lesson plan, Preventing Sexual Misconduct and Saving Careers, for review. This training includes a brief refresher on DOCCS PREA policy and employee duties under the policy; professional boundaries and prevention; recognizing circumstances that create staff vulnerability; employee duty to report and respond. This training is interactive and incorporates video clips of various staff presentations, Executive team presentations, and testimonial videos from individuals who were involved in PREA incidents. All employees are required to take the PREA Refresher training every two years. All staff is provided a pocket PREA Reference Card for employees to keep with them and use when necessary, and the auditor observed these cards in the possession of employees during the facility tour and during interviews.</p> <p data-bbox="240 1480 1485 2145">Between the biannual refresher training, the DOCCS provides employees with refresher information about current policies regarding sexual abuse and harassment. This is accomplished through Annual Training Bulletins issued by the DOCCS Director of Training, which consists of a list of policy topics that will be covered with staff at line-up and staff meetings. The Annual Training Bulletin revised May 17, 2021 includes Training Bulletin 7, PREA Sexual Abuse Prevention and Response. This policy review is documented by the signature of the shift supervisor from each tour on the Training Bulletin form, and the Bulletin is required to be read at three consecutive line-ups. The facility provided a copy of the completed form for Training Bulletin 7, and the auditor confirmed the review of these Bulletins during interviews with random staff and supervisors. The auditor was also provided a copy of a Memorandum from Acting Commissioner Annucci dated July 8, 2021, providing executive support that states, "To effectively carry out the Department's mission, all employees of the Department of Corrections and Community Supervision are expected to comply with the applicable laws, regulations, policies, and standards as outlined below in performing their assigned duties, and in their daily professional conduct." The memorandum further states, "Employees are also expected to comply with the Governor's Executive Orders and the Commissioner's Policy on Prevention of Sexual Abuse of Incarcerated Individuals." The auditor interviewed the Administrative Training Lieutenant, who is responsible for coordinating, delivering, and tracking training for the facility. He explained that PREA Refresher training is delivered every other year, but every year employees and contract employees receive refresher updates through Training Bulletins and mandatory policy review. No employee assumes their duties without first receiving the initial PREA training required during pre-service orientation. Training is tracked quarterly by Regional Training Coordinators, and any deficiencies are provided to the facility for notification to be provided to the employee and employee's supervisor to resolve. Employees must complete the required report of training form and submit it to the Training Lieutenant, who records the training in the DOCCS training database.</p>

115.231(b): Training Manual 7.100 requires that all Department employees who have been newly transferred to or from a facility, area office, Board of Parole office, or Central Office, including part-time and per diem staff, will receive a 16-hour familiarization program at the receiving facility or office. This familiarization will take place on the first two days of the new assignment. Also, personnel who have been absent for more than one year must be re-familiarized upon their return to work. Lesson Plans of this training were provided for the auditor's review; this training is tailored to the gender of the incarcerated population at the facility, including addressing gender dynamics for staff who are transferring from a facility that houses only male individuals to a facility that houses only female individuals, or vice versa. Also, job-specific training is conducted by the immediate supervisor once an employee is assigned and reports to a work area. This three-day orientation to the employee's specific job includes a review of DIR #4027 and other related policies. Interviews with the Training Coordinator, HRM, and AWS, confirmed that this orientation is completed for all staff transferring in from another facility, and the auditor observed completed documentation maintained in the randomly selected personnel files.

115.231(d): DOCCS requires, upon completion of Course 35029 –Sexual Abuse Prevention and Response - PREA, and 17078 –Sexual Abuse Prevention and Response – Refresher, a Report of Training Form must be completed and signed by the employee, indicating the employee understood the training received. This record will be maintained by the local training office, and a copy is to be provided to the facility's ADS/PCM. Employees completing the PREA Introduction/Transfer Training must sign the RTF-PREA (course code 17093), and a copy must be forwarded to the appropriate PCM. The facility reports that all 179 employees are current with their training, with the exception of anyone who may be out on extended leave. The auditor reviewed rosters for all staff, indicating all were current with their PREA training, and a random sample of ten individual training files that were documented by signature that the staff understood the training received.

Based on review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard. Furthermore, it is evident that the DOCCS SAPEO analyzes and utilizes incidence data collected in a continued effort to improve training programs for the Department. The new training refresher issued this year clearly addresses systemic problems specific to the Department, with a focused and direct approach toward educating and arming staff with tools to impact change. The DOCCS has exceeded the requirements of this standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1476 398">Evidence Reviewed: DIR #4027; DIR #4071; DIR #4750; Guidelines for Construction Projects Form #4071A; Form #4750D, Required Training for Various Categories of Volunteers Volunteer Services List; Standards of Conduct for Volunteers; Application for Volunteer Status 6.20; Acknowledgement of Standards of Conduct for Volunteers, Form #MFVS3087; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 432 1476 958">115.232(a)(b)(c): DIR #4027 designates that all contractors and contract employees, volunteers, and interns shall receive orientation and periodic in-service training consistent with their level of incarcerated individual contact relating to the prevention, detection, and response to sexual abuse and sexual harassment. DIR #4750, directs that during orientation, volunteers must be cautioned regarding the seriousness of personal/emotional involvement with incarcerated individuals, including visiting, corresponding, and accepting phone calls and that volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an incarcerated individual. For purposes of applicability, Penal Law section 130.05 states an employee also includes any person, including a volunteer, providing direct services to individuals in a state correctional facility pursuant to a contractual arrangement or written agreement with the Agency, thereby inclusive of volunteers providing services to individuals. All volunteer applicants must read the most updated version of the Policy on the Prevention of Sexual Abuse and acknowledge that they understand the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents on Form #MFVS3087. Based on the Application for Volunteer Status Acknowledgement of Orientation, all volunteers are provided with the training and a copy of the policy DIR #4027 and The Commissioner's Prevention of Sexual Abuse Memorandum. Per DIR #4750, all volunteer applicants must acknowledge receipt in writing that they will be held accountable for and act in accordance with the policy and the law and directs the job-specific training for the volunteer to be delivered by the volunteer's staff supervisor and documented on Form #4750, evidenced by signature.</p> <p data-bbox="242 992 1476 1149">DIR #4071 includes procedures for required contractor training on PREA and directs each contract worker to be issued a copy of Form #4071A which is a handout that includes the zero-tolerance, definition of sexual abuse, definition of sexual harassment, the duty to report, confidentiality, and a requirement to sign the acknowledgment form. The Acknowledgement Statement includes the signature of both the contractor and the DOCCS employee who reviewed the procedures with the contractor.</p> <p data-bbox="242 1182 1476 1373">The auditor also reviewed a Memorandum from Acting Commissioner Annucci regarding the Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (Revised), September 4, 2018, addressed to All Employees, Contractors, Volunteers, and Interns. This memorandum reinforces the zero-tolerance policy and provides a reminder of the definitions of the terms sexual abuse/harassment, the duty to report, and the Commissioner's expectations for all employees, contractors, volunteers, and interns. No contractor enters the facility without signing the notification of the zero-tolerance policy form.</p> <p data-bbox="242 1406 1476 1664">The facility indicated there are 44 volunteers and individual contractors who have contact with residents who have been trained in DOCCS policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The auditor was provided a list of approved contractors and volunteers from which names were selected for documentation review and interviews. The auditor interviewed one contractor and one volunteer who confirmed that they had received training and notification of the Department's zero-tolerance policy and were able to explain how to maintain professional relationships with incarcerated individuals/releasees. The DOCCS maintains documentation confirming that volunteers and contractors understand the training they have received. The auditor's review of training records for three contractors and two volunteers found compliance with all provisions of this standard.</p> <p data-bbox="242 1697 1476 1753">Based on the review and evaluation of the evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1436 432">Evidence Reviewed: DIR #4021; Form #4021A; DIR #4027; PREA Orientation Film Implementation; Memorandum RE New/Updated Material; Orientation Outline Rev. 6/28/19; Form #115.33, Report of Inmate Training Participation; Memorandum from DC McCoy Revised Transitional Services Phase; DC168L PREA Brochure Language Guide Poster; Memorandum Reasonable Accommodations; PREA Education Video Translations; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 461 1485 1227">115.233(a)(b)(d): DIR #4021 establishes that upon arrival at an Intake Center, each incarcerated individual receives a gender-specific pamphlet "The Prevention of Sexual Abuse in Prison; What Inmates Need to Know," Form #DC055/#DC053, according to the facility classification and distribution is to be documented on Form #4021A. This pamphlet explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and addresses prevention, self-protection (situation avoidance), reporting sexual abuse and sexual harassment, and the availability of treatment and counseling. This information is provided in formats accessible to all incarcerated individuals. DIR #4021 further requires for Intake/Reception/Classification Centers, each individual views the Orientation Video and the gender-specific version of the film "Ending Sexual Abuse Behind the Walls; An Orientation" during the reception and classification process. Viewing of the film is to be documented on Form #115.33, Report of Inmate Training Participation, and filed in the individual's guidance file. The film, brochures, and handbooks are available in English, Spanish, Haitian-Creole, Russian, Polish, Italian, Chinese, and Korean. The SAPEO has published a PREA - Sexual Abuse Prevention Inmate Orientation Outline that is to be used to guide staff in the delivery of the sexual abuse prevention program during orientation. Step-by-step instructions are given to assist staff in covering the required information and provide prompts for engaging the incarcerated individuals during the education and incorporates the film "Ending Sexual Abuse Behind the Walls; An Orientation." The outline includes for the presenter: 1) Introduction and history, explains the role and duties of the PREA Coordinator, the role and duties of the ADS/PCM, and explains multiple ways to make a report; 2) defines PREA; 3) defines the DOCCS's zero-tolerance policy; 4) explains the right of every incarcerated individual to be free from sexual abuse and sexual harassment and what that means; 5) explains behavior expectations and defines sexual abuse and sexual harassment; 6) explains what to do if abused; 7) explains how and to whom to report, including third-party and anonymous reports; 8) covers the consequences of a false report; 9) explains the availability of Victim Services; 9) explains the difference between an authorized Pat Frisk and sexual abuse; 10) covers confidentiality; 11) explains the requirement of opposite gender staff to announce presence on housing unit and why it is done; 12) provides guidance for questions and answer period. This program provides a comprehensive delivery of the educational material required by this standard.</p> <p data-bbox="240 1256 1485 1653">Any individuals who were admitted to the DOCCS prior to August 20, 2012 were provided the comprehensive PREA education between July 13-31, 2015. The video "Ending Sexual Abuse Behind the Walls" was shown throughout the DOCCS at all facilities. Because Queensboro is a short-term facility, no individuals were admitted to this facility prior to the implementation of PREA. Queensboro Correctional Facility is not a designated Intake/Reception/Classification Center. Individuals are assigned to this facility through transfer from another facility and have already received the formal training required by DIR #4021 at the Intake Center and are provided an abbreviated refresher training upon arrival at Queensboro Correctional Facility based on interviews with the ADS/PCM, ORCs and Draft Sergeant. The facility reports there were 235 individuals admitted during the past 12 months who were provided this refresher. Interviews with the Incarcerated Individuals confirmed that they had all received comprehensive training, watched the film and videos, and received a pamphlet prior to coming to this facility. They also confirmed that they were provided information on the PREA at this facility but were varied in their answers as to when they received the information; some said they were told about it, while others said they received the brochure and/or watched the video.</p> <p data-bbox="240 1682 1477 2045">In addition to receiving the "The Prevention of Sexual Abuse in Prison; What Inmates Need to Know" brochure during intake at the facility, all incoming transfers to Queensboro Correctional Facility receive PREA orientation facilitated by ORCs which includes viewing the PREA video "Ending Sexual Abuse Behind the Walls: An Orientation" and education on policies and procedures specific to Queensboro Correctional Facility within seven days of arrival. This education is delivered in a classroom setting and is documented through the signatures of the incarcerated individuals on the Report of Inmate PREA Training Participation Form 115.33. The auditor reviewed training records for 20 incarcerated individuals and found that all had received the required PREA education refresher during orientation, and in all but one case, the training was received within the first week of arrival. The individual's receipt of the pamphlet "The Prevention of Sexual Abuse in Prison; What Inmates Need to Know" is captured on Form #4021A at both the intake facility and at the permanently assigned facility upon transfer. The auditor reviewed file records for the same 20 incarcerated individuals, and each file was documented by signature they had received the pamphlet during intake upon arrival to Queensboro Correctional Facility.</p> <p data-bbox="240 2074 1485 2134">115.233(c): DIR #2612 establishes policy to ensure compliance with Title II (Subtitle A) of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the New York State Human Rights Laws prohibiting state and local entities</p>

from discriminating against any qualified individual with a disability in their programs, services, and activities, and utilizing methods of program administration that have the effect of subjecting individuals with disabilities to discrimination. Programs and services provided to incarcerated individuals by DOCCS must ensure accessibility and usability by qualified individuals in the most integrated setting. The facility provided the Inmate Education & Orientation Film Facilitator Guide and the DOCCS Inmate Orientation Films Facilitator Training for review, and both state, "The agency shall provide [incarcerated individual] education in formats accessible to all [individuals], including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to [individuals] who have limited reading skills." If an individual has difficulty understanding the written material due to a disability or limited reading skills, appropriate staff shall provide assistance. A memorandum from AC Effman directs that the PREA orientation and education are to be provided orally or in writing in a language clearly understood by the individual and that accommodations for those with sensorial disabilities, the DOCCS has a responsibility to provide equal access. Audio education is available to the visually impaired through CDs and cassette tapes. Facility staff, the Office of Cultural and Language Access Services staff interpreters, and a Language Line Service are available for use by facility staff for interpretation services when needed. Four facilities within the DOCCS have been identified to provide comprehensive accommodations to individuals with serious sensory, physical, hearing, visual, and cognitive impairments. Queensboro Correctional Facility is not a designated facility.

DIR #2612 ensures for individuals who are deaf or hard of hearing, who primarily communicate in sign language, a sign language interpreter certified by the National Registry of Interpreters for the Deaf or other National or New York State credentialing authority, or a sign language interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary will be provided. There were no incarcerated individuals assigned to the facility with a disability for the auditor to interview. This was further confirmed through interviews with the Superintendent and HSA.

DIR #4490 establishes policy and procedures to ensure that all individuals with LEP have meaningful access to programs, services, and benefits. The directive further requires that LEP individuals will have access to vital documents, which include PREA complaint documents and procedures. The agency maintains a contract for interpreting services through Language Line Services, Inc., which was provided for the auditor's review. Additionally, designated bilingual staff interpreters are available to assist individuals with interpretation. The PREA Education Film "Ending Sexual Abuse Behind the Walls: An Orientation" is provided in DVD format appropriate to the gender classification of the facility and with tracks and captioning in English, Haitian Creole, Italian, Korean, Mandarin Chinese, Polish, Russian, and Spanish. A sample of the video's transcript was provided to the auditor for review. Interviews with the intake staff at Queensboro confirmed that the facility provides each individual coming into the facility with The Prevention of Sexual Victimization in Prison, What You Need to Know pamphlet. Delivery of this pamphlet to the individual is documented on the Draft Receipt, form 4021A, with the appropriate language circled if issued in other than English. This pamphlet has been translated into and is printed in English, Bengali, Chinese, Korean, Russian, Spanish, Haitian/Creole, Polish, Yiddish, Arabic, and Italian. These pamphlets were also observed by the auditor in various common areas of the facility, including the intake area, library, and resource areas. Additionally, the PREA video "Ending Sexual Abuse Behind the Walls: An Orientation" is available in English, Spanish, Haitian-Creole, Russian, Polish, Italian, Chinese, Korean, and closed caption and is gender-specific. Interviews with the AC/PREA Coordinator, PCM, healthcare staff, security staff, and counseling staff indicated appropriate assistance is provided to individuals when needed to ensure meaningful communication. When interviewing staff, all employees indicated their knowledge of the Language Assistance Line. Interviews with the AC/PREA, ADS/PCM, ORCs, healthcare staff, and security staff indicated appropriate assistance is provided to individuals when needed to ensure meaningful communication. When interviewing staff, all employees indicated their knowledge of the Language Assistance Line.

The auditor selected three incarcerated individuals who were listed as LEP to interview. The facility has designated staff interpreters who are bilingual in Spanish, one of whom assisted with interpretation during interviews with the two Spanish-speaking individuals. The auditor offered these two incarcerated individuals the option of a staff interpreter or using the Language Line Service, and both opted to use the staff interpreter. The third incarcerated individual selected for an interview was fluent in English as a second language and did not need an interpreter. One of the Spanish-speaking individuals stated that he did not understand written English and had not received the PREA information in Spanish. When his intake record was reviewed, there was no indication that he received the video or the Sexual Awareness brochure in Spanish. At the auditor's request, the facility corrected this on the spot, and an ORC delivered the PREA education and the brochure to the individual that day and provided the auditor with signed documentation evidence. When speaking with individuals who are LEP, they informed the auditor that their inability to speak English fluently has not affected their ability to participate in any facility-based services, including the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. An interview with the Deputy Superintendent of Programs (DSP), ADS/PCM, and Draft Sergeant confirmed that in the future, they would ensure that LEP individuals receive a brochure and PREA education in a language of their understanding. It was also confirmed through interviews that there are two ORCs at the facility who are designated Spanish interpreters, and the Spanish-speaking individuals are assigned to their caseload.

115.233(e): The DOCCS ensures that key information is continuously and readily available or visible to individuals through posters, handbooks, or other written formats. The auditor observed both the Report Sexual Abuse poster and the gender-specific zero-tolerance posters posted in multiple languages in the housing units and other common areas accessed by

incarcerated individuals, staff, and visitors, such as intake, program areas, library, medical, and public areas such as the visiting area, and visitor hospitality areas. Additionally, the auditor observed posting throughout the facility of the PREA Brochure Language Guide that informs of the seven languages that the pamphlet is available. These brochures were observed in multiple locations throughout the facility, including the library, education/program areas, and intake. The auditor observed a variety of culturally diverse, informative PREA posters throughout the facility in various languages. Some of these posters address the zero-tolerance, others indicate how to access victim advocacy services, and a third poster specifically for reporting includes: "Report Sexual Abuse" in large lettering with a paragraph about reporting on the left in English and the right in Spanish and "Report Sexual Abuse" translated in Mandarin Chinese, Haitian-Creole, Italian, Korean, Polish, and Russian across the bottom.

Based on review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard and exceeded the requirements based on the extensive training curriculum and the multiple translations for conveying the Department's zero-tolerance and sexual safety program.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1490 398">Evidence Reviewed: Notice to Auditor, Specialized Training Investigations; PREA Specialized Training Investigations; Investigating Physical and Sexual Abuse in an Institutional Setting; NIC Investigating SA in Confinement Overview; RTF Investigating Physical and Sexual Abuse; KHRT for Course 17072 OSI Investigators Trained; RTF Investigating Physical and Sexual Abuse; Information Obtained from Interviews.</p> <p data-bbox="242 430 1484 656">115.234(a): In accordance with OSI Policy Manual Chapter 5, in addition to the general training provided to all employees and discussed in 115.31, the agency ensures its investigators receive training in conducting sexual abuse investigations in confinement settings. All new OSI/SCD Investigators attend Basic OSI Investigator School, which includes the following curricula: DOCCS OSI Overview Training, NIC PREA course Investigating Sexual Abuse in a Confinement Setting initial and advanced, and Communicating Effectively and Professionally with LGBTI Offenders. OSI-specific training is documented utilizing the RTF-PREA submitted to and maintained by the OSI Training Coordinator. Annually all OSI/SCD Investigators complete the Sexual Abuse Investigations and PREA Update and evidence collection training.</p> <p data-bbox="242 687 1484 1216">115.234(b): The auditor review of the specialized training curricula discussed in section (a) above reveals instruction for 1) conducting sexual abuse investigations in confinement settings; 2) techniques for interviewing sexual abuse victims; 3) proper use of Miranda and Garrity warnings; 4) sexual abuse evidence collection in confinement settings; 5) criteria and evidence required to substantiate a case for administrative action or prosecution referral. consistent with the requirements of this standard. OSI Policy Manual establishes that OSI members interact with complainants in a victim-focused manner, meaning systematically focused on the needs and concerns of victims to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Additionally, and in accordance with the relevant provisions of NYS Executive Law 838-a, OSI/SCD staff shall be trained in trauma and victim response through a program meeting minimum standards established by the division of criminal justice services, following appropriate guidelines on evidence-based, trauma-informed practices. Additionally, each investigator must receive other designated internal investigations training, outside interview training, and online NIC investigations training. The Investigating Sexual Abuse in a Confinement Setting course is taken as part of every investigator's initial training. At a subsequent date and after they have gained substantial investigative experience, each investigator takes PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. All OSI/SCD Investigators receive the required training prior to being assigned a case. In addition to the in-house training, investigators also receive outside interview training provided by other law enforcement entities and training to become certified evidence collectors.</p> <p data-bbox="242 1247 1484 1574">115.234(c): DOCCS maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations through participation rosters and hours entered into the training database upon completion. Training records are maintained by the OSI Training Coordinator in Central Office. There are 31 investigators state-wide in the Department, and training records were provided for all 31 Investigators to provide evidence of the general and specialized training. The auditor interviewed two OSI Investigators who are responsible for investigating allegations for Queensboro Correctional Facility and they were both found to be very knowledgeable and well trained in conducting investigations. They articulated the required steps covered in the training materials and agency policies. Cases are assigned to the designated investigator and once the investigator completes a case, it is presented to the Assistant Deputy Chief who works with NYSP/BCI and the local District Attorney in making the final disposition on assigning for a criminal investigation. All completed investigations are reviewed by the Assistant Deputy Chief prior to the case being submitted for closure.</p> <p data-bbox="242 1606 1452 1697">Based on review and evaluation of the evidence stated, Queensboro CF and DOCCS demonstrated compliance with all provisions of this standard; additionally, based on the stringent training requirements of the Sex Crimes Division over and beyond the requirements of this standard, the DOCCS is found to exceed requirements of this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 365">Evidence Reviewed: 7.000 40-Hour Orientation and Initial Employee Training; 7.150 Orientation Program for Per Diem and Non-Departmental Employees; RTF-PREA Introduction Transfer; MOU with OMH; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 398 1490 857">115.235(a): Medical and Mental Health providers receive Inmate Sexual Assault Post Exposure Protocol/PREA, published by the DOCCS Infection Control Unit which includes: (1) How to detect and access signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This specialized training curriculum was reviewed by the auditor confirming it to be conclusive of all stated objectives and consistent with 115.35 requirements. In addition, this lesson covers related agency medical and investigative policy and procedures and encourages a collaborative, victim-centered approach to assessing sexual abuse incidents. This program is designed to increase the employee's knowledge of this protocol so that he/she can adopt work practices that will maintain a high level of care for the incarcerated population. According to the Memorandum of Understanding between the New York State Office of Mental Health (OMH) and the DOCCS dated 09/14/16, DOCCS provides a standardized orientation to all new OMH employees working in correctional facilities. All full and part-time OMH employees working in any DOCCS facility participate in this training as required by this standard. Additionally, all full and part-time mental health care practitioners are required to participate in specialized training provided by DOCCS as required by PREA, 28 C.F.R. § 115.35.</p> <p data-bbox="242 891 1465 949">115.235(b): Forensic examinations are not conducted by DOCCS staff; individuals are taken to the nearest hospital for this service, as supported by agency policy and interviews with the HSA, Superintendent, and ADS/PCM.</p> <p data-bbox="242 983 1465 1072">115.235(c): The auditor's review of the DOCCS Course Completion Records for Course 17083, PREA Training for Medical and Mental Health Providers, indicated all ten health care practitioners and two agency nurses regularly assigned to the facility have received the training as required.</p> <p data-bbox="242 1106 1490 1498">115.235(d): Training Manual 7.000, requires all full and part-time medical and mental health employees to attend civilian (non-peace officer) training. This training consists of the Initial Employee Training Program (code 27018) including the following classes: 35029 Sexual Abuse Prevention and Response (3 Hours) and provided the Policy on the Prevention of Sexual Abuse of Offenders by their job-specific immediate supervisor. Training Manual 7.150 establishes training requirements for the OMH and states, "Per diem employees must also sign two Report of Training Forms (RTFs) – a general RTF for the full 16 hours of orientation (code 27012) and the specific RTF for the Sexual Abuse Prevention and Response Introduction/Transfer Video (17093). The forms will be submitted together as separate hours will not be credited for the video. A copy of the signed RTF PREA must be forwarded to the appropriate PREA Compliance Manager." All employees receive training on DOCCS's zero-tolerance policy for sexual abuse and sexual harassment, and how to fulfill their responsibilities. No employee can begin their work assignment without first completing this mandatory training. Refresher training is provided every other year and each year refresher information training is provided via a training bulletin and the Commissioner's policy statement on the Prevention of Sexual Abuse of Incarcerated Individuals and Parolees.</p> <p data-bbox="242 1532 1490 1621">The auditor interviewed the HSA and three medical staff. All staff was knowledgeable about the training received and they all confirmed having received the general training upon hire and then annually at in-service as well as the specialized training. A review of their training documentation provided evidence the training has been completed.</p> <p data-bbox="242 1655 1477 1713">Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with the provisions of this standard.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 365">Evidence Reviewed: DIR #4027; DIR #4021/Form 4021A; DIR #4401; FOM #9014, SSPPM #115.41; PREA Risk Screening; PREA Risk Screening Form Female/115.41F Male/115.41M; Gender Identify Interview Form,115.41GI; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 398 1485 925">115.241(a): SVPPM #115.41 establishes that in accordance with PREA Standard 115.41/241, all incarcerated individuals will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other incarcerated individuals or sexually abusive towards other incarcerated individuals. DIR #4021 directs the statewide PREA Risk Screening process and requires screening upon admission to a facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Additionally, each individual shall be initially assessed by a Security Supervisor for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals using the gender-appropriate PREA Risk Screening Form #115.41M or Form #115.41F, in accordance with the facility-specific PREA Risk Screening Facility Operation Manual (FOM), upon transfer to another facility. Queensboro Correctional Facility's local operating procedure FOM #9014 outlines the protocols for conducting risk screening at the local facility. It is the policy of Queensboro Correctional Facility that all incarcerated individuals received into Queensboro Correctional Facility shall be screened by a Sergeant or above 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 ADS/PCM shall make a final risk assessment determination ordinarily within 30 days of the incarcerated individual's arrival at the facility. When the ADS/PCM is absent from the facility, the PREA Point Person shall act in their place with respect to the implementation of PREA Risk Screening procedures. The facility reports that 395 individuals were screened upon arrival at Queensboro Correctional Facility during the audit period.</p> <p data-bbox="240 958 1485 1081">115.241(b): As established by FOM #9014, all individuals transferring into Queensboro Correctional Facility shall be screened by a Sergeant or above within 24 hours of arrival at the facility. The auditor's review of risk screening documents confirmed that this practice is well-implemented. Based on a review of 34 screening forms, all were completed on the date of arrival to the facility. This policy and practice exceed the 72-hour requirement of this standard.</p> <p data-bbox="240 1115 1485 1272">115.241(c): SVPPM #115.41 establishes that consistent with recommendations from the U.S. Department of Justice, the PREA Risk Screening shall address the risk factors as delineated in 115.41(d)(1-9) of the standards. The DOCCS PREA Risk Screening Form #115.41M/F was reviewed by the auditor and is a comprehensive, fact-finding, and objective instrument. The instrument allows for recording the responses of the individual and allows for multiple levels of review once the instrument is completed and forwarded to the designated reviewers.</p> <p data-bbox="240 1305 1485 1529">115.241(d)(e): DOCCS's PREA Risk Screening Form #115.41M includes questions for all criteria (1-9) of provision (d) of the standard to be considered during screening. Element 10 is not assessed because the Department does not hold individuals solely for civil immigration purposes, although this question is captured on each risk screening instrument. Additionally, the instrument includes questions to collect data for assessing sexual abusive behavior risk and considers a) convictions of a crime related to sexual abuse of another incarcerated individual, detainee, or resident; b) known history of committing institutional sexual abuse; c) convictions of a violent offense; and d) known history of committing institutional violence. This information is obtained from the individual's DOCCS records and from answers provided by the individual.</p> <p data-bbox="240 1563 1485 1921">Each incarcerated individual who identifies as transgender, intersex, or gender non-conforming/gender nonbinary during their PREA risk screening (Section A question 7b), or who has a diagnosis of Gender Dysphoria or Intersex (identified via extended classification codes) shall be screened by the Offender Rehabilitation Coordinator using the Gender Identity Interview (Form 115.41GI) and given the opportunity to voluntarily disclose information concerning their gender identity, expression, and preferences, including how they would like their gender identity to be reflected in DOCCS electronic records. Per Directive #4401, Form 115.41GI will be reviewed, verified as current and accurate, or updated at each Case Plan Review, or, as necessary, at any time there is a change in circumstances. Risk Screening requires asking the incarcerated individual questions regarding their sexual orientation, gender identity, and gender expression. The risk screening process also requires making a subjective observation of the individual's gender expression. Annexed as Appendix A is a Glossary of Terms to assist in this process. Form 115.41GI is only used for individuals who have Gender Dysphoria or who are transgender, intersex, or gender non-conforming/gender nonbinary.</p> <p data-bbox="240 1955 1485 2145">115.241(f): DIR #4021 establishes at the Department-level each individual shall be re-assessed by an ORC for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals using the gender-appropriate PREA Risk Screening Form #115.41M or Form #115.41F, in accordance with the facility-specific PREA Risk Screening Facility Operation Manual. FOM #9014 establishes that the Supervising Offender Rehabilitation Coordinator (SORC) shall distribute the initial assessment screening form to the incarcerated individual's assigned ORC for a reassessment review. The reassessment review shall be completed within 14 days by updating the original screening based</p>

upon a review of records and any additional available relevant information. A final risk assessment determination shall ordinarily be made by the ADS/PCM or PPP (if the ADS PREA Compliance Manager is away from the facility) within 30 days of the incarcerated individual's arrival at the facility. If the available information differs from the information on the intake screening form, or the records reflect a change in responses that are relevant to the assessment of the incarcerated individual's risk of victimization or abusiveness, the ADS/PCM or PREA Point Person shall conduct a follow-up interview to complete the risk assessment. The ADS/PCM or PREA Point Person shall review all available information and render a determination whether the incarcerated individual is at High Risk of Sexual Victimization, High Risk of Being Sexually Abusive, both, or neither. The facility reports that 395 individuals were rescreened within 30 days of arrival at the facility within the audit period. The auditor reviewed 34 screening forms and found 33 had an assessment review by an ORC within 14 days and a review by the ADS/PCM within 30 days, and one had just arrived, so a review was not yet due at the time of the audit. The policy and practice of having an ORC review within 14 days and the ADS/PCM review the screening results within 30 days is above and beyond the requirements of this standard.

115.241(g): DIR #4021 requires the assigned ORC to review the intake screening and to reassess the incarcerated individual's risk of victimization or abusiveness based upon any additional, relevant information not available to the Sergeant or received by the facility since the initial assessment. The reassessment may be conducted in whole or in part in conjunction with the initial interview. The ORC shall ask the incarcerated individual questions 1, 7, 8, and 9, and record their own subjective observation regarding gender expression under question 7d on Form 115.41M during the Initial Interview, even if that information is documented in available records.

115.241(h): FOM #9014 establishes that individuals are not to be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to the PREA Risk Screening process. Language is also printed on the Risk Screening Form that individuals cannot be disciplined for refusing to answer or not completely disclosing information. Interviews with the Draft Sergeant, ORCs, and ADS/PCM confirmed that this never occurs.

115.241(i): Sensitive information collected during the risk screening process is controlled and disseminated only as needed to appropriate parties to ensure proper care, housing, and other assignments for the protection of the individual and others. The Risk Screening Form includes language that directs, "information contained on this form shall not be disclosed to anyone other than to the extent necessary to make security classification, housing/placement, programming, treatment, investigation, and other security and management decisions". FOM #9014 requires all PREA risk screening interviews shall be conducted in a private setting. There were no new arrivals processed during the site visit, but the Draft Sergeant provided a simulation of the processes used when new arrivals are processed, and this included a private, one-on-one interview in the Draft Sergeant's office for purposes of conducting the risk screening. Dissemination of the screening information is limited to the PPP, Watch Commander, ADS/PCM, ORCs, and Executive staff. Observation during the site visit and interviews with all concerned parties confirmed the risk screening forms are kept in the incarcerated individual's file in a locked file cabinet in a secured file room with only the identified persons listed above having access. Staff interviews confirmed their awareness that any sensitive information is to be kept confidential and shared only with those with a need to know.

Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with the provisions of this standard. The policy and practice of screening new arrivals within 24 hours and the two-level reassessment/review process within 30 days for each individual is above and beyond the requirements of this standard.

115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1490 398">Evidence Reviewed: DIR #4009; DIR #4021/Form 4021A; DIR #4027; DIR #4401; FOM #9014; SVPPM #115.42; Form #115.42 and #115.42TS, Report of Risk Screening Results; PREA Risk Screening Form Female/115.41F Male/115.41M; Gender Identity Interview Form 115.41GI; Shower Policy Memorandum; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 432 1490 958">115.242(a): SVPPM #115.42 establishes that in accordance with 115.42/242, the Department shall use information from the risk screening, including any change of circumstances reassessment, outlined in the SVPPM 115.41, to inform housing, bed, work, education, and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. FOM #9014 requires that information from the risk screening will be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. An incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive" shall be made available to staff only as necessary in furtherance of the goal to keep separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. ADS/PCM or PREA Point Person (if the ADS PREA Compliance Manager is away from the facility) shall complete Form 115.42TS to notify appropriate staff of an incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive." A copy of Form 115.42 shall be provided to the Movement and Control Officer, who shall use the information to inform housing and bed assignments; and the Program Committee Chairperson, who shall use the information to determine appropriate work, education, and program assignments. Interviews with the ORCs, Watch Commanders, DS/S, DS/P, DS/A, and ADS/PCM confirmed this procedure and explained to the auditor how this information is used in making placement decisions.</p> <p data-bbox="242 992 1490 1417">115.242(b): The ADS/PCM and PPP have the authority to recommend individualized determinations about ensuring the safety of individuals based on information obtained from their risk screening instruments. Individuals determined to be at high risk for victimization are interviewed, followed by periodic spot checks by the ADS/PCM, and the individual's own views of safety are given serious consideration with regard to safety. Bed or housing moves and adjustments to programming/work/education assignments may be recommended in order to ensure the safety of the individual. Information from the Gender Identity Interview Form 115.41GI is also used to assist the Department in making an individualized assessment of the incarcerated individual's placement and program assignments in order to maximize the incarcerated individual's safety. There were no Two samples of the Form 115.41GI form were provided for the auditor's review, and screening forms for three transgender individuals were provided to the auditor for review. Documentation on the risk assessment forms and a review of documentation for individuals who were considered high risk for victimization confirmed this practice is well established. Interviews with the Superintendent, Draft Sergeant, ORCs, DS/S, DS/P, and ADS/PCM further confirmed that individualized determinations about ensuring the safety of incarcerated individuals are made as routine practice.</p> <p data-bbox="242 1451 1490 1910">115.242(c): DIR #4401 requires upon request from an individual who identifies as transgender or intersex for a transfer from a male-classified facility to a female-classified facility, or vice versa, the assigned ORC shall complete an updated Form #115.41GI, documenting the individual's responses to questions regarding their gender identification, expression, and preferences, as well as their statement regarding their safety in connection with their housing and placement. The ORC shall notify the SORC upon completion of the updated Form #115.41GI, who will notify the Deputy Superintendent for Program Services (DS/P) and the facility's designated ADS/PCM. The DS/P shall notify the Director of Classification and Movement of the individual's request via electronic mail, including the completed Form #115.41GI and the most recently completed gender-appropriate PREA Risk Screening Form #115.41M/F, which shall be used to assist the Department in making an individualized assessment of the individual's placement and program assignments, in order to maximize the individual's safety. The request will be forwarded to the Central Office Transgender Placement Review Committee for a case-by-case assessment. Housing assignments by gender identity will be made when appropriate. The auditor interviewed the DSP, ADS/PCM, and Superintendent and confirmed that there had been no requests from individuals at Queensboro Correctional Facility for a transfer to a female facility within the audit period; however, each interviewee explained the procedures to follow should a request be received.</p> <p data-bbox="242 1944 1490 2134">115.242(d): DIR #4401, FOM #9014 establishes that for transgender or intersex individuals, the Gender Identity Interview Form 115.41GI will document the incarcerated individual's statement regarding their safety in connection with decisions regarding their housing and placement Information from the Gender Identity Interview Form 115.41GI will be used to assist the Department in making an individualized assessment of the incarcerated individual's placement and program assignments in order to maximize the incarcerated individual's safety. In accordance with DIR #4803, for all individuals, a job assignment and programming review and update are conducted by the Classification Committee Chairperson every six months, who then</p>

recommends appropriate changes to the DS/P. This is documented in the individual's case notes within the computer database and was confirmed during interviews with the DS/P and ORCs

115.242(e): DIR #4021 establishes that a transgender or intersex individual's own views with respect to his or her own safety shall be given serious consideration. DIR# 4009 establishes authorization statewide for transgender and intersex individuals to be given the opportunity to shower separately from other incarcerated individuals. FOM #9014 establishes local directive that the Gender Identity Interview Form 115.41GI provides the opportunity for an incarcerated individual who is transgender or who has been diagnosed with Gender Dysphoria or an Intersex Medical Condition to request to shower separately from other incarcerated individuals as provided for in Directive #4009. Additionally, a memorandum was issued by the DS/S to all security staff instituting a local procedures. During facility shower hours individuals approved for separate showering in accordance with DIR #4009, can make a request to the unit officer to shower alone during between 6:00 a.m.-6:30 a.m., 8:00 p.m.-9:00 p.m.; the medical shower area located on the 2nd floor is also available for use in the evening pon the individuals' request. Based on interviews with the ADS/PCM, PREA Point Person, and incarcerated individuals and the auditor's review of 115.41GI forms in place at the time of the site visit, there were no individuals who had requested to shower separately from other individuals at this time.

115.242(f): DIR #4021 establishes that an individual who identifies as transgender or intersex will not be placed in a gender-specific facility, housing unit, or program based solely on their external genital anatomy. The auditor conducted an analysis of the housing assignments of individuals identified as being lesbian, gay, bisexual, transgender, or intersex and concluded that Queensboro Correctional Facility has no dedicated unit or wing for housing individuals with this identification or status. Individuals of all SOGI are housed in a variety of units and wings throughout the facility.

Based on review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard.

115.251	Resident reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1481 362">Evidence Reviewed: DIR #4027; Employee Manual; Sexual Abuse Prevention and Response Training; OSI Poster - Phones 444; Prevention of Sexual Abuse in Prison; ACOC Letter; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 398 1493 891">115.251(a): DIR #4027 establishes that the Department provides multiple internal ways for incarcerated individuals and releases to privately report sexual abuse and sexual harassment, retaliation by other incarcerated individuals, releases, or staff for reporting sexual abuse and sexual harassment, unauthorized relationships, and staff neglect or violation of responsibilities that may contribute to such incidents. Incarcerated individuals and releases may report to OSI. Reports may be made by writing to the DOCCS Office of Special Investigations, 1220 Washington Ave., Building 4, Albany, NY 12226-2050. Reports can also be made to the OSI Reporting Line by dialing 444 on the incarcerated individual telephone system during regular business hours. Calls to 444 are not monitored by facility staff. Releasees and family members may also contact the OSI reporting line at 1-844-(OSI-4NYS, via email to OSIComplaint@doccs.ny.gov, or by submitting an online complaint at https://doccs.ny.gov/doccs-office-special-investigations-osi. Reports can be made directly to the facility's designated PCM or PREA Point Person, or any SORC or their ORC, Chaplain, security staff person, medical staff, or any other employee. The interviews with incarcerated individuals, both targeted and random, confirmed widespread awareness of the multiple options to report any incident or concern regarding PREA. Most of the individuals mentioned the availability of posters throughout the facility being easily accessible and provided the contact information for making a report. The auditor's review of the three allegations that were made during the audit period found that one was made directly to OSI using the 444 reporting line.</p> <p data-bbox="240 927 1485 1182">115.251(b): DIR #4027 establishes that incarcerated individuals and releases may also report to the State Commission of Correction (SCOC), a separate State office that is not part of the Department, by writing to State Commission of Correction, Alfred E. Smith State Office Building, 80 South Swan Street, 12th Floor, Albany, New York 12210. Incarcerated individuals may use privileged correspondence for this purpose. The SCOC will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized relationships to OSI. An incarcerated individual or release may request that the SCOC allow them to remain anonymous and the SCOC will not include their name in the report. This method is further confirmed by the Letter of Agreement from SCOC Chairman Beileinm to Acting Commissioner Annucci, dated May 24, 2017, provided for the auditor's review.</p> <p data-bbox="240 1218 1485 1406">115.251(c): DIR #4027 and Employees' Manual, Section 2.20 require staff to accept reports of sexual abuse, sexual harassment, and unauthorized relationships made verbally, in writing, anonymously, and from third parties. Any verbal reports are to be promptly documented and forwarded for investigation. This information is also covered in the Sexual Abuse Prevention and Response Training that is mandated for all staff prior to assuming any duties for the DOCCS. Based on the auditor's review of the two allegations made during the audit period, neither allegation was made verbally to a staff member, but two were made in writing through the "kite" system (1-alleged victim reported/1-anonymous).</p> <p data-bbox="240 1442 1493 1568">115.251(d): The Sexual Abuse Prevention and Response Training for staff inform all employees that reports may be made privately by calling DOCCS OSI/SCD at 518-457-2653 or by email at specialinvestigations@doccs.ny.gov. This information is also listed on the Pocket Card distributed to all staff to use for quick reference. Staff interviews confirmed that they are aware they may go outside of their chain of command and report misconduct privately through this method.</p> <p data-bbox="240 1603 1473 1657">Based on a review and evaluation of the evidence listed, Queensboro CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4040; Information Obtained from Interviews.</p> <p>115.252 (a-g): Based on the auditor's review of DIR #4040, DOCCS is exempt from this standard. The auditor interviewed the Grievance Program Supervisor, who confirmed that a report of sexual abuse/harassment received on a grievance form would be handled as a written report and forwarded immediately to the Watch Commander, ADS/PCM, and DS/S.</p> <p>Based on the review and evaluation of the stated evidence, Queensboro CF and DOCCS are compliant with this standard through non-applicability.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1485 360">Evidence Reviewed: DIR #4423; DIR #4404; DIR #4421; Implementation of Statewide Rape Crisis Hotline; Help for Victims of Sexual Abuse Notices (English/Spanish); Victim Support brochure, DC132 English/Spanish; NYSCASA Contract with OVS; Unity House Hotline Contract; OVS-OPDV MOU; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 396 1485 723">115.253(a): SVPPM #115.53 establishes that the DOCCS, in partnership with State and non-governmental partners, makes available emotional support and victim advocacy services for incarcerated survivors of sexual victimization. The services are provided by community-based Rape Crisis Programs, including, but not limited to, a network of partner PREA centers. The DOCCS Rape Crisis Hotline is intended to provide crisis counseling and referrals for emotional support and victim advocacy services for incarcerated survivors of sexual victimization, regardless of where and when the victimization occurred. The PREA Rape Crisis Hotline is not a reporting hotline, and an incarcerated individual does not need to make a report to use the service. Ongoing emotional support and advocacy services are available through partner PREA Centers. PREA Centers are community-based rape crisis programs that, through a series of contractual agreements, employ rape crisis counselors, therapists, and advocates to provide services to incarcerated clients. These services include confidential support services, trauma-informed counseling, and victim advocacy via telephone, privileged correspondence, and in-person services.</p> <p data-bbox="240 754 1469 1046">Incarcerated individuals can contact the statewide hotline for rape crisis services, trauma-informed counseling, emotional support, or victim advocacy by dialing 777 on incarcerated individual self-dial phones and static tablets unless they have a sanction imposed as a result of a disciplinary hearing, Superintendent's hearing or other restriction. Calls to 777 or a PREA Center for the purpose of seeking or receiving services, counseling, or assistance concerning any sexual offenses, sexual abuse, incest, or attempts to commit sexual offenses, sexual abuse, or incest, as defined in the Penal Law are confidential under CPLR 4510. Hotline staff must report if the caller reveals the intent to commit a crime or harmful act, or in the case of suspected child abuse or maltreatment. If the incarcerated individual requests ongoing emotional support or advocacy services, the hotline provider will make a referral to the rape crisis program identified for the caller's facility pursuant to the relevant contract.</p> <p data-bbox="240 1077 1485 1440">An incarcerated individual can request ongoing rape crisis services, emotional support, or advocacy by requesting it via the hotline, writing to the PREA Center, or requesting that the ADS/PCM or PREA Point Person at their facility facilitate contact with the PREA Center. If a request is made for communication with a Rape Crisis Program that is not a PREA Center, additional verification of appropriate certification may be required and, therefore, shall be forwarded to the AC/PREA for approval. An incarcerated individual subject to a disciplinary sanction restricting telephone access may contact a Rape Crisis Program through privileged correspondence or may make a request through the facility's ADS/PCM, designated PREA Point Person, or other designated staff person for assistance arranging a Rape Crisis Program Legal Call. Emotional support/advocacy calls should generally be limited to 30-45 minutes in duration. If the incarcerated client requires more intensive counseling services, the PREA Center/Rape Crisis Program shall work with the facility designee to identify the most appropriate call length to balance the needs of the individual and the needs of the facility. Rape Crisis Program Legal Calls with PREA Centers may be arranged on a recurring basis in keeping with the PREA Center's protocols.</p> <p data-bbox="240 1471 1485 1798">DIR #4423 allows an individual to add an approved Rape Crisis Program to his/her telephone list at any time by submitting a request to his/her assigned ORC. Although the PREA Rape Crisis Hotline 777 is accessible without making an addition to the telephone list. DIR #4404 allows a visit with a representative, including an employee or registered volunteer, of a rape crisis program. This directive defines a Rape Crisis Program as any Local, State, or National organization authorized to provide rape crisis services, victim advocacy services, and emotional support services, including, but not limited to, organizations approved to provide such services in New York State by the Department of Health pursuant to Public Health Law §206(15). DIR #4421 defines Privileged Correspondence as correspondence addressed by an individual to including any local, State, or National organization authorized to provide rape crisis services, victim advocacy services, and emotional support services, including but not limited to organizations approved to provide such services in New York State by the Department of Health pursuant to Public Health Law §206(15).</p> <p data-bbox="240 1830 1453 1960">The DOCCS publishes a Victim Support brochure in English and Spanish that describes the services available, lists the centers with addresses and phone numbers, and provides instructions on how to access these services. The auditor observed the Help for Victims of Sexual Abuse Notices (English/Spanish) posted throughout the facility and the brochures available in the library, intake, ORC offices, and programming areas.</p> <p data-bbox="240 1991 1485 2148">115.253(b): An incarcerated individual shall receive the emotional support/advocacy call at one of the following locations as determined by the correctional facility a) a phone booth that was constructed for the purpose of accommodating legal calls; b) a disciplinary hearing room; c) any other location where the telephone monitored or recorded and where there exists auditory confidentiality. Reasonable steps shall be taken to protect the confidentiality of the incarcerated individual. Calls to 777, PREA Centers, and staff-assisted calls with Rape Crisis Program providers are not monitored by facility staff; however, calls</p>

placed on the incarcerated individual telephone system, including 777 calls and calls to PREA Centers, are recorded and available to OSI Investigators in the event of misuse, and may be used in any resulting disciplinary or criminal proceeding. Incarcerated individuals are advised of the limits to confidentiality on communications using the 777 or with a designated PREA Center through policy SVPPM #4027, postings near the self-dial telephones, and the Victim Support brochure. DIR #4423 provides guidelines for monitoring notices and instructs each facility to post the monitoring notice in English and Spanish adjacent to any telephone to be used by incarcerated individuals. DIR #4404 provides guidance on visits between an incarcerated individual and a representative, including an employee or registered volunteer, or a rape crisis program and provides an area shall be designated for such visits that will ensure the confidentiality of all communications during the visit. The Crime Victims Treatment Center (CVTC) is the local area advocacy group for this facility.

DIR #4421 describes definitions and procedures governing correspondence with a Rape Crisis Program. This procedure directs outgoing privileged correspondence may be sealed by an incarcerated individual, and such correspondence shall not be opened, inspected, or read without express written authorization from the facility Superintendent unless there is a reason to believe that the provisions of this or any directive or rule or regulation have been violated, that any applicable State or Federal law has been violated, or that the content of such correspondence threatens the safety, security, or good order of a facility or the safety or well-being of any person. Incoming privileged correspondence shall not be opened outside the presence of the individual to whom it is addressed and shall not be read without express written authorization from the facility Superintendent, which can only be authorized for the same reasons stated for outgoing privileged correspondence above. The auditor interviewed the mailroom supervisor, who confirmed the procedures at Queensboro Correctional Facility to be consistent with the procedures outlined in DIR #4421. During the site visit, the auditor observed the "Telephone Monitoring Notices" posted near the self-dial telephones on the housing units.

115.253(c): DOCCS is a recipient of benefits of the Memorandum of Agreement between the NYS Office of Victim Services (OVS) and NYS Office for the Prevention of Domestic Violence (OPDV) for the OPDV PREA Hotline Expansion Project that began on October 1, 2018, and, based on the 2021 OVS Grant Renewal Notice for the NYSCASA contract, extends through 09/30/2022. The MOA includes the provision to provide services for incarcerated individuals according to the Prison Rape Elimination Act (PREA) as administered by the DOCCS and OVS. This includes administration of the Hotline for calls received through the 777 speed-dial number, with operation hours between the hours of 8:00 AM and 11:00 PM. This MOA allows calls to be responded to and/or referred per DOCCS and OVS protocols. This contract provides incarcerated victims of sexual abuse with rape crisis counseling, advocacy, and emotional support services; follow-up with individuals who made direct contact seeking rape crisis services via telephone or mail, or as requested by DOCCS (services as outlined in provision (a) narrative above); maintain active confidential communication with New York State Department of Corrections and Community Supervision staff in order to facilitate treatment for incarcerated victims' rights to confidentiality; complete; and participate in training provided by NYSCASA. The facility provided a copy of the Unity House Hotline Contract, which has been secured to replace the existing contract for hotline services upon expiration this year.

Based on review and evaluation of the stated evidence, the DOCCS and facility have demonstrated compliance with this standard; additionally, the Department, through the extensive efforts and participation with the OVS and OPDV to provide consistent, accessible, quality service to the incarcerated population.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">Evidence Reviewed: DIR #4027; DOCCS Website Review; Information Obtained from Interviews</p> <p data-bbox="229 318 1509 685">115.254(a): DIR #4027 provides that the DOCCS has established a method to receive third-party reports on behalf of anyone under the Department's custody or supervision. These third-party reports can be made to any employee. The receiving employee shall immediately forward such report to the facility Superintendent of Bureau Chief. Immediate after-hours reports concerning an incarcerated individual may be made to the facility Watch Commander. Anyone may report an incident of sexual victimization involving an incarcerated individual or a releasee to the OSI through the reporting line by phone at 1-844-OSI-4NYS, via email to OSIComplaint@doccs.ny.gov, or by submitting an online complaint at https://doccs.ny.gov/doccs-office-special-investigations-osi. All reports, including third-party and anonymous reports, are confidential and will be thoroughly investigated. This information is published on the Department's public website, which also contains an online form for complaint submission. The auditor placed a test report through the online system and was contacted by OSI on the next business day.</p> <p data-bbox="229 685 1509 763">Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 398">Evidence Reviewed: DIR #0700; DIR #4027; Employee Manual; Memorandum of Understanding (MOU) between The New York State Office of Mental Health (OMH) and DOCCS; Form #4027RC, Watch Commander Quick Reference Chart; Form #4027CS, Community Supervision Supervisor/Reentry Manager Quick Reference Chart; HSPM #1.01; Form #3102, Health Services Orientation; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 432 1493 723">115.261(a): DIR #4027 establishes that all staff shall report to a supervisor immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the DOCCS and any unauthorized relationship. This duty to report includes any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of a release, whether in a community-based residential program or while under Community Supervision or any unauthorized relationship with a releasee. Additionally, staff must report any acts of retaliation against an incarcerated individual, release, or staff for reporting such an incident or for participating in an investigation of an incident of sexual abuse, sexual harassment or an unauthorized relationship; or any staff neglect or violation of responsibility that may have contributed to an incident of retaliation. The duty to report includes verbal, written, third-party, and anonymous reports, regardless of whether staff personally believe the information to be true or reliable.</p> <p data-bbox="242 757 1477 981">115.261(b): In accordance with DIR #4027, apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary, as specified in DOCCS policy including but not limited to SVPPM 115.61, to make treatment, investigation, and other security and management decisions. This is further reinforced by DOCCS's Employee Manual, Rule 2.20 prohibiting the release of information outside those needed to make treatment, investigation, and other security and management decisions. Random staff interviews and interviews with the executive management team indicated everyone had a thorough knowledge of the expectations outlined in the employee standards of conduct, as well as the importance of enforcement.</p> <p data-bbox="242 1014 1477 1305">115.261(c): The MOU between DOCCS and OMH acknowledges that medical and mental health practitioners, unless otherwise precluded by Federal, State, or local law, are required to report sexual abuse or sexual harassment that occurs in any facility, whether or not that facility is part of DOCCS. Disclosures of sexual abuse or sexual harassment will be reported and referred for an investigation under agency policy and the limitations of confidentiality at the initiation of services. The consent of an incarcerated patient is not required in these cases. HSPM #1.01 establishes that at the time of admission/intake, health staff at each correctional facility provides all incarcerated individuals with a written and oral orientation to the health services available at the facility, the procedure for requesting such services, and the method by which complaints regarding services can be made; this orientation is documented through signature on Form 3102. This information is available to incarcerated individuals with limited English proficiency in a language they can understand.</p> <p data-bbox="242 1339 1477 1429">115.261(d): In accordance with New York Consolidated Laws, Social Services Law - SOS § 488,492, Vulnerable persons' central register, DOCCS is exempt from the vulnerable persons' central register requirements to receive reportable incidents involving covered persons. Queensboro houses no individuals under the age of 18.</p> <p data-bbox="242 1462 1477 1664">115.261(e): DIR #0700 directs the authority to investigate allegations with the OSI/SCD. In accordance with DIR #4027 and pursuant to DIR #0700 and DIR #2111, under no circumstances shall a facility or Community Supervision bureau investigation involving sexual abuse, sexual harassment, or an unauthorized relationship be initiated unless OSI has been consulted. All allegations of sexual abuse, sexual harassment, or retaliation against staff, an incarcerated individual, or a releasee for reporting such an incident or participating in an investigation shall be immediately reported to the OSI, who will assign to the appropriate investigator and ensure the allegation is thoroughly investigated.</p> <p data-bbox="242 1686 1461 1753">Based on review and evaluation of the stated evidence, Queensboro CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Evidence Reviewed: DIR #4948; Form #2158A, Sexual Victimization - Involuntary Protective Custody Recommendation; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="229 353 1509 703">115.262(a): In accordance with DIR #4948, an individual may be placed in either Voluntary or Involuntary Protective Custody, as deemed necessary if it is determined that they are at substantial risk of imminent sexual abuse. Queensboro Correctional Facility does not have a segregation unit due to the mission and type of population. If an individual needs Protective Custody, they will be separated and placed in a temporary holding cell until such time that they can be transferred to a facility for Protective Custody housing. Involuntary Protective Custody will only occur if it is determined that there are no available alternative means of separation from likely abusers and who do not voluntarily accept admission into Protective Custody SStatus. The facility reports that there have been no incidents where an individual has been subject to a substantial risk of imminent sexual abuse at the facility during the audit period. Interviews with the AC/PREA Coordinator, Superintendent, ADS/PCM, DS/A, DS/P, and DS/S confirm the facility will observe the process as indicated in DIR #4948 and that no individual has been placed in Protective Custody for this purpose.</p> <p data-bbox="229 703 1509 795">Based on the review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with the requirements of this standard.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 331">Evidence Reviewed: DIR #4027; Jail Administrators Contact Information; Form #115.63, PREA Allegation Notification Form; Information Obtained from Interviews.</p> <p data-bbox="240 360 1485 723">115.263 (a)(b)(c): DIR #4027 establishes that upon receiving an allegation of sexual abuse that an incarcerated individual was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred, as soon as possible, but no later than within 72 hours, by electronic mail utilizing Form 115.63 with a copy to OSI. When staff is made aware of prior victimization at another jail or prison, the ADS/PCM and designated PPP are to be notified immediately. If the facility where the abuse allegedly occurred is a DOCCS facility, the email will be addressed to the Superintendent of the facility with a copy of the DSS, ADS/PCM, and PPP in addition to OSI. For notification to the NYC DOC, the email shall be addressed to the Deputy Director of Investigation and the NYC DOC PREA Coordinator. Notifications to State correctional facilities or jails from outside of New York State should be addressed to the agency head, facility head, PREA Coordinator, or Investigative Unit of the agency where the incident is reported to have occurred. The SAPEO maintains a current listing of Jail Administrators in New York State and distributes as needed for notification purposes.</p> <p data-bbox="240 752 1474 882">As deemed appropriate, the Superintendent should make a follow-up phone call to the head of the facility or the appropriate office of the agency or facility where the abuse allegedly occurred to confirm receipt of Form 115.63. The DSS of the facility that received the allegation will record the Report of Sexual Victimization log number (if applicable) provided by the facility where the sexual abuse is reported to have occurred, including all pertinent information as specified in DIR #4027.</p> <p data-bbox="240 911 1461 1041">There were no allegations received that were alleged to have occurred at another facility within the audit period. Interview with the AC/PREA Coordinator confirmed the written procedure is implemented, and interviews with the Superintendent, ADS/PCM, and DS/S confirm their knowledge of the procedure and requirement to make the notification of any allegations received in accordance with the directive, using Form #115.63, and within 72 hours.</p> <p data-bbox="240 1070 1453 1131">Based on the review and evaluation of the stated evidence, Queensboro CF and DOCCS have demonstrated compliance with this standard.</p>

115.264	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #4027; Coordinated Response Operations Manual template; Memo Coordinated Response FOM; Watch Commander Sexual Abuse Tracking Sheet; Watch Commander Quick Reference Chart; Sexual Abuse Prevention and Response Training; PREA Pocket Card; FOM 9013 Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.264(a)(b): The DOCCS SAPEO issued a Coordinated Response to Reports of Sexual Victimization template for facilities' use in developing their local coordinated response. This template is mandatory and establishes clear facility-specific guidelines to coordinate actions taken among facility leadership, staff first responders, investigators, and facility medical and mental health practitioners in response to reports of sexual victimization of an incarcerated individual, including sexual abuse, sexual harassment, unauthorized relationships, and related complaints. FOM #9013 establishes that first responders are required to take the following steps: Staff, regardless of title, shall direct the participants to cease the act, separate and maintain direct supervision over the participants; assess the situation; initiate emergency medical response if necessary; request that the reported victim not to take any action to destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; take reasonable steps to ensure that the alleged abuser does not destroy physical evidence; take steps to prevent access to any possible crime scene in the area; immediately notify security supervisor who shall notify the Watch Commander; if a security supervisor is not available, the employee shall immediately notify the Watch Commander directly; ensure that the details are reported in a signed written memorandum to the Watch Commander no later than the end of the shift. The responding security supervisor is then required to take the following steps: request that the reported victim does not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; ensure that the alleged abuser(s) does not destroy physical evidence; arrange to have all reported participants separately escorted to medical immediately regardless of when the incident is alleged to have occurred; update the Watch Commander with relevant information as needed and ensure that the details are reported in a signed written memorandum to the Watch Commander no later than the end of the shift.</p> <p>The Sexual Abuse Prevention and Response training is mandatory for all staff and includes specific training on first responder duties. Various staff interviewed were in possession of the PREA First Responder Pocket Card issued by the facility, which provides the step-by-step instructions for a First Responder to take. All staff interviewed, both security and non-security, were knowledgeable of their first responder duties. The DOCCS makes no differentiation between security and non-security employees with regard to first responder actions to an incident of sexual abuse, and all are trained on the same procedures. Training records confirmed that all staff receives this training during their initial orientation. There were no incidents of sexual abuse that occurred within the audit period that required a full enactment of protocols, although in each case, the staff member receiving the report handled the report responsibly and according to established policies and procedures.</p> <p>Based on the review and evaluation of the evidence stated, Queensboro CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>
---------	--

115.265	Coordinated response
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1465 331">Evidence Reviewed: DIR #4027; DIR #4301; SVPPM #115.65; FOM #9013, Queensboro Correctional Facility Coordinated Response Plan; HSPM #160; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1484 824">115.265(a): Through DIR #4027 and SVPPM #115.65, each facility must maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, agency investigators, and facility leadership. The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Queensboro Correctional Facility Coordinated Response Plan, FOM #9013, was reviewed by the auditor and found to be thorough and comprehensive; and based on the guidance provided by the DOCCS SAPEO template directive. This local directive provides steps required of first responders and responding supervisors and steps to take upon receipt of a third-party and anonymous report. The plan outlines specific duties of the Watch Commander, including a Watch Commander Quick Reference Chart. OSI must be notified on Form 4027RC for allegations of staff on incarcerated individual sexual abuse, unauthorized relationship, and incarcerated individual on incarcerated individual sexual abuse prior to initiating any investigative steps beyond assessment interviews; and in these cases, Form 4027WC, Watch Commander's Sexual Abuse Response Sheet is to be completed. The auditor confirmed during interviews with a Watch Commander from each shift that they are very well trained in handling allegations of sexual abuse/harassment and were able to walk through the coordinated response plan for various scenarios.</p> <p data-bbox="242 853 1492 1216">If the incident is deemed sexual abuse or a sexual assault and has occurred within a time period that still allows for the collection of physical evidence (within 120 hours), the Health Services Staff or the on-duty Physician shall initiate the proper procedures as outlined in HSPM #1.60. This medical evaluation will assist in determining if referral to an outside hospital emergency department is medically indicated on the basis of evidence collection or physical trauma. If an outside medical trip is required, the incarcerated individual will be transported to one of the following SAFE/SANE hospitals unless medical staff determines the incarcerated individual's priority medical needs require transportation to a more appropriate hospital emergency department or medical staff determine that another hospital is more appropriate and upon Health Services confirmation that a SANE/SAFE and a Victim Advocate are available to provide services: 1) City Hospital Center at Elmhurst, 79-01 Broadway, Elmhurst, NY 11373; 2) Queens Hospital Center, 82-68 164th Street, Jamaica, NY 11432; 3) Bellevue Hospital Center, 462 First Avenue, New York, NY 10016. FOM #9013 includes names, phone numbers, and email addresses for the points of contact at each of these hospitals.</p> <p data-bbox="242 1245 1492 1742">Every incarcerated individual involved in an incident of sexual contact must be seen for emergency medical services, regardless of when the incident is reported to have occurred. Medical staff will determine whether the incident is a significant exposure case and provide bloodborne pathogen counseling as medically indicated. Medical staff will also assess the situation to determine if treatment in accordance with HSPM 1.60 is warranted. The medical staff shall complete a Mental Health Referral Form #3150 and provide counseling, as appropriate, regarding post-exposure prophylactic treatment, the need for a forensic medical examination (FME), the availability of a victim advocate during the FME, pregnancy-related services, and the availability of crisis intervention services. If an incarcerated individual is identified as being in need of an immediate referral to OMH, staff shall notify their supervisor and the Watch Commander; otherwise, a regular referral to OMH will be made through medical following the procedures in DIR #4301 and the incarcerated individual will be scheduled for an appointment at the catchment unit. If the Medical Department directs transport to an outside hospital for a SAFE/SANE examination, pursuant to HSPM #1.60 and #7.10, the incarcerated individual will be returned directly to an appropriate facility for off-site infirmary care. The incarcerated individual shall be returned to the infirmary location specified in HSPM 7.10. Queensboro Correctional Facility does not have an infirmary. Ensure the alleged incarcerated individual/victim and additional participant(s) are physically separated by appropriate effective means pending investigation. The ADS/PCM (or other staff designated by the Superintendent) will initiate monitoring for possible retaliation.</p> <p data-bbox="242 1771 1492 1899">Interviews with the Superintendent and ADS/PCM confirmed that the Coordinated Response Plan was developed collaboratively with medical and mental health practitioners, investigators, and facility leadership and that the plan is updated as needed to ensure the information is current. FOM #9013 is disseminated to all affected staff, and a copy is retained in the Watch Commander's office and the medical department for quick reference.</p> <p data-bbox="242 1928 1492 2056">Based on a review and evaluation of the stated evidence, Queensboro CF and DOCCS have demonstrated compliance with the requirement of this standard; additionally, the Department has exceeded this standard by implementing the Coordinated Response to Reports of Sexual Victimization Template, supported by the SVPPM #115.65 providing detailed instructions for facilities to follow, and ensuring consistency throughout the Department.</p>

115.266	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #2110; DIR #2114; Union Contracts Continuation; NYS Governors Office of Employee Relations; Security Supervisors Unit; Professional Scientific Technical Unit; Administrative Services Unit; Institutional Services Unit; Operational Services Unit; NYSCOPBA; Information Obtained from Interviews.</p> <p>115.266 (a): DIR #2110 allows for employees to be suspended from duty pending the outcome of sexual abuse or sexual harassment investigation; When 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 incarcerated individual pending the outcome of the investigation. The interviews with OSI/SCD Investigators and the Superintendent identified various methods that may be used to separate staff from alleged victims during the investigation, including suspension when appropriate. The process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation was explained. The agency has a proven record of terminating employees for engaging in sexual abuse and unauthorized relationships. DIR #2114 establishes that employees of the DOCCS are subject to administrative discipline consistent with § 75 of the New York Civil Service Law or through procedures established in collective bargaining agreements; employees may be suspended from duty consistent with this law or the agreements.</p> <p>The auditor was provided labor contracts with the DOCCS for review; all contracts permit the DOCCS to take appropriate action when warranted, to remove alleged staff sexual abusers from contact with any incarcerated individual pending the outcome of an investigation or a final determination of whether and to what extent discipline is warranted. The contracts permit the agency to suspend an employee without pay or temporarily reassign 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. Based on an interview with the AC/PREA Coordinator, both the agency as well as any other governmental entity responsible for collective bargaining on the agency's behalf are 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 incarcerated individuals pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Based on the review and evaluation of the stated evidence, Queensboro CF and DOCCS have demonstrated compliance with this standard.</p>
---------	---

115.267	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1469 365">Evidence Reviewed: DIR #4027; SVPPM #115.67; Employee's Manual; Protection Against Retaliation Memo; Protection Against Retaliation Tracking Sheet; Retaliation Monitoring Forms (Incarcerated Individuals/Staff); Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 398 1485 557">115.267(a): SVPPM #115.67 establishes the policy of the Department to protect all incarcerated individuals, releases, and staff who report sexual abuse, sexual harassment, unauthorized relationships, or who cooperate with an investigation into such incidents, from retaliation by other incarcerated individuals or staff. Further, it is the policy of the Department to protect any other individual who cooperates with an investigation of sexual abuse, sexual harassment, or unauthorized relationships and who expresses fear of retaliation for doing so.</p> <p data-bbox="240 591 1485 750">115.267(b): SVPPM #115.67 further establishes that each facility shall employ multiple protection measures that may include monitoring staff to protect against unwarranted reassignments, negative evaluations, or retaliation, and as appropriate may include providing a referral to EAP or an appropriate organization for emotional support services. Measures to protect incarcerated individuals may include housing changes or transfers for incarcerated victims, removal of alleged staff or incarcerated abusers from contact with victims, and facilitation of emotional support services.</p> <p data-bbox="240 784 1485 1440">115.267(c)(d)(e): SVPPM #115.67 directs monitoring to continue for a minimum of four months following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of 1) an incarcerated individual who reported an incident of sexual abuse or sexual harassment (including a third-party reporter); 2) an incarcerated individual who was reported to have suffered sexual abuse or sexual harassment; 3) an employee who reported an incident of sexual abuse or sexual harassment of an incarcerated individual. Additionally, if any other individual (staff, volunteer, contractor, incarcerated individual, etc.) who cooperates with an investigation of sexual abuse, sexual harassment, or unauthorized relationships expresses a fear of retaliation, the facility, and Department shall take appropriate measures to protect that individual against retaliation as well. The facility's ADS/PCM will coordinate monitoring to prevent retaliation. The procedures set forth for monitoring have the intent to identify changes that may suggest possible retaliation by incarcerated individuals or staff and include 1) for incarcerated individuals, review of any disciplinary reports, housing or program changes approximately every 30 days with in-person status checks; 2) for staff, review of any negative performance evaluations or reassignments with in-person status checks recommended. The designated PREA Point Person will assist and serve as the backup for monitoring, which shall include seeing monitored incarcerated individuals and staff on rounds and reporting any complaints of retaliatory conduct. The OSI/SCD shall be notified promptly of any complaint or evidence of retaliation, and upon consultation with OSI, the facility shall act promptly to remedy any such retaliation. If the previous period of monitoring indicates a continuing need, the monitoring shall continue for an additional period of 120 days. Monitoring activities are to be documented on Form 115.67-S for staff and Form 115.67-I for incarcerated individuals. The auditor's review of the two case files indicated that one of them had already been released to the community prior to the allegation being received and the other was monitored for retaliation from the time of the report until the individual was released from custody. There was no need for any staff retaliation monitoring based on the review of the case files.</p> <p data-bbox="240 1473 1485 1568">Based on review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard; additionally, the DOCCS has exceeded the requirements of provision (c) by requiring a minimum of 120 days of monitoring where the standard requires a minimum of 90 days.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 365">Evidence Reviewed: DIR #0700; DIR #4027; Notice to Auditor, Criminal and Administrative Investigations; NYSP Superintendent D'Amico PREA Investigatiosn; Criminal Procedures Law, 160.45 Polygraph Tests; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 398 1490 790">115.271(a): Through the power granted under Section 112 of the Correction Law, the DOCCS Commissioner has designated the OSI and its members to assist with the implementation of statutory authority to prevent, detect, identify, expose, and eliminate criminal activity, misconduct, fraud, waste, abuse, corruption, and other improper behavior within the Department. DIR #0700 outlines the general functions of OSI and establishes five major Divisions, one of which is Sex Crimes (SCD). The SCD conducts investigations involving unauthorized relationships and sexual misconduct between incarcerated individuals or releasees and Departmental staff, as well as incarcerated individual-on-incarcerated individual sexual abuse. The SCD coordinates with outside law enforcement and prosecutors in the development of these cases for criminal prosecution and collaborates with others within the Department to ensure compliance with the PREA. Within the OSI Policy and Procedure Manual reviewed by the auditor, all reports of sexual abuse, sexual harassment, and retaliation against an incarcerated individual or staff member for reporting or taking part in an investigation of possible sexual abuse or harassment will be thoroughly investigated. All investigations into allegations of sexual abuse and sexual harassment shall be completed promptly, thoroughly, and objectively, including investigations of third-party and anonymous reports.</p> <p data-bbox="240 824 1477 981">115.271(b): In accordance with OSI Policy Manual and DIR #0700, the DOCCS uses Investigators who have been specially trained in sexual abuse investigations to conduct all allegations of sexual abuse as detailed in the 115.234 narrative of this audit report. The auditor's review of the two ongoing investigations revealed assignment to specially trained OSI/SCD Investigators. The one closed case (sexual harassment against an incarcerated individual) was referred to the OSI/SCD and referred back to the facility for an investigation which was completed under the direction of the OSI Investigator.</p> <p data-bbox="240 1014 1490 1171">115.271 (c): Based on the auditor's interviews with the OSI/SCD Investigators, review of the two open investigative files, one closed case, and requirements of DIR #0700 and the OSI Policy Manual, there is a standard practice for Investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="240 1205 1461 1328">115.271(d): In accordance with the OSI Policy Manual, when the quality of the evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews as set forth in DIR #0102 only after consulting with the Deputy Chief Investigator or Assistant Deputy Chief Investigator and prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="240 1361 1490 1653">115.271(e): The OSI Policy Manual requires the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. The credibility of an incarcerated individual or staff is based on an assessment of the individual's history of institutional behavior, prior allegations, any disciplinary history, and any other factors relevant to the investigation according to the interviews conducted. New York State Criminal Procedure Law, Section 160.45, Polygraph tests, prohibits the DOCCS or any law enforcement agency from requesting or requiring a victim of a sexual assault crime to submit to any polygraph test or psychological stress evaluator examination. The auditor's review of the two ongoing investigations and one closed investigation indicated no truth-telling device was used during the investigation. Interviews with the OSI/SCD Investigators confirmed that credibility assessments are based solely on the individual and not on their status as incarcerated individuals/releasees or staff.</p> <p data-bbox="240 1686 1490 1977">115.271(f)(g): The OSI Policy Manual indicates the OSI Investigator will include information in the investigative report regarding staff action or inaction that may have contributed to the alleged abuse. An evaluation is also made at the facility level as part of the Administrative Review conducted by the Superintendent or designee. The auditor's review of related investigative policies requires a written report which includes the investigative findings for every allegation reported for both criminal and administrative investigations, is required. The report is required to contain the name of the person involved, a thorough summary of the incident, a description of physical evidence and testimonial evidence collected, the reasoning behind credibility assessments, and investigative facts and findings. OSI investigative reports are also entered and tracked in the OSI's electronic case tracking system. Copies of all investigative evidence, where available, are attached in both written and electronic files.</p> <p data-bbox="240 2011 1477 2134">115.271(h): DIR #0700 sets forth a policy that ensures substantiated allegations of conduct are referred to the appropriate person(s) for administrative, disciplinary, and/or prosecutorial action. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The OSI/SCD has the authority and responsibility to refer matters for further civil, criminal, and administrative action to appropriate administrative and prosecutorial agencies. The auditor's interview with</p>

OSI/SCD Investigator and Assistant Chief Investigator confirmed their procedures as outlined in the policy and that cases with sufficient evidence to substantiate criminal charges are presented to the District Attorney for prosecution. There were no cases referred for criminal prosecution during the audit period for Queensboro Correctional Facility.

115.271(i): The electronic case file, including copies of the investigative report and other critical documents, is permanently retained. DIR #2011, Report of Employee Misconduct requires records to be retained for a minimum of seven years.

115.271(j): OSI Policy Manual establishes that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Based on interviews with the OSI Investigators and a review of the two ongoing cases and one closed case, the auditor confirmed an investigation would not be terminated due to the departure of the abuser or victim from the control of the DOCCS.

115.271(l): The DOCCS OSI/SCD is responsible for investigating allegations of sexual abuse; however, Investigators work cooperatively with the Office of the Inspector General Sex Crimes Unit (IG/SCU) and the NYSP/BCI to investigate sexual abuse that may involve criminal conduct. A memorandum to the Superintendent of the New York State Police from the Associate Commissioner of the New York State Department of Corrections and Community Supervision regarding the implementation of the PREA Standards serves to confirm that the New York State Department of Corrections and Community Supervision, Office of the Inspector General (now referred to as Office of Special Investigations), Sex Crimes Unit (SCU) and the New York State Police (NYSP), Bureau of Criminal Investigation (BCI) shall continue to work cooperatively in the investigation of reported incidents of staff on incarcerated individual and incarcerated individual on incarcerated individual sexual abuse that may involve criminal conduct. New York State Department of Corrections and Community Supervision Office of Special Investigations, including Certified Evidence Technicians, will work cooperatively with NYSP with respect to the gathering of physical evidence from the crime scene. Specialized training was confirmed by training records for the New York State Department of Corrections and Community Supervision Certified Evidence Technicians. Based on an interview with the AC/PREA Coordinator/Commissioner's Designee, the Acting Commissioner of the DOCCS has delegated the authority to conduct administrative and criminal investigations to the OSI in accordance with Corrections Law § 112 and DIR #0700. DIR #0700 authorizes and designates the OSI as the official investigative body for all administrative and criminal investigations. The OSI is further charged with ensuring that substantiated allegations are referred to the appropriate person(s) for administrative, disciplinary, and/or prosecutorial action. OSI works cooperatively with the NYSP/BCI in the investigations of reported incidents of sexual abuse that may involve criminal conduct; however, DOCCS has not relinquished this authority to any separate activity. A separate entity is not responsible for conducting investigations. All complaints and information received by OSI relative to possible investigations are documented, reviewed, and processed. OSI/SCD has the authority to refer cases to NYSP/BCI when appropriate and works in conjunction with the local District Attorney's Office for prosecutions. Interviews with the OSI/SCD Investigators confirmed investigative procedures are well established and compliant with all requirements of this standard.

Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with all provisions of this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: OSI Policy Manual, Chapter 21; Information Obtained from Interviews.</p> <p>115.272(a): The auditor's review of OSI Policy Manual, Chapter 21 found evidentiary standards for substantiating an allegation of sexual abuse or sexual harassment shall be a preponderance of the evidence. A review of the specialized training received by all OSI/SCD Investigators includes instruction on how to use the preponderance of the evidence for substantiating a sexual abuse or sexual harassment case. Compliance determination is supported through interviews with AC/PREA and OSI/SCD Investigators. There were no cases closed within the audit period for the auditor to review.</p> <p>Based on the review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with the requirement of this standard.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1457 300">Evidence Reviewed: Notification of Investigative Determination; OSI Policy Manual; Information Obtained from Interviews.</p> <p data-bbox="240 331 1493 591">115.273(a): According to OSI Policy Manual, following an investigation into an incarcerated individual's allegation that they suffered sexual abuse in a DOCCS facility, the Department shall inform the individual as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The OSI/SCD will assign an investigator to provide this notification when the case is ready to be closed upon the conclusion of the case and notify the individual in-person of the result of the case when substantiated. If there were multiple allegations with mixed outcomes, the individual should be advised what allegations were substantiated, what allegations were unsubstantiated, and what allegations were unfounded. If the investigation is pushed back by OSI for the facility to complete, then the DSS or higher authority will provide the outcome of the case to the incarcerated individual once the case is closed and maintain documentation of this notification.</p> <p data-bbox="240 622 1493 981">115.273(b): Based on an interview with the AC/PREA Coordinator/Commissioner's Designee, the Acting Commissioner of the DOCCS has delegated the authority to conduct administrative and criminal investigations to the OSI in accordance with Corrections Law § 112 and DIR #0700. DIR #0700 authorizes and designates the OSI as the official investigative body for all administrative and criminal investigations. The OSI is further charged with ensuring that substantiated allegations are referred to the appropriate person(s) for administrative, disciplinary, and/or prosecutorial action. OSI works cooperatively with NYSP/BCI in the investigations of reported incidents of sexual abuse that may involve criminal conduct; however, DOCCS has not relinquished this authority to any separate activity. A separate entity is not responsible for conducting investigations. All complaints and information received by OSI relative to possible investigations are documented, reviewed, and processed. OSI/SCD has the authority to refer cases to NYSP/BCI, when appropriate, and works with the local District Attorney's Office for prosecutions. Interviews with the OSI/SCD Investigators confirmed procedures are well established and followed in accordance with the OSI Policy Manual and Directives.</p> <p data-bbox="240 1012 1441 1137">115.273(c): According to OSI Policy Manual, in substantiated or unsubstantiated staff-on-incarcerated individual sexual abuse cases, the individual will be informed if the staff member is no longer posted within the individual's unit; if the staff member is no longer employed at the facility; if the staff member has been indicted on a charge related to sexual abuse within the facility or the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="240 1169 1485 1361">115.273(d)(e): According to OSI Policy Manual, in substantiated or unsubstantiated incarcerated individual-on-incarcerated individual sexual abuse cases, the individual will be informed when the alleged abuser has been indicted or convicted on a charge related to the sexual abuse within the facility, or the alleged abuser has been convicted on a charge related to sexual abuse within the facility. These notifications are documented by the Investigator in the case file. The auditor's interview with the OSI/SCD Investigators confirmed these procedures and that there have been no incidents requiring these notifications within the audit period for the auditor to review.</p> <p data-bbox="240 1393 1458 1451">Based on a review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with the provisions of this standard.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1452 331">Evidence Reviewed: DIR #4027; DIR 2110; DIR #2111; Employee Manual; Presumptive Disciplinary Sanctions; Notice to Auditor #115.76 Disciplinary Sanctions for Staff; Information Obtained from Interviews.</p> <p data-bbox="242 362 1485 656">115.276(a): DIR #4027 establishes that any perpetrator of sexual abuse or sexual harassment, any unauthorized relationship, or retaliation related to such an incident or investigation will be dealt with severely through discipline or prosecution to the fullest extent permitted by law. Supporting directives include DIR #2110, and DIR #2111, both indicating that OSI will evaluate the facts and circumstances of a report of staff sexual misconduct and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including removal of the employee from contact with any incarcerated individuals pending the outcome of an investigation. In addition, each employee receives and signs for the DOCCS Employee Manual, which includes the same language, consistent with elements of this standard. The facility reports there were no staff from the facility who have violated the DOCCS sexual abuse or sexual harassment policies within the audit period, which was confirmed by the auditor through interviews with the HRM, Investigators, and Superintendent.</p> <p data-bbox="242 687 1493 1016">115.276(b): Under § 130.05 of NYS Penal Law, an [incarcerated individual] or parolee cannot legally consent to any sexual act with an employee, contract employee, or volunteer (i.e., "staff"). It is a crime for staff to engage in a sexual act with an [incarcerated individual] or parolee. A staff person who engages in sexual conduct, including sexual contact with an [incarcerated individual] or parolee, is guilty of a sex offense even if the [incarcerated individual] or parolee "willingly" participates or manipulates the staff member. Sexual conduct with a person committed to the custody of the Department is a crime whether it occurs inside a correctional facility, during transportation outside a correctional facility, or while the person is a participant in a temporary release program. Any sexual abuse of an incarcerated individual or releasee by a staff member will be prosecuted to the fullest extent of the law. Based on a Memorandum dated February 5, 2016, Deputy Commissioner for Administrative Services Martuscello, "termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an incarcerated individual."</p> <p data-bbox="242 1048 1493 1574">115.276(c): DIR #2111 provides guidance for reporting employee misconduct, recommending appropriate disciplinary action, and for the disciplinary process. When the Office of Special Investigations 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 incarcerated individuals pending the outcome of an investigation. In Reports of Employee Misconduct, the Bureau of Labor Relations gives consideration to when and where the incident occurred; the facts and circumstances of the incident; who was present at the incident, and the extent of their involvement; an evaluation of the seriousness of the incident; and a complete assessment of the employee's performance, with particular reference to conduct similar to that which causes the present concern. When OSI conducts an investigation on the misconduct, a copy of the OSI investigative file or investigative report shall be submitted to the Bureau of Labor Relations in lieu of a Report of Employee Misconduct. The Director of Labor Relations will work to set up any contractual disciplinary arbitrations or hearings in accordance with applicable Collective Bargaining Agreements and any applicable State laws and regulations. Based on a Memorandum dated February 5, 2016, Deputy Commissioner for Administrative Services Martuscello, "disciplinary sanctions for violations of agency policy 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."</p> <p data-bbox="242 1606 1485 1767">115.276(d): The OSI Policy Manual establishes that 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, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. Interviews with the OSI/SCD Investigators confirmed that OSI would be responsible for making these notifications and that no staff violations of this nature occurred within the audit period to be reported.</p> <p data-bbox="242 1798 1477 1859">Based on the review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with the provisions of this standard.</p>

115.277	<p data-bbox="231 71 1508 1279">Corrective action for contractors and volunteers</p> <p data-bbox="231 1279 1508 1310">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 1310 1508 1341">Auditor Discussion</p> <p data-bbox="231 1341 1508 1373">Evidence Reviewed: DIR #4750; Standards of Conduct for Volunteers; Form #MFVS3087, Acknowledgement of Standards of Conduct for Volunteers; Notice to Auditor 115.77; Memorandum dated September 4, 2018, from Acting Commissioner Annucci regarding Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (Revised); Information Obtained from Interviews</p> <p data-bbox="231 1373 1508 1404">115.277(a)(b): The OSI Policy Manual establishes that 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, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. Also, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Memorandum dated September 4, 2018, from Acting Commissioner Annucci regarding Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (Revised), reminds contractors and volunteers, and interns that the DOCCS has a zero-tolerance for sexual abuse and sexual harassment and that all allegations of sexual abuse, sexual harassment, or retaliation against staff, an incarcerated individual or releasee for reporting such an incident or participating in an investigation will be thoroughly investigated and perpetrators will be dealt with severely through discipline or prosecution to the fullest extent permitted by law. DIR #4750 explains that volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an incarcerated individual, which is a violation of state law. Each volunteer, upon receiving orientation training, is required to sign Form #MFVS3087 acknowledging receipt of the standards and policies for volunteers and understanding that they will be held accountable for conducting themselves in accordance with these standards and policies; furthermore, any violation may result in termination as an approved volunteer. Any sexual abuse of an incarcerated individual by a volunteer or intern will be prosecuted to the fullest extent of the law, even if the individual "willingly" participates in the act. Interviews with the Superintendent and OSI/SCD Investigators confirmed that there were no substantiated violations of sexual abuse policies by a contractor, volunteer, or intern at Queensboro during the audit period.</p> <p data-bbox="231 1404 1508 1435">Based on the review and evaluation of the evidence stated, Queensboro CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>
---------	---

115.278	Disciplinary sanctions for residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1457 331">Evidence Reviewed: DIR #4401; SVPPM #115.6; DIR #4932; Hearing Officer Reference Book; Information Obtained from Interviews.</p> <p data-bbox="242 362 1477 622">115.278(a): DIR #4932 outlines the procedures and standards for all incarcerated individual disciplinary hearings. The Hearing Officer Reference Book is utilized to guide the Hearing Officer on the imposition of appropriate discipline for misbehavior and emphasizes the importance of fairness and consistency in disciplinary dispositions imposed. DOCCS philosophy on incarcerated individual discipline includes that when imposed properly, disciplinary sanctions keep staff and individuals safe and correctional facilities secure and may assist in the agency's mission by returning releases to the community less likely to engage in negative behaviors. Disciplinary charge 101.10 covers sex acts or attempts at sex acts perpetrated by an incarcerated individual toward another incarcerated individual. There were no substantiated allegations of sexual abuse or sexual harassment perpetrated by an incarcerated individual during the audit period.</p> <p data-bbox="242 654 1493 913">115.278(b): The Hearing Officer Reference Book sets forth in Appendix B aggravating and mitigating factors that should be considered in reaching a just and fair disposition. The absence or presence of these factors should be viewed within the context of the totality of the evidence presented when the Hearing Officer is considering sanctions. A substantial list of factors to consider is delineated in the Reference Book to ensure a fair sanction. A table grid with recommended graduated sanctions is utilized by the Hearing Officer after review of the entire situation and circumstances of the case and consideration of mitigating factors of the individual, such as past behavior. This table includes a checklist for Tier III Disciplinary Sanctions, labeled Appendix C. These guidelines clearly support fair and objective considerations in all disciplinary cases.</p> <p data-bbox="242 945 1493 1104">115.278(c): DIR #4932 provides guidance to Hearing Officers when an incarcerated individual's mental state or intellectual capacity is at issue and states that the evidence shall be considered regarding the individual's mental; condition or intellectual capacity at the time of the incident and at the time of the Hearing. To the extent it is known by the hearing officer, an individual's diminished intellectual capacity should be considered a mitigating factor in accordance with established procedures.</p> <p data-bbox="242 1135 1477 1429">115.278(d): DIR #4401 outlines the requirements of the Sex Offender Counseling and Treatment Program (SOCTP), which is a comprehensive program of counseling and treatment for convicted sex offenders and other incarcerated individuals whom the DOCCS identifies as likely to benefit from sex offender counseling and treatment based upon a review of their background. The SOCTP is offered at maximum and medium-security correctional facilities in the state prison system and provides comprehensive sex offender treatment for convicted sex offenders, incarcerated individuals convicted of sexually motivated offenses, and incarcerated individuals whose histories (including behavior while incarcerated) indicate that they are likely to benefit from sex offender counseling and treatment. An incarcerated individual may be referred for admission to the program based on a guilty finding at a tier hearing for any sexually abusive or assaultive act. Queensboro Correctional Facility is not a SOCTP-designated facility.</p> <p data-bbox="242 1460 1489 1691">115.278(e)(f): SVPPM 115.6 defines sexual abuse and other related terms and is consistent with those found in 28 C.F.R. Part 115, Definitions related to sexual abuse. There were no disciplinary reports issued on any individual for contact with staff, falsely reporting, or lying about a sexual abuse/harassment incident during the audit period. An interview with the Director of PREA Compliance confirmed that incarcerated individuals are not disciplined for sexual contact with staff unless it is determined that the staff member did not consent to the contact, and consistent with the definitions found in SVPPM 115.6.I.C.2.c; neither are individuals disciplined for falsely reporting an incident or lying, if made in good faith and upon a reasonable belief that the incident occurred.</p> <p data-bbox="242 1722 1493 1881">115.278(g): The DOCCS prohibits any form of sexual contact between incarcerated individuals; those who are found to have participated in consensual sexual contact after an investigation are sanctioned through the disciplinary process. Based on the auditor's review of the disciplinary action report issued for sexual contact (as listed under Sex Offenses in the Hearing Office Reference Book), no incarcerated individuals were disciplined for sexual contact with another incarcerated individual during the audit period,</p> <p data-bbox="242 1912 1477 1973">Based on a review and evaluation of the evidence stated, Queensboro CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: HSPM #1.12B; HSPM #1.44; HSPM #1.60; Mental Health Referral Form #3150; SAFE-SANE Updated; FOM #9013; Observations During Site Visit; Information Obtained from Interviews.

115.282(a)(b): Per Health Services Policy #1.60, immediate notification of the Watch Commander and the Facility Health Service Director for alleged assaults that occurred within the past 120 hours. The incarcerated victim of an alleged sexual assault will be medically evaluated regardless of whether the allegation has been independently verified prior to the victim's presentation for treatment. Assaults that occurred within the past 120 hours will be expeditiously transported to an appropriate outside hospital emergency department. 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. In accordance with the National PREA Standards 115.21 and 115.82, 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. When medically appropriate, HIV prophylactic medications will be offered prior to transportation to the emergency department. Healthcare staff must communicate with the emergency department triage nurse by phone to notify of victim transport to their facility. Documentation relative to whether or not PEP (post-exposure prophylactic) has been administered must be sent with the incarcerated victim. The incarcerated individual may be transported to a closer or more appropriate hospital if health staff determine the individual's priority medical needs are such that require immediate or specialized care (e.g., the individual victim is suffering from traumatic injuries that require a level of care beyond what the certified SAFE/SANE hospital can provide). Admission to the facility infirmary and expedited follow-up assessment by a primary care provider are required upon the incarcerated victim's return from an outside hospital emergency department. The primary care provider will continue any appropriate PEP medications initiated at the outside hospital or at the facility. For all involved individuals, immediate completion/submission of a Mental Health Referral Form #3150 is required. Based on the auditor's review of the three investigative files, all incarcerated individuals involved in the reported incidents received a referral to OMH.

115.282(c): HSPM #1.12B, Inmate Bloodborne Pathogens Significant Exposure Protocol, provides information provided to individuals after sexual contact on care and prophylaxis. After a sexual encounter, all incarcerated participants require an assessment of whether participation involved force, coercion, or consensual contact. Medical and mental health services are consistent with the community level of care. Interviews with health care practitioners confirmed that the facility is prepared to provide these services upon the individual's return to the facility after the forensic examination or first thing the next morning if the incident occurred after working hours. However, most likely, the individual would be taken to a facility where an infirmary is available. Instructions are provided for medical assessments, which are required regardless of when the incident was to have occurred, and counseling/treatment regarding post-exposure prophylactic treatment.

115.282(d): Per HSPM #1.60, all victims of sexual abuse will be afforded access to forensic medical examinations at an outside facility and any other medical treatment, without financial cost, where evidentiarily or medically appropriate. Incarcerated 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.

New York Public Health Law, Chapter 45 of the Consolidated Laws, Article 28, Hospitals, enacts that no general hospital shall refuse to provide hospital services to a person presented or proposed to be presented for admission to such general hospital by a representative of a correctional facility. If the incident is deemed sexual abuse or a sexual assault and has occurred within a time period that still allows for the collection of physical evidence (within 120 hours), the Health Services Staff or the on-duty Physician shall initiate the proper procedures as outlined in HSPM #1.60. This medical evaluation will assist in determining if referral to an outside hospital emergency department is medically indicated on the basis of evidence collection or physical trauma. If an outside medical trip is required, the incarcerated individual will be transported to one of the following SAFE/SANE hospitals unless medical staff determines the incarcerated individual's priority medical needs require transportation to a more appropriate hospital emergency department or medical staff determines that another hospital is more appropriate and upon Health Services confirmation that a SANE/SAFE and a Victim Advocate are available to provide services: 1) City Hospital Center at Elmhurst, 79-01 Broadway, Elmhurst, NY 11373; 2) Queens Hospital Center, 82-68 164th Street, Jamaica, NY 11432; 3) Bellevue Hospital Center, 462 First Avenue, New York, NY 10016. FOM #9013 includes names, phone numbers, and email addresses for the points of contact at each of these hospitals.

There were no allegations of sexual abuse requiring emergency medical treatment within the audit period. Compliance is assessed based on agency policy and interviews with healthcare staff and other affected facility staff. All staff is knowledgeable of policy and able to articulate the procedures and protocols.

Based on the review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with the provisions of this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: HSPM #1.60; HSPM 1.12B; DIR #4301; DIR #4401; OMH MOU; Mental Health Referral Form 3150; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.283(a)(b)(c): HSPM #1.60 states all allegations of sexual assault will be evaluated immediately by the facility health staff. The incarcerated victim of an alleged sexual assault will be medically evaluated regardless of whether the allegation has been independently verified prior to the victim's presentation for treatment. If referred to an outside hospital emergency department, admission to an infirmary and an expedited follow-up assessment by a primary care provider is required upon the victim's return. The primary care provider will continue any appropriate post-exposure prophylactic medications initiated at the outside hospital or at the facility DIR #4301 provides guidelines related to services provided to under-custody individuals. The New York State Office of Mental Health (OMH), through its Division of Forensic Services, provides services to the DOCCS under custody incarcerated population. These services are provided as follows: At designated New York State Department of Corrections and Community Supervision facilities by OMH Personnel, at "Satellite Units" operated by OMH located at certain DOCCS facilities, and/or at OMH's Central New York Psychiatric Center (CNYPC). By mutual agreement between DOCCS and OMH, this directive provides guidelines for determining the appropriate facility or unit for providing OMH services, outlines procedures to be followed when it is necessary to transport individuals from one facility or unit to another to receive mental health services, and assigns responsibility to appropriate DOCCS and OMH personnel for taking necessary action to ensure delivery of appropriate services. This policy states regular mental health referrals are addressed within a timeframe that is consistent with the nature of the referral and within 14 days. DOCCS Mental Health Referral Form 3150 includes a place to identify in a regular referral that the inmate is a possible victim of sexual abuse. OMH further acknowledges that, in accordance with 28 C.F.R. § 115.83, mental health evaluation and treatment, as appropriate, shall be offered to all individuals 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. HSPM #1.60 further directs ongoing medical and mental health care for incarcerated individuals as appropriate and includes follow-up services, treatment plans, and referrals for continued care following their transfer to or placement in other units or their release from custody. DIR #4301 states 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. Interviews with healthcare staff indicated services are at least consistent with community levels of service.</p> <p>115.283(d)(e): These provisions are not applicable to Queensboro Correctional Facility; although HSPM #1.60 provides Departmental policy that pregnant incarcerated sexual assault victims will receive pregnancy tests and timely and comprehensive information about and timely access to all appropriate pregnancy-related services.</p> <p>115.283(f): In accordance with HSPM #1.60, when medically appropriate, HIV prophylactic medications will be offered prior to transportation to the emergency department. Application of the Department's Inmate Bloodborne Pathogen Post Exposure Protocol will be followed if appropriate. Health Services Policy #1.12B provides individuals who experience significant exposure to bloodborne pathogens (i.e., human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV)) will receive appropriate medical care and treatment. PEP, if needed, will be initiated before transport to an outside hospital. In order not to delay the transfer, completion of all forms and other documentation in the post-exposure packet may be completed upon the individual's return from the hospital. In reference to sexual encounters, all incarcerated participants require assessment regardless if participation involved force, coercion, or mutually agreed upon contact. An interview with the HSA confirms this procedure is in place, although it has not been necessary to initiate these protocols in the last 12 months.</p> <p>115.283(g): Per HSPM #1.60, all treatment, including outside hospital services, will be provided to victims without financial liability and regardless of whether the victim cooperates in any investigation arising from the incident.</p> <p>115.283(h): Per HSPM #1.60, immediate completion and submission of a Mental Health Referral Form #3150, is required for all involved individuals. Sex Offender and Treatment Program (SOCTP) Guidelines. The SOCTP is offered at maximum and medium-security correctional facilities in the state prison system and provides comprehensive sex offender treatment for convicted sex offenders, individuals convicted of sexually motivated offenses, and individuals whose histories (including behavior while incarcerated) indicate that they are likely to benefit from sex offender counseling and treatment. Queensboro Correctional Facility is not a designated facility for this program.</p> <p>Based on the review and evaluation of the stated evidence, Queensboro CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1449 331">Evidence Reviewed: DIR #4027; SVPPM #115.86; PREA Standard 115.86/286 Sexual Abuse Incident Review Checklist; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1476 689">115.286(a)(b): DIR #4027 and SVPPM #115.86 together establish policy and procedures for the requirement of each facility to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. In furtherance of that mandate, OSI will develop the necessary investigative documentation in order to facilitate the completion of those incident reviews. At the conclusion of any PREA reportable substantiated or unsubstantiated investigation, OSI will submit the Sexual Abuse Incident Review Information (SAIRI) to SAPEO. SAPEO will forward an incident review packet to the Superintendent, ADS/PCM, and the designated PPP with instructions to conduct the incident review and report back to SAPEO with any findings and recommendations. Additionally, the review team is required by SVPPM #115.86 to conduct reviews of Unauthorized Relationships, which are not required by federal standards but considered paramount by the SAPEO to the DOCCS zero-tolerance culture. This is above the requirement of this provision.</p> <p data-bbox="242 719 1492 913">115.286(c): SVPPM #115.86 requires the review team to include upper-level facility management officials, with input from the OSI/SCD Investigator, the area Sergeant, the Crisis Intervention Unit, Health Services, OMH, and others deemed appropriate by the review team. The review team will be chaired by the ADS/PCM, the PPP will be the security representative, and the third member of the multi-disciplinary review team, salary grade 22 or equivalent or higher, shall be designated by the Superintendent for each review. The Review Team at Queensboro is chaired by the ADS/PCM and is comprised of members from multiple disciplines, as designated by policy, and is compliant with the requirements of this provision.</p> <p data-bbox="242 943 1497 1608">115.286(d): SVPPM #115.86 directs the use of the PREA Standard 115.86/286 Sexual Abuse Incident Review Checklist by the review team when conducting a review. This robust and comprehensive 6-page form includes an extensive review of each incident and captures information such as 1) circumstances of the incident; 2) events leading up to and following the incident; 3) consideration of whether actions taken were consistent with policies and procedures; 4) whether alternative means of managing the situation were available; 5) identification of actions that could be taken to avoid future incidents of a similar nature and identification of training needs; 6) determination of whether Incident Command System levels or response levels were used during the incident; 7) whether employee action or inaction was a factor in the incident; 8) any corrective action taken. The Administrative Review Form includes consideration as to whether the incident was motivated by race or ethnicity; gender identity; LGBTI status; gang affiliation; or other group dynamics at the facility, and whether an indication of a need to change policy or practice to better prevent, detect, or respond to sexual abuse is present. Additional information captured includes if the victim had any disabilities or was LEP and whether the victim or perpetrator had been previously identified as being at high risk for either sexual victimization or being sexually abusive. An examination of the area where the incident occurred to assess any physical barriers that enable abuse will be conducted, and an assessment of the adequacy of staffing levels during different shifts will be made. Consideration is given as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. A written report is prepared of these findings with recommendations for improvements, where indicated. Considerations required by SVPPM #115.86 through the use of the Incident Review Checklist, include all elements required in provision (d) of this standard and go beyond these minimum requirements. There were no closed sexual abuse cases during the audit period for review; however, the auditor interviewed three members of the Review Team and found them to be knowledgeable on the process and able to explain the steps to take when conducting an incident review.</p> <p data-bbox="242 1637 1484 1832">115.286(e): SVPPM #115.86 requires the completed Sexual Abuse Incident Review Checklist and any recommendations for improvements to the Superintendent and the SAPEO. The facility is required to implement the recommendations for improvement or shall document its reasons for not doing so. The ADS/PCM or PPP maintains an Incident Review Tracking Sheet for each calendar year, documenting all corrective actions recommended and completed. The Superintendent, during her interview, explained that any recommendation that comes from the Review Team would be given value and would be implemented if feasible and barring any budgetary restrictions.</p> <p data-bbox="242 1861 1455 1989">Based on the review and evaluation of the stated evidence, Queensboro CF and DOCCS have demonstrated compliance with this standard. Additionally, DOCCS has exceeded through the implementation of the Department-wide Sexual Abuse Incident Review Checklist, which considers relevant information above what is required; and the requirement for incident reviews to be conducted on Unauthorized Relationships.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1458 331">Evidence Reviewed: SVPPM #115.87; DOCCS Public Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 362 1485 456">115.287(a)(b): SVPPM #115.87 outlines the basic procedures for data collection, review, storage, and reporting of sexual abuse data. In accordance with this standard, the DOCCS collects uniform confidential incident-based data for all allegations of sexual abuse.</p> <p data-bbox="242 488 1469 712">The Office of Program Planning Research and Evaluation, in cooperation with the OSI, reviews allegations reported to the SCD in order to collect uniform data for every allegation of sexual abuse. The PREA Analyst conducts a preliminary review of SCD allegations reported to OSI on a weekly basis and disaggregates these data into five categories of sexual victimizations. The Analyst utilizes the definition of "sexual abuse" or "sexual harassment" as provided by 28 C.F.R. SS 115.6 in the National Standards to Prevent, Detect, and Respond to Prison Rape. In coordination with the OSI/SCD and SAPEO, these data are reviewed and amended throughout the year to reflect a complete and comprehensive classification of PREA allegations and to identify individuals associated with each case.</p> <p data-bbox="242 743 1474 869">115.287(c)(d): Confidential incident-based data 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. This data includes OSI/SCD data, sexual abuse incident review information, unusual incidents, personnel records, confidential security information, incarcerated individual records, disciplinary data, and the incarcerated individual locator system.</p> <p data-bbox="242 900 1455 958">115.287(e): The DOCCS does not contract for the confinement of incarcerated individuals (reference standard 115.212 of this audit report).</p> <p data-bbox="242 990 1407 1048">115.287(f): On an annual basis upon request by the U.S. Department of Justice (DOJ), DOCCS shall provide all data requested from the previous calendar year in the proscribed format and by the deadline specified by the DOJ.</p> <p data-bbox="242 1079 1455 1137">Based on the review and evaluation of the evidence stated, Queensboro CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>

115.288	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: SVPPM #115.87; SVPPM #115.88; DOCCS Public Website; Annual Report on Sexual Victimization, 2014-2018; Information Obtained from Interviews.</p> <p>115.288(a): SVPPM #115.88 establishes a policy requiring the Department to review data collected and aggregated as indicated in SVPPM #115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. OSI/SCD data are extracted, reviewed, classified, coded, and stored by the PREA Research Analyst. Allegations of sexual abuse are based on the most recent definitions provided by the BJS and reporting requirements as specified in the National Standards to Prevent, Detect and Respond to Prison Rape under 28 CFR Part 115. These initial classifications are preliminary and subject to further review. The allegation categories are not final until a final resolution of the investigation is provided by the OSI and a final review is made by the PREA Analyst. These reconciled data are aggregated for an annual review of substantiated PREA allegations that includes substantiated incidents of sexual abuse or sexual harassment reported in the calendar year. The annual review team consisting of the Associate Commissioner/PREA, the Deputy Chief of Investigations/SCD, the Director of PREA Compliance, and the PREA Analyst meet annually to review substantiated PREA allegations prior to submission of data to the BJS. All investigative files are securely retained by OSI. The PREA Analyst securely retains the electronic PREA data collection.</p> <p>115.288(b)(c)(d): SVPPM #115.88 establishes the PREA Analyst prepares and aggregates the PREA data collected annually for use in an Annual Report on Sexual Victimization. This report includes a comparison of allegations of sexual abuse and sexual harassment over a five-year period. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The report provides identification of problem areas and corrective actions taken for each facility and the agency as a whole prepared by the SAPEO. The report is prepared in a manner to avoid the disclosure of personal identifying information or material which would present a clear and specific threat to the safety and security of any facility or the Department. The report is prepared by the AC/PREA for approval by the Commissioner, which is published and made available through the Department's website upon approval.</p> <p>Based on the review and evaluation of the stated evidence, Queensboro CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>
---------	--

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Evidence Reviewed: Office of Program Planning Research and Evaluation, PREA Data Collection, Review, Retention and Publication Manual, Revised 05/21/2021; Public Website Review; Annual Report on Sexual Victimization; Information Obtained from Interviews.</p> <p data-bbox="229 367 1509 479">115.289(a)(b)(c)(d): Per the Office of Program Planning Research and Evaluation PREA Data Collection, Review, Retention, and Publication Manual directive, data collected is securely retained by the Office of Special Investigations and the PREA Analyst pursuant to 115.87. Aggregated sexual abuse data is made readily available to the public through its website.</p> <p data-bbox="229 479 1509 658">Additionally, this directive requires personal identifiers to be removed prior to the report being made public and retention of all sexual abuse data collected for at least 10 years after the date of the initial collection. The auditor's interview with AC Effman and review of the most recent Annual Report on Sexual Victimization posted to the public website analyzing sexual abuse and sexual harassment data for 2014-2018 with a publication date of June 2021 confirmed compliance with the provisions of this standard.</p> <p data-bbox="229 658 1509 763">Based on the review and evaluation of the evidence stated, Queensboro CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DOCCS Public Website; PREA Audit Reports; Projected Audit Schedule; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.401(a): All facilities operated by the DOCCS were not audited within the first cycle. No future action can change the response to this provision; however, the agency has met the requirements of this standard in the previous and current cycle and has a proven history of maintaining said course. During the prior three-year audit period, the DOCCS SAPEO ensured that each facility operated by the Department was audited at least once. Based on the current status of the Department's audit history, projected schedule, and interview with Associate Commissioner Effman, the auditor finds this standard overall met.</p> <p>115.401(b): DOCCS PREA Final Reports are posted at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html. The auditor reviewed the Department's web page and found PREA final reports posted in accordance with requirements. NYS Correction Law section 121 provides that the private ownership or operation of a facility for housing state or local individuals or the private ownership or operation of a facility for the incarceration of other states' individuals is prohibited. No private prisons are operated on behalf of the Agency. Reference narrative found in standard 115.212 of this report for more information.</p> <p>115.401(h): The auditor was permitted to observe and have full access to all areas of Queensboro Correctional Facility.</p> <p>115.401(i): The auditor was permitted to request and receive copies of relevant documents (including electronically stored information). Some documents were locally obtained, and others were requested from headquarters. All documents requested were provided either in printed or electronic format.</p> <p>115.401(h): The auditor was provided with appropriate and private areas to conduct all interviews.</p> <p>115.401(n): Audit notifications posted throughout the facility, in both English and Spanish, provided an opportunity for individuals to send confidential letters to the auditor prior to the audit; no letters were received. Interviews with mailroom staff and interviews with incarcerated individuals indicated a procedure and practice for outgoing mail correspondence without inspection; sealed envelopes are dropped into the mailbox by the individual, which allows for confidential correspondence.</p> <p>Based on the review and evaluation of evidence stated, the agency and facility demonstrated compliance with all provisions of this standard.</p>
---------	--

115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DOCCS Public Website; Information Obtained from Interviews.</p> <p>115.403(f): All DOCCS PREA final reports are posted on the Department's public website at https://doccs.ny.gov/final-audit-reports. Based on an interview with AC/PREA Coordinator Effman, the agency posts all final PREA audit reports on the agency website within 90 days of issuance by the auditor. The auditor's review of the updated website found 130 final reports for PREA audits posted since 2015. The website is comprehensive and provides the user to search reports by keyword and with a date range that is above and beyond the requirement of this standard. The site was easily navigated and intuitive.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	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:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	no
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes