

PREA Facility Audit Report: Final

Name of Facility: Ulster Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/30/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 12/30/2022

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	11/09/2022
End Date of On-Site Audit:	11/11/2022

FACILITY INFORMATION	
Facility name:	Ulster Correctional Facility
Facility physical address:	750 Berme Road, Napanoch, New York - 12458
Facility mailing address:	

Primary Contact	
Name:	Stephanie Brauch
Email Address:	stephanie.brauch@doccs.ny.gov
Telephone Number:	845-647-1670 X:2160

Warden/Jail Administrator/Sheriff/Director	
Name:	Rosemarie Wendland
Email Address:	rosemarie.wendland@doccs.ny.gov
Telephone Number:	845-647-1670 X:2000

Facility PREA Compliance Manager	
Name:	Stephanie Brauch
Email Address:	Stephanie.Brauch@doccs.ny.gov
Telephone Number:	
Name:	William Holloran
Email Address:	w.holloran@doccs.ny.gov
Telephone Number:	
Name:	Paul Mace
Email Address:	paul.mace@doccs.ny.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Jordan Laguio
Email Address:	jordan.laguio@doccs.ny.gov
Telephone Number:	845-647-1670 X:6001

Facility Characteristics	
Designed facility capacity:	674
Current population of facility:	363
Average daily population for the past 12 months:	383
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:	18-72
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	405
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	21
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	9

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:

14

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.16 - Inmates with disabilities and inmates who are limited English proficient
- 115.17 - Hiring and promotion decisions
- 115.18 - Upgrades to facilities and technologies
- 115.21 - Evidence protocol and forensic medical examinations
- 115.31 - Employee training
- 115.33 - Inmate education
- 115.34 - Specialized training: Investigations
- 115.41 - Screening for risk of victimization and abusiveness
- 115.42 - Use of screening information
- 115.53 - Inmate access to outside confidential support services
- 115.65 - Coordinated response
- 115.67 - Agency protection against retaliation

	<ul style="list-style-type: none">• 115.86 - Sexual abuse incident reviews
Number of standards met:	
31	
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:	2022-11-09
2. End date of the onsite portion of the audit:	2022-11-11

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:	Just Detention International (JDI) Garnet Health Medical Center St. Lukes Cornwall Hospital Mid-Hudson Regional Hospital

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	674
15. Average daily population for the past 12 months:	383
16. Number of inmate/resident/detainee housing units:	14
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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:	363
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:	6
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:	14

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:	2
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:	5
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

<p>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):</p>	<p>The facility's offender management system does not track individuals once they have transferred or been released, so the audited facility cannot retrieve information on incarcerated individuals who are no longer housed at that facility. In addition, individuals who report prior sexual victimization during screening are not tracked within the database; this information was manually calculated based on mental health referrals completed within the audit period; therefore, it does not necessarily include all who reported, only those who accepted the mental health referral. The facility is home to a Senior Living Program (SLP) designated as a therapeutic community program to address the rehabilitative needs of incarcerated individuals 55 and older.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>405</p>
<p>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:</p>	<p>9</p>
<p>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:</p>	<p>21</p>
<p>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:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	19
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 checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided a roster that included the whole population. The roster included DOB, race, housing assignment, and gender. The Auditor randomly selected 21 incarcerated individuals from the roster to interview.
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. Interviews were conducted in various areas throughout the facility, including some while on work assignments. All interviews were conducted privately to ensure the individuals felt comfortable expressing concerns without prison staff being present. Interviews were conducted on all days of the site visit. The auditor selected individuals from each housing unit listed on the rosters printed on the first day of the audit, considering factors such as length of incarceration, race, programming, work assignments, and housing assignments. The auditor experienced no barriers to completing interviews or ensuring representation of the current population.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</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>2</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 auditor interviewed the Nurse Administrator and ADS/PCM, confirming no individuals with a cognitive or functional disability at the facility during the audit. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation 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 reported there were no incarcerated individuals that met the criteria for this category. The auditor interviewed the Nurse Administrator and ADS/PCM, confirming no individuals with blindness. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation and observed nothing that would indicate otherwise.</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>1</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 reported there were no incarcerated individuals that met the criteria for this category. Interviews with the SORC, ORC, ADS/PCM, and medical staff confirmed that there were no other incarcerated individuals with a hearing impairment onsite.</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>3</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>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 auditor interviewed ORC staff, PPP, and the ADS/PCM to confirm no individuals identified as lesbian, gay, or bisexual. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation and observed nothing that would indicate otherwise.</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 auditor interviewed ORC staff, PPP, and the ADS/PCM to confirm there were no individuals identified as transgender or intersex. In addition, the auditor spent time at the facility observing individuals in the living units and during meals, programming and recreation 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>1</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 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 reported there were no incarcerated individuals that met the criteria for this category. The facility indicated there was one staff-to-inmate abuse allegation and the investigation is still on-going. The alleged victim was not interviewed, due to not being at the facility at the time of the audit.</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>4</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>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. Interviews with incarcerated individuals who reported sexual abuse confirmed that they were not placed in segregation involuntarily after reporting the allegation. The auditor also interviewed supervisory staff and officers assigned to work in segregation to confirm that individuals are not placed in segregated housing for risk of sexual victimization.</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>No text provided.</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>24</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input 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>If "Other," describe:</p>	<p>The Auditor considered "other" categories, such as: gender; race; and languages spoken.</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>No text provided.</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>34</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>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

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

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 <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 <input type="radio"/> No</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).

Ulster Correctional Facility (CF) is a medium security facility located at 750 Berme Road, Napanoch, New York. The facility encompasses more than 60 acres and is located on the property adjacent to Eastern NY Correctional Facility. The facility opened in October 1990 and is one of the Department's "cookie cutter" facilities. Ulster Correctional Facility, like many similar facilities, was constructed adjacent to an existing facility, enabling the sharing of services. Eastern and Ulster Correctional Facilities share the same garage, commissary, steam for heat, water supply, wastewater treatment, solid waste removal, training facilities, and emergency response resources. The cost savings as a result of sharing services and resources is significant. Ulster CF is comprised of 25 separate brick and masonry buildings. The buildings are all connected by paved roadways. The facility perimeter is surrounded by exterior and interior fences. Security is provided through cameras and sensors monitored from a control center in the Administration Building. Access to the facility is through the Administration Building, and the vehicle entrance located at the southwest corner of the facility. Access through the vehicle entrance is a controlled area, and the perimeter is patrolled 24/7. Ulster CF's incarcerated individual capacity is 674. Staffing levels are as follows: 290 Security Services, 57.50 Program Services, 36 Support Services, and 38 Health Services, for a total of 421.50 positions.

During the site visit, the auditor toured the complete facility and talked with staff and incarcerated individuals during the tour. Areas included Administration, Package room, Visiting room, Special Housing Unit, Health Services Unit, Mess Hall, Storeroom, Maintenance Shop, Building 4, Library, State Shop, Draft Processing, Horticulture, Commissary/Laundry Building 8/Guidance, Gym, all Housing Units, and Yard. The auditor observed no blind spots that were not adequately covered by either cameras,

mirrors, or staff presence. The incarcerated individual movement was orderly and strategic, and those at the facility for the reception were kept separate from the permanent population.

The facility executive team consists of a Superintendent and three Deputy Superintendents, and an (A) Correctional Captain. The Superintendent is the Chief Executive Officer of the facility and directs the work and defines the duties of all officers and subordinates at the facility. The Deputy Superintendent for Security (DS/S) is charged with all matters concerning the safety and security of the facility and the custody, care, and treatment of incarcerated individuals. The Deputy Superintendent for Administrative Services (DS/A) is charged with personnel, food service, plant operations, maintenance, fiscal stores, health services, and regional pharmacy. The Deputy Superintendent for Program Services (DS/P) is charged with classification and assessment, community supervision, parole board appearances, ministerial services, academic and vocational services, general and law libraries, volunteer services, recreation, and the Senior Living Program.

All movement in and out of Ulster Correctional Facility is processed through the Draft area. Four days per week, incarcerated individuals enter State custody from over 30 County jails, including New York City's Rikers complex. NYS DOCCS movement from facility to facility is also part of Ulster CF's mission. Over the last three years, Ulster CF processed 25,106 incarcerated individuals in Draft for intake or as in-transit cases. Intake processes in Draft include strip frisks and metal detector frisks, disposition of personal property, fingerprint ID, delousing showers, haircuts, and shaves (including notation of observed religious requirements), clothing and bedding issues, photos, Live Scan, orientation videos, as well as rule and facility orientation books. Reception incarcerated individuals are screened upon arrival by Medical and the

Office of Mental Health, screenings for sexual risk and suicide prevention. Before leaving for their housing units, incarcerated individuals are interviewed individually by Sergeant for any Prison Rape Elimination Act concerns. On average, Ulster CF receives 8,369 incarcerated individuals into the facility each year, including reception and in-transit incarcerated individuals.

The Inmate Records Office is the custodian of incarcerated individuals' legal files and personal property. This office is responsible for intake, movement, and releases. They issue Department I.D. Numbers (DIN) and enter the initial crime, sentence, and legal dates into the system for each incarcerated individual. The Inmate Records Office acts as the liaison between the New York State Office of the Attorney General and various courts, both state and federal. In Ulster CF, the Inmate Records Office is supervised by an Inmate Records Coordinator. Upon intake, incarcerated individuals are classified over five days with a security level, a mental health level, and a medical level. Each level is a placement indicator that considers the needs of the incarcerated individual. When this assessment is complete, incarcerated individuals are transferred to general confinement facilities that can meet their identified needs.

The initial assessment includes a nurse interviewing each newly arrived incarcerated individual utilizing the Health Screening forms 3278MED, 3278MH and 3278PREA. Incarcerated individuals are interviewed by medical staff to obtain medical history information. A Mental Health Clinician conducts a suicide screening of each incarcerated individual in a private room in the draft processing area. The Draft Sergeant completes a PREA Risk Screening with every incarcerated individual. The Offender Rehabilitation Coordinator (ORC) completes the follow-up during the initial classification

interview. On day two, in-depth processing begins with blood work before breakfast; after breakfast, the incarcerated individual receives a chest x-ray and a dental examination. A DNA sample is collected. Each incarcerated individual receives a physical examination conducted by a Physician or Physician's Assistant. In the Guidance Counseling Unit, ORC assigned to classification duties review all available case materials. The ORC completes the Automated Initial Security Classification Guideline Worksheet, the Temporary Release Pre-screening form, and prior criminal history information on the FPMS worksheet and writes a description of the pattern of criminal behavior. Central Monitoring Cases (CMC) referrals are also initiated at this time. The Office of Mental Health staff conducts in-depth interviews of newly arrived incarcerated individuals identified during the pre-screening as needing mental health services. An ORC interviews each incarcerated individual. During this initial interview, specific issues related to classification are clarified, the incarcerated individual's attitude and level of insight into criminal activities are assessed, program interests and needs are assessed, and any problem areas are discussed. Enemy information is solicited. Following the interview, an Interview Summary is written, a preliminary program recommendation is made, and separate system entries are submitted. The Test of Adult Basic Education (TABE) locator exam is also administered to English-dominant incarcerated individuals, and the SABE version is given to Spanish-dominant incarcerated individuals. Offender Rehabilitation Aides administer and score the Michigan Alcohol Screening Test and the Simple Screening Instrument. OMH follow-up interviews and Immigration and Naturalization Service interviews are also conducted during this period. Incarcerated individuals identified as needing additional IQ testing are scheduled to meet with a psychologist who helps to determine appropriate placement.

With offices in the Draft building, Ulster CF is host to the Executive Office of Immigration Review (EOIR), administered by the United States Department of Justice (DOJ). The Criminal Alien Program, instituted in 1990, is a cooperative effort between the State and Federal governments to identify foreign-born incarcerated individuals. Once identified by Ulster CF staff as possibly being foreign-born, cases are referred to the Bureau of Immigration and Customs (ICE) for investigation and possible adjudication by the EOIR Court. A deportation unit processes and transports incarcerated individuals who are slated for deportation upon release from NYS custody.

The facility houses a small permanent population referred to as the Cadre. For the Cadre, the ORC advises and prescribes program activities based on assessing the incarcerated individual's needs and interests and available facility resources. For counseling-related matters, the ORC is the primary person through whom contacts with other departmental units, outside agencies, and other individuals are best channeled. Ulster CF has a Cadre unit of up to 150 general population. They are employed as food service workers, porters, grounds workers, program aides, etc. All Cadre incarcerated individuals are required to work. In addition to the work programs, several programs are available to Cadre incarcerated individuals, including Academic (Multi-level, Pre-HSE, HSE), Aggression Replacement Training (ART), Transitional Services -Phase I, II, and III, Incarcerated Grievance Program, and Incarcerated Individual Program Associates. The facility provides both Library and Law Library program services, recreational programs, and a range of religious services.

Department Chaplains provide religious programs, including various worship services, religious education classes, study groups, and various special events outlined in the

Religious Calendar. Department Chaplains also provide pastoral care to incarcerated individuals of all faith groups at each facility. With the support of Volunteer Services, programs facilitated by both volunteers and incarcerated individuals are also offered. The counseling and ministerial staff monitor Alcoholics Anonymous and various religious groups. The Department's Community Supervision staff members are responsible for preparing and presenting cases eligible for a discretionary review by the Parole Board. The nature of Reception brings with it emergency releases, or urgent releases, each month. The staff prepares approximately 35 cases for the Parole Board, with an additional 12 immediate releases each month. The Mailroom processes all incarcerated individuals' incoming and outgoing mail. Incoming legal mail is logged and delivered in accordance with Directives #4420 and #4421. Outgoing mail is processed daily. When incarcerated individuals leave the facility, the mail is forwarded to their new location. The mail is inspected and distributed appropriately. The General Library provides various reading material that helps assist the educational, vocational, informational, and recreational needs of incarcerated individuals. The library participates in the Inter-Loan Library Program, a connection to community libraries that expands the availability of materials. The Librarian curates books for specific events and provides programming such as book groups, poetry slams, and word games. The Law Library gives the incarcerated individual access to legal research, preparation of legal documents, provision of legal assistance, and notary public services. Incarcerated individuals who have passed a legal research class can work in the Law Library, assisting others with their legal work. A binder with complete information about the DOCCS PREA program is located in the libraries. Opened in October 2018, the Senior Living Program (SLP) is designed as a therapeutic community program to address the

rehabilitative needs of incarcerated individuals aged 55 and older. The program was the first of its kind in New York State DOCCS. The SLP assists eligible incarcerated individuals through specialized workshops and activities focusing on self-awareness and self-improvement. These include maintaining age-appropriate health care, strategies for making later-in-life decisions, discussing community issues, obtaining employment, and finding appropriate housing upon release. Developing insight, experience, and knowledge will prepare participants with the tools necessary for successful re-entry upon release. In addition to school, health and wellness classes, ASAT, and therapeutic programs, participants work in a horticulture vocational class. Ulster CF has an agreement with a community non-profit, Harvest Now, which provides the horticulture program with vegetable seeds to cultivate. The resulting harvest is donated to local food pantries that deliver it to those in need in the community. In 2022 SLP Horticulture participants donated over 7,000 pounds of fresh vegetables to those in need. The program also uses the greenhouse for flowers and plants planted facility-wide and given to other local facilities. SLP housing unit was renovated to hold up to 50 participants, with half of the unit transformed into a programming and staff office area that includes recreation with treadmills, stationary bicycles, and a computer lab.

Ulster CF has an Incarcerated Liaison Committee (ILC) whose members are elected semi-annually whenever a member leaves the facility. The committee meets with the Executive Team every month to discuss issues of interest to the incarcerated individual population. There is an ILC representative in each cadre and senior living dorm.

Ulster CF Health Services Unit is easily one of the busiest in the State. On a typical day, over 200 incarcerated individuals receive various levels of medical service. The unit has two major functions. The first is to provide the

best possible medical care to the incarcerated individual population. Sick call is held on Monday, Tuesday, Thursday, and Friday mornings, with sick call request, slips triaged daily (seven days a week), and emergency sick call available twenty-four hours a day. A physician is on 24-hour call, and the unit has 24-hour nursing staff coverage. Ulster CF has an eight-bed infirmary and two negative-pressure respiratory isolation rooms. The local hospital, Ellenville Regional, provides emergency care as necessary and makes arrangements with Albany Medical Center for more intensive treatment. The department has provided numerous specialty clinics at the Coxsackie Correctional Facility Regional Medical Unit (RMU), which is located at a nearby facility. The facility employs full-time dental staff. The second major function of the Health Unit is to assess the incoming incarcerated individuals entering New York State custody. On the day of an incarcerated individual's arrival, the medical summary received from the county jail is reviewed, and necessary medications and treatment are issued.

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 ADS/PCM began on October 7, 2022. Audit notices were issued and posted on October 19, 2022. Since the notices were not posted six weeks before the site visit, the facility briefed the Incarcerated Liaison Committee and the Incarcerated Grievance Program representatives regarding the audit. Additionally, the facility was instructed by the Director of PREA Compliance to leave the posted audit notices in place until the issuance of the final report. Once the facility finalized uploads, the auditor began reviewing the PAQ and documents using the Compliance Audit Instrument and the documents checklist 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 the auditor secured travel arrangements directly. As needed, requests by email were submitted to the facility for additional documents or clarification of the records provided.

All requests for additional information were responded to promptly and comprehensively. Additional correspondence occurred between the auditor, AC/PREA Coordinator, Director of PREA Compliance, and ADS/PCM up to the onsite portion of the audit and then after until the final report issuance. 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 AC/PREA/Commissioner's Designee confirmed no consent decrees or oversight. The auditor reviewed relevant documents provided by the facility during the site visit, information found on the Department's website, and documents provided during the Post-Audit phase. Documents reviewed for compliance determination are referenced in the narrative sections under each 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. These 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 by 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
- 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
- DIR #0096, Facility Operations Manual, Ulster Correctional Facility
- FOM #500, Coordinated Response Plan to Reports of Sexual Victimization, Ulster Correctional Facility
- FOM #4021, PREA Risk Screening, Ulster 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	0	0	1
Total	1	0	0	1

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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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	1	0	0	0
Total	1	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	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	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
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility reported there were no allegations nor investigations that met the criteria for this category.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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 harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

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

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
---------------------------------------------------------------------------------------------------------------------------------------	-------------------

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

Non-certified Support Staff

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<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>
Identify the name of the third-party auditing entity	American Correctional Association

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; Facilities Operations Manual; Employee Manual; PREA Coordinator Appointment Memo; Email Announcement; DOCCS Organizational Chart; Associate Commissioner PREA Duties; DOCCS PREA Compliance Manager Handbook; Ulster Organizational Chart; Assistant Deputy Superintendent/SG-25 Duties; PREA Compliance Manager Appointment Memo; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.11(a): Written Directive #4027, Sexual Victimization Prevention & Response (DIR #4027), establishes and governs the New York State Department of Corrections and Community Supervision (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. Ulster Correctional Facility Operations Manual, 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>115.11(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,</p>

as indicated by the DOCCS Central Office Organization Chart and confirmed during an interview with AC Effman. The AC/PREA is a dedicated position. Found on the agency's public website, 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 the agency's compliance with the National PREA Standards. He leads a team of professionals within the Sexual Abuse Prevention & Education Office (SAPEO) in the Central Office and 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 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 during bi-weekly conference calls to discuss policy updates and new initiatives and any issues that should be brought to their attention. He emails and speaks with them on an ongoing basis as well. In addition, except in 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 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 Department's PREA governance, DIR #4027, supported by a comprehensive policy manual (SVPPM) discussed in provision (a) above.

115.11(c): The ADS/PCM is an upper-level position at the facility and reports jointly to the Superintendent and AC Effman. The ADS/PCM for Ulster Correctional Facility is Stephanie Brauch. Based on the auditor's review of the Duties Description for the ADS (PREA), which outlines the specific responsibilities of this position, and the interview

with the ADS, it is clear the position allows the incumbent 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 the Department's 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 the facility. 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. The ADS 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. Ulster CF's designated PPP is currently DS/S Paul Mace. The auditor's interviews with the AC/PREA, Superintendent, PPP, and ADS/PCM 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, Ulster CF and the 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) allocating 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.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: NY CLS Correc 121; Community Based Residential Program (CBRP) RFA 2016; RFA 2021; CBRP PREA Audit Schedule; Information Obtained from Interviews.</p> <p>115.12(a)(b): DOCCS maintains contracts for up to 249 Community-Based Residential Program beds for releasees in 26 Catchment Areas, consisting of 14 contracts with 10 entities. All 14 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 08/23/2022, all programs are routinely audited to comply with the PREA standards.</p> <p>Based on review and evaluation of the stated evidence, the DOCCS and facility have demonstrated compliance with all provisions of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: SVPPM#115.13; DIR #4001; DIR #4027; Ulster Chart Staffing Review; Annual Supervision and Monitoring 2020, 2021, 2022; Post Closure Key; Closed Post Reports; Log Book Entries; Weekly Administrative Activity Reports; Daily Security Supervisor Reports; Employee Manual, Section 2.44; Personal Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.13(a)(c): SVPPM #115.13 establishes that each facility will develop and document a staffing plan that provides adequate staffing levels 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 must submit its annual review by the due dates reflected on an established schedule (Schedule for Annual Reviews). One month before 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 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, are 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 supervisory 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. A comprehensive and extensive staffing plan is then developed and established through the DOCCS Security Information Staffing Unit. Facility Administration and Union representatives also provide input to the plan development and review. 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. The auditor's review of the staffing plan for Ulster Correctional Facility found that it considers the composition of the incarcerated individual population in calculating adequate staffing levels and determining the need for video monitoring. Based on the PAQ, since the last PREA audit, the average daily number of individuals housed at the facility is 383; the capacity is 674, and the plan is predicated on an average daily population of 674; the population assigned to Ulster CF on the first day of the audit was 425. The plan calls for 254 security staffing positions, considered generally accepted guidelines and practices. The plan considers staff utilization, post closures, additional services usage, preplanning practices, leave</p>

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. Ulster CF utilizes direct supervision and currently has no video monitoring system in the facility. An electronic "Rounds Tracker" system is deployed in the SHU. The facility considered the prevalence of substantiated and unsubstantiated incidents of sexual abuse during the development of the staffing plan. 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 follows all applicable laws, agency directives, ACA accreditation standards, and Prison Rape Elimination Act standards, with no legal mandate for any specific staffing ratios. The number and placement of supervisory staff include 1-Lieutenant and 1-Sergeant on Tour I; Tour II has 1-DS/S, 1-Captain, 3-Lieutenants, 11-Sergeants; Tour III has 1-Lieutenant and 4-Sergeants. Institutional programs are generally scheduled for daytime shifts between 8:00 AM and 4:00 PM and early evening between 6:00 PM and 8:00 PM. The facility offers a variety of staff and volunteer-led programming options. The Superintendent and the management team conducted the most recent staffing plan review on May 31, 2022, as evidenced by the memorandum reference subject Correctional Facility Annual Supervision and Monitoring Plan Review. The facility also provided the prior year's report to confirm further annual reviews are conducted. The most recent review concluded that the facility is committed to compliance with Department policy and the PREA. As indicated in the referenced memorandum, the review included generally accepted detention and correctional practices, any judicial findings 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 indicated 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, ADS/PCM, and AC/PREA. 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.

115.13(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. The auditor reviewed a sample of the Post Closure Report with a randomly selected date range. All deviations were clearly documented and justified. The Chart Sergeant for each of the three tours is responsible for scheduling staff to ensure posts are covered. The Watch Commander

is notified when a deviation from the Plot Plan is necessary. The closure and reason for the deviation are noted on the post-tracking grid and 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 housing units, unscheduled transports, and scheduled transports. Interviews with a Chart Sergeant, Watch Commanders, PPP, and ADS/PCM, further confirmed the documentation and regular monitoring of staffing at the facility.

115.13(d) SVPPM #115.13 establishes that per 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 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 following Directive #4001. In addition to a review of log books during the site visit, the auditor also requested 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 for both intermediate and executive team members. Interviews with staff and supervisors confirmed that regular rounds are made following policy requirements.

Based on the analysis and evaluation of the evidence stated, the Ulster CF and DOCCS have met the requirements of this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: State of New York Executive Order No.150 dated December 22, 2015; Correction Law § 77; NY CLSCorrec § 80; DIR #0051; Daily Population Reports; Population Rosters; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.14(a-c): State of New York Executive Order No.150, dated December 22, 2015, established separate correctional facilities within the New York State Department of Corrections and Community Supervision exclusively for youth. In 2018, the State of New York passed a “Raise the Age Law,” which was implemented in two phases starting in October 2018. Correction Law § 77, enacted effective April 10, 2017, required the state to establish one or more facilities to serve “adolescent offenders” sentenced to the Department of Corrections and Community Supervision. And effective April 3, 2020, NY CLSCorrec § 80 repealed the previous establishment of designated facilities for adolescents in the DOCCS and enacted, "The department and the office of children and family services shall jointly establish a transition plan and protocol to be used in transferring custody of all adolescent offenders and individuals under the age of eighteen from the custody of the department to the custody of the office of children and family services on or before October first, two thousand twenty. The plan and protocol shall be completed on or before July first, two thousand twenty." As a result, the DOCCS no longer houses individuals under 18. DIR #0096 establishes Ulster Correctional Facility as a medium security corrections facility used as a reception/classification center and general confinement for males 18 years or older. The daily population reports for the past 12 months indicate no individuals under 18 have been housed at the facility. This fact was further confirmed during interviews with Superintendent, AC/PREA, and the ADS/PCM.</p> <p>Based on the review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with this standard through non-applicability.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #2230; DIR #4001; D #4027; DIR #4910; HSPM #1.19; HSPM #1.37; Employee Manual; Form#1140, Report of Strip Search or Strip Frisk; 2021 Contraband and Frisk 17008 Lesson Plan; Daily Security Supervisor Reports; Weekly Administrative Activity Reports; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.15(a)(c): DIR #4910 governs pat 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 or 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 individuals 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>115.15(b): This provision does not apply to this facility because Ulster CF 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>

115.15(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 the 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 understood by all individuals on the unit and recorded in the unit logbook. This procedure is also addressed in the Employee 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 during a shower, using the toilet, or changing clothes. The auditor observed the shower and toilet areas throughout the facility and found no areas where opposite-gender viewing would occur. During the site inspection, opposite-gender announcements were made each time the tour group entered a space where individuals may be changing clothes, showering, or using restroom facilities. The auditor reviewed log books, Daily Security Supervisor Reports, and Weekly Administrative Activity Reports and observed regular documentation of opposite-gender announcements being made when entering a housing unit or other areas where an individual may be undressed.

115.15(e): As directed by HSPM #1.19, staff is prohibited, and the facility always refrains from searching or physically examining transgender or intersex individuals to determine 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 complete physical examination of an individual, including a transgender individual, when relevant to the patient's treatment. Such an exam is to be conducted privately 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 to determine the individual's genital status. DIR #4910 also prohibits searches to determine 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.

115.15(f): DIR #4910 requires that the employee conducting a personal search must assure its thoroughness and not 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 and 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 professionally and respectfully, consistent with security needs. All new correctional officers receive training on conducting proper searches during their mandated basic training before 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 Contraband and Frisk training roster as of 09/11/2022 and found that 372 Ulster CF staff completed the training. Training is well regulated, and the Administrative Training Lieutenant monitors non-compliance reports to ensure all required training is completed. During an interview with the Training Lieutenant, he confirmed that Regional Training Lieutenants monitor staff training and that they attend quarterly meetings to monitor the progress of annual training requirements. He explained that all security staff initially receives searches training in the academy and a yearly refresher 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 Ulster Correctional Facility, and interviews with random staff confirmed their knowledge of the searches policy and training. 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 Ulster CF and DOCCS have demonstrated compliance with all provisions of this standard.

<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
<p>Auditor Overall Determination: Exceeds Standard</p>	
<p>Auditor Discussion</p>	
<p>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>115.16(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. 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, and those with limited reading skills. If an individual has difficulty understanding the written material due to a disability or limited reading skills, appropriate staff shall assist. Four facilities within the DOCCS have been identified to provide comprehensive accommodations to individuals with serious sensory, physical, hearing, visual, and cognitive impairments. Ulster CF can accommodate some disabilities but is not one of the four designated facilities for serious impairments. 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 can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary will be provided. The facility provided the auditor with a list of incarcerated individuals that meet special population criteria. The auditor interviewed (1) individual with a hearing disability and (3) LEP individuals. DIR #4490 establishes policies and procedures to ensure that all individuals with LEP have meaningful access to programs, services, and benefits. The directive further requires that LEP individuals have access to vital documents, including PREA complaint documents and procedures. The agency maintains a contract for interpreting services through LanguageLine Services, Inc., which was provided for the auditor's review. Additionally, designated bilingual staff interpreters are available to assist individuals with interpretation. The auditor observed both the Report Sexual Abuse poster and the gender-specific zero-tolerance posters posted in multiple languages in the housing</p>	

units and other common areas accessed by individuals, such as intake, program areas, medical, 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/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 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. The auditor also observed these pamphlets in various common areas of the facility, including the intake area, library, and resource areas. 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 and the availability of qualified staff interpreters. The facility has designated staff interpreters who are bilingual in Spanish. The auditor interviewed (3) LEP individuals using the staff interpreter after offering the option of a staff interpreter or using the LanguageLine Service. 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 to prevent, detect, and respond to sexual abuse and sexual harassment. A monthly report is generated on Form #4490C, LanguageAccess Monthly Report, to track the use of interpreters for LEP individuals. The auditor was provided with a copy of the Language Line Usage report and the most current Language Line Services, Inc. invoice, which confirms that language interpreter services are used regularly at the facility. The auditor reviewed the institutional file for the three LEP individuals interviewed and found documentation that they received the PREA information in a language they understood.

115.16(c): DIR #4490 provides that staff shall not rely on an incarcerated 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 sexual abuse allegation. The facility reports there were no instances where interpretation or translation has been necessary for a sexual harassment or abuse allegation or investigation during the audit period. This was confirmed during interviews with the ADS/PCM, PPP, and

OSI Investigators.

Based on the 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.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>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>115.17(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 per Civic Services Law for the next reachable candidate. A request to remove the candidate from the reliability list under Civil Service Law § 50(4) shall be submitted to the NY State Department of Civil Service. The facility provided a hire packet for an applicant with a derogatory (not sexual misconduct) finding for the auditor's review; documentation indicated an extensive review and consideration process applies before onboarding anyone with a prior history.</p> <p>115.17(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 Department's best interest to promote the candidate.</p> <p>115.17(c): DIR #2216 establishes the requirement that all employees and contractors of the DOCCS will be subjected to a criminal history inquiry 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 per 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</p>

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. An interview with the Human Resources Manager (HRM) and a review of local personnel files indicate this checklist is completed on all civilian employee hires. Applications cannot be submitted for onboarding without documentation that prior institutional employers have been contacted. The auditor reviewed 27 employee files as samples to review and found that all required documents were present, following DOCCS policy, and compliant with the requirements of this standard; all files indicated that background checks were conducted before the applicants were hired.

115.17(d): The auditor reviewed nine contractor and volunteer files, all containing evidence of a background check before services were performed. The interview with the PPP confirmed that the approval process is renewed each year when another background check is conducted. In addition, the auditor reviewed three contractor packets and found that the background check was conducted before enlisting the contractor's services.

115.17(e): DIR# 2216 establishes the requirement that all employees and contractors of the DOCCS be subjected to a criminal history inquiry to obtain background information pertinent to the security of operations, verify data on employment applications, and receive a notification when DOCCS employees are arrested. Criminal history inquiries are conducted by the Department's Employee Investigation Unit (EIU) and must be completed before the first date of employment. Criminal background record checks are not conducted after an employee's initial hire, as the Department has a system 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.

115.17(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. The DOCCS Personal History and Interview Record, Form #1253, and the Personal History Questionnaire, Form EIU23, both require the applicant to respond yes/no 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 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? Both of these forms are required to be completed during the application process; based on an interview with the HRM, affirmative answers to any of the questions may disqualify a candidate for employment and would require additional review as to the circumstances, and depending on the nature of the position being applied for. 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." 115.17(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 completed questionnaires in the 27 personnel files randomly selected by the auditor for review while onsite.

115.17(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 consent of the employee. If a request is received without authorization, the requester should be informed that the information cannot be provided. Upon receipt of proper permission from the prior employee, this information is provided by the DOCCS. This policy is in accordance with the Personal Privacy Protection Law. The HRM provided examples of email correspondence requesting information on substantiated or pending investigations involving sexual abuse or sexual harassment for DOCCS employees before transfer/promotion at Ulster. Interviews conducted with AC/PREA, Superintendent, and HRM combined with the documents reviewed confirmed the processes and procedures outlined in the directives above.

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #3053; Form #1612; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.18(a): Following 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 must 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 effect 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 indicated the DOCCS acquired no new facilities during the audit period. The facility provided the auditor with a completed Form #1612 for a modification to the facility that occurred during the audit period. The auditor found that the procedures are well implemented, and that consideration of the impact of protecting individuals from sexual abuse is taken into consideration when the facility has a project for alternation/modification of any structure.</p> <p>115.18(b): The Department has widespread audio/video surveillance in many of its facilities and 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 reported incident's date, time, and location. Video surveillance has provided corroborating evidence to help obtain convictions and assisted in vindicating wrongfully accused staff. Acting Commissioner conveyed to the auditor 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 by installing full coverage camera systems at Attica and Clinton Correctional Facilities and completing 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 Department's long-term goal is to</p>

install full-coverage camera systems at all maximum and medium-security facilities. Since 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 intends to use grants and matching funds to expand its use of body-worn cameras to 6 other correctional facilities in 2022. Ulster has no video monitoring system to monitor the movement and activity of incarcerated individuals and staff. The auditor's interview with the Superintendent and the ADS/PREA explained that the facility provides supervision through direct staff monitoring.

Based on the review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with all provisions of this standard. Additionally, based on the Department's 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.

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="256 188 1018 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1458 622">Evidence Reviewed: SVPPM 115.65; DIR #4027; DIR #0700; HSPM #1.60; A National Protocol for Sexual Assault Medical Forensic Examinations; FOM #500, Ulster CF 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="256 663 1481 1868">115.21(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. Under 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 developing cases for criminal prosecution. Per 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 must 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 Nurse Administrator 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 with Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners (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="256 1908 1458 2069">115.21(c): Based on an interview with the AC/PREA and Nurse Administrator, DOCCS does not conduct on-site forensic medical examinations. Following DOCCS policies, when evidentiarily or medically appropriate, a victim of sexual abuse shall be transported to an outside hospital and shall be provided treatment and services as</p>

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." HSPM #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, where evidentially or medically appropriate, without financial cost. 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 Nurse Administrator, 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 before 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 primary care provider will continue any appropriate post-exposure prophylactic medications initiated at the outside hospital or 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 Nurse Administrator, Superintendent, Watch Commanders, PPP, and ADS/PCM confirmed these protocols and procedures are well implemented at Ulster CF. Based on the facility's Coordinated Response Plan and interview with the Nurse Administrator, SAFE/SANE examinations will be provided at any of the following locations 1) Garnet Health Medical Center (2) St. Lukes Cornwall Hospital (3) Mid-Hudson Regional Hospital of Westchester Medical Center. FOM #500 includes names, phone numbers, and email addresses for the contact points at each of these hospitals. The facility's Coordinated Response Plan also provides contact numbers, email addresses, and names of the contact at each 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 by this article, except for charges for identifiable additional hospital costs associated with or reasonable additional charges associated with security arrangements for such person. The facility reports that there were no individuals sent

to outside hospitals for a forensic medical exam (FMI) after a report of sexual abuse within the audit period; This was further evidenced through the auditor's interviews with Investigators, the Superintendent, ADS/PCM, and Nurse Administrator.

115.21(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. Healthcare staff will ensure that a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) and a Victim Advocate are available to provide services before transport to a designated hospital. Interviews with the Nurse Administrator and ADS/PCM confirmed that an advocate is always made available for victims of sexual abuse.

115.21(e): According to FOM #500, 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. Upon the individual's request, the advocate shall see the individual before discharge from the hospital. Advocacy services are offered to the victim by the Investigator before an interview and documented in the investigative file case notes. In addition, advocacy services may be arranged if the individual requests the Supervising ORC, ADS/PCM, DS/S, or PPP, 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 the 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, crisis counseling, and referrals for emotional support and advocacy services. When the survivor requests, the hotline will also report to the Department. Beyond the hotline, this partnership includes several 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. The caller is seeking assistance to manage the triggers that often occur while confined. Ulster CF identified no individuals that reported prior sexual abuse. Based on Department's public website and an interview with the AC/PREA, 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.

115.21(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 115.21 (a) through (e) of the

standards.

115.21(h): This provision does not apply to Ulster 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, Ulster CF 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.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #0700; DIR #4027; Monthly Reports; DOCCS Website Review; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.22(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 following DIR #0700. Within the last 12 months, one allegation of sexual abuse and no allegations of sexual harassment were received by the facility; the sexual abuse allegation was administratively and criminally investigated, and the case is still ongoing. Interviews with the OSI Investigators, ADS/PCM, and Superintendent and a review of investigative files indicate that all allegations of sexual abuse and harassment are forwarded promptly for investigation.</p> <p>115.22(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 following 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 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 can refer cases to NYSP/BCI when appropriate and works 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>Based on the review and evaluation of the stated evidence, the Ulster CF and DOCCS have demonstrated compliance with all requirements of this standard.</p>

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>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, 2022; Employee Manual; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.31(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 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 comprehensively includes the expectations of staff regarding PREA prevention, detection, responding, and reporting. Training Manual 0.100, Frequency Training Chart establishes required training for Security Officers and Civilians, and before 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</p>

under the policy; professional boundaries and prevention; recognizing circumstances that create staff vulnerability; employee duty to report and respond. This interactive training incorporates video clips of various staff presentations, Executive team presentations, and testimonial videos from individuals 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. The auditor observed these cards in possession of employees during the facility tour and interviews. 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 consist of a list of policy topics that will be covered with staff at line-ups 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 must 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 responsible for coordinating, delivering, and tracking training for the facility. He explained that PREA Refresher training is delivered every other year, but employees and contract employees receive refresher updates through Training Bulletins and mandatory policy review every year. 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 the 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.

115.31(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 occur during 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 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 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 ADS/PCM, confirmed that this orientation is completed for all staff transferring in from another facility. The auditor observed completed documentation maintained in the randomly selected personnel files.

115.31(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. The local training office maintains this record, and a copy is 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 100% of employees are current with their training, except for anyone who may be out on extended leave. The auditor reviewed training rosters confirming all staff has completed Course 35029, and all staff is current on the 17078 (PREA refresher). Additionally, the facility provided a training report dated 09/11/22 that indicated 100% of all staff training is complete and current.

Based on the review and evaluation of the stated evidence, Ulster CF 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 continuing 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.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>115.32(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 under a contractual arrangement or written agreement with the Agency, thereby inclusive of volunteers providing services to individuals. 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 read the most updated version of the policy on the Prevention of Sexual Abuse and acknowledge receipt of the policy in writing and acknowledge they understand that they will be held accountable for their actions. The job-specific training for volunteers will be delivered by the volunteer's staff supervisor, who will ensure the volunteer acknowledges that they understand the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents by signing Form #MFVS3087 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. 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 sexual abuse and harassment definitions, the duty to report, and the Commissioner's expectations for all employees, contractors, volunteers, and interns. No contractor enters the facility without signing the</p>

notification of the zero-tolerance policy form. The facility indicated 30 volunteers and individual contractors (OMH-9; Medical-9; Volunteers-9; Pest Control-2; Vending-1) who have contact with residents trained in DOCCS policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The DOCCS maintains documentation confirming that volunteers and contractors understand the training they have received. The auditor was provided lists of approved contractors and volunteers from which names were selected for documentation review and interviews. The auditor's review of training records for four contractors/volunteers found training appropriate to their level of service and contact with incarcerated individuals, with all provisions of this standard.

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

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4021; Form #4021A; DIR #4027; PREA Orientation Film Implementation; Memorandum RENEw/Updated Material; Orientation Outline Rev. 6/28/19; Form #115.33, Report of Inmate Training Participation; Memorandum from DC McKoy 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>115.33(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 at Intake/Reception/Classification Centers, each incarcerated 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. After viewing the film, Form #115.33, Report of Inmate Training Participation, is to be completed and filed in the individual's guidance file. The film 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. This outline provides prompts for engaging the incarcerated individuals during the programming and includes a showing of the film "Ending Sexual Abuse Behind the Walls; An Orientation." The outline includes for the presenter: 1) Introduction and history, and 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) guides for question/answer period. This program provides a comprehensive delivery of the educational material required by this standard. Any individuals admitted to the DOCCS before August 20, 2012, were provided the comprehensive PREA education between July 13-31, 2015. The video "Ending Sexual Abuse Behind the Walls" was</p>

shown throughout the DOCCS at all facilities during that week. Ulster Correctional Facility is a designated Intake/Reception/Classification Center. Individuals receive the formal training required by DIR #4021 at the Intake Center and are provided information and refresher training upon arrival and during orientation at their next facility assignment location. The facility reports 5646 individuals admitted within the past 12 months who were given the "The Prevention of Sexual Abuse in Prison; What Inmates Need to Know" brochure, which is captured on Form #4021A. They also reported 762 individuals, who were at Ulster CF for 30 days or more, received the refresher training by viewing the PREA video "Ending Sexual Abuse Behind the Walls: An Orientation," which is documented through the signature of the incarcerated individual on the Report of Inmate PREA Training Participation Form #115.33. Interviews with the incarcerated individuals confirmed that they had all received comprehensive training. They all stated that their ORC discussed PREA with them and asked about their safety, and the Draft Sergeant conducted their risk screening and talked to them about zero-tolerance. The auditor reviewed 23 records indicating individuals had participated in the PREA training program, and each file was documented by signature they had received the pamphlet and handbook and viewed the SAPEO-prescribed video at Ulster Correctional Facility.

115.33(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 prohibit 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. Both mediums 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 assist. 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 for accommodations for those with sensory 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. Ulster CF can accommodate some disabilities but is not one of the four designated facilities for serious impairments. 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 can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary will be provided. The auditor interviewed (1) individual with a hearing disability and (3) LEP individuals. DIR #4490 establishes policies 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 LanguageLine 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 transcript was provided to the auditor for review. Interviews with the draft sergeant at Collins CF 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. The auditor also observed these pamphlets 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. The auditor selected three incarcerated individuals who were listed as LEP to interview. The facility has designated staff interpreters who are bilingual in addition to the Language Line Services contract. 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 Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor reviewed three files for LEP individuals, and the documentation indicated they had received the PREA education material in a language they understood. 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. Additionally, when interviewing random staff, all employees indicated their knowledge of the Language Assistance Line. A monthly report is generated on Form #4490C, LanguageAccess Monthly Report, to track the use of interpreters for LEP individuals. The auditor was provided with a copy of the LanguageLine Usage report, which confirms that language interpreter services are used regularly at the facility.

115.33(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 with the message delivered in multiple languages on 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 throughout the facility, including the library, intake/draft, and education/program areas. 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 the review and evaluation of the stated evidence, Ulster CF 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.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Notice to Auditor, Specialized Training Investigations; PREA Specialized Training Investigations; Investigating Physical and Sexual Abuse in an Institutional Setting; NIC Investigating Sexual Abuse 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>115.34(a): Following 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. 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 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 before being assigned a case. In addition to the in-house training, investigators receive outside interview training (Police Crime Scene and Evidence Specialist) provided by other law enforcement entities and training to become certified evidence collectors.</p> <p>115.34(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 they systematically focus on the needs and concerns of victims to ensure a nonjudgmental compassionate, and sensitive delivery of services. Additionally, and followingh the relevant provisions of NYS Executive Law838-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. The auditor interviewed the OSI Assistant Director for Criminal</p>

Investigations and the OSI/SCD Investigator responsible for investigating allegations at Ulster CF. They were both found to be very knowledgeable and well-trained in conducting investigations. They articulated the required steps covered in the training materials, best practices, and Department policies. Both Investigators explained that cases are assigned to the designated investigator. 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. The Assistant Deputy Chief reviews all completed investigations before the case is submitted for closure.

115.34(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. The OSI Training Coordinator in Central Office maintains training records. There are 28 investigators state-wide in the Department. Training records were provided for 28 Investigators to provide evidence of the general and specialized training.

Based on review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with all provisions of this standard; additionally, based on the stringent training requirements of the Sex Crimes Division over and beyond the requirement of this standard, the DOCCS is found to exceed requirements of this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: 7.000 40-Hour Orientation and Initial Employee Training; Report of Training Forms; 7.150 Orientation Program for Per Diem and Non-Departmental Employees; 17083: PREA Training for Medical and Mental Health Providers; RTF-PREA Introduction Transfer; MOU with OMH; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.35(a): Medical and Mental Health providers receive Inmate Sexual Assault Post Exposure Protocol/PREA, published by the DOCCS Infection Control Unit, which includes: How to detect and access signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed this specialized training curriculum, confirming compliance with the stated objectives of 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 work practices can be adopted to maintain a high level of care for the incarcerated population. According to the MOU 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 must participate in specialized training provided by DOCCS as required by PREA, 28 C.F.R. § 115.35. The facility reports that 37 medical and mental health care practitioners regularly work at Ulster CF, and all have received the training required by DOCCS policy.</p> <p>115.35(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 Nurse Practitioner, Superintendent, and ADS/PCM.</p> <p>115.35(c): The auditor's review of the DOCCS Records for Course 17083, PREA Training for Medical and Mental Health Providers, confirmed that these training requirements are compliant.</p> <p>115.35(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, which require all to complete the full 16 hours of orientation (code 27012) and the</p>

specific RTF for the Sexual Abuse Prevention and Response Introduction/Transfer Video (17093). 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 completing this mandatory training, and a copy of the signed RTF PREA must be forwarded to the appropriate PCM. 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. The auditor interviewed the Nurse Practitioner and five health services 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 and the specialized training. A review of training documentation provided evidence the training has been completed.

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

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; DIR #4021/Form 4021A; DIR #4401; FOM #501, 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>115.41(a)(b): SVPPM #115.41 establishes that following 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 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, following the facility-specific PREA Risk Screening Facility Operation Manual (FOM), upon transfer to another facility. Ulster CF's local operating procedure, FOM #501, outlines the protocols for conducting risk screening at the local facility. Ulster CF's policy is that all incarcerated individuals received 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 within 30 days of the incarcerated individual's arrival at the facility. When the ADS/PCM is absent from the facility, the PPP covers the ADS/PCM PREA Risk Screening procedures. Based on an interview with the ADS/PCM, all Sergeants are trained on how to conduct a Risk Screening, and this training is delivered by the ADS/PCM for new Sergeants. The facility reports that 2983 individuals received and screened within the past 12 months whose length of stay in the facility was for 72 hours or more and were screened within 72 hours. The auditor's review of 28 randomly selected risk screening documents confirmed that this practice is well-implemented and documentation for all files reviewed confirmed the assessment occurred within 24 hours. Therefore, this policy and practice exceed the 72-hour requirement of this standard.</p> <p>115.41(c): SVPPM #115.41 establishes that consistent with recommendations from the U.S. Department of Justice, 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 individual's responses and multiple levels of review once the instrument is completed and forwarded to the designated reviewers.</p> <p>115.41(d)(e): DOCCS's PREA Risk Screening Form #115.41M, used at Ulster, includes</p>

questions for all criteria (1-9) of provision (d) of the standard to be considered during screening. The Department does not hold individuals solely for civil immigration purposes; however, Element 10 is still 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; d) known history of committing institutional violence. This information is obtained from the individual's DOCCS records and answers provided by the individual. 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 ORC using the Gender Identity Interview (Form 115.41GI) and allowed 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 circumstances change. Risk Screening requires asking the incarcerated individual questions regarding their sexual orientation, gender identity, and gender expression. The risk screening process also requires 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 with Gender Dysphoria or who are transgender, intersex, or gender non-conforming/gender nonbinary. The auditor reviewed one instrument for the individual whose screening prompted the completion of Form #115.41GI and found them to be completed timely and address the needs of the individual.

115.41(f): DIR #4021 establishes at the Department-level an ORC shall reassess each individual 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, by the facility-specific PREA Risk Screening Facility Operation Manual. FOM #501 establishes that the Supervising (S)ORC 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 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. 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 PPP shall conduct a follow-up interview to complete the risk assessment. The ADS/PCM or PPP 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 762 individuals were rescreened within 30 days of arrival at the facility within the audit period. The auditor reviewed 28 screening forms and found that all

had an initial assessment review, a 14-day review, and a 30-Day review. The auditor further confirmed these processes and procedures during interviews with ORCs. 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.

115.41(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 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.

115.41(h): FOM #501 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. A statement is also printed on the Risk Screening Form that individuals cannot be disciplined for refusing to answer or not completely disclosing information. Interviews with Sergeants, ORCs, and ADS/PCM confirmed that an individual would never be disciplined for refusing to answer the risk screening questions.

115.41(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 #501 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.

115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4009; DIR #4021/Form 4021A; DIR #4027; DIR #4401; FOM #501; 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; Ulster Shower Policy; Memorandum from ADS/PCM Housing High Risk; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.42(a): SVPPM #115.42 establishes that following 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 to keep separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. FOM #501 requires that information from the risk screening be used to inform housing, bed, work, education, and program assignments to keep the 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 115.42 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. There were no transgender individuals assigned to the facility at the time of the audit. Facility staff was able to explain the procedures to use in completing Form #115.42, which assists the facility in making individualized determinations for placement of housing, work, education, and programming. Additionally, the facility provided documentation of the Form #115.41GI and PREA Risk Screening Form #115.41F for a transgender female who had been at the facility within the past 12 months to document practices. These documents provided evidence that the ORC met with her regularly to review her placement and safety concerns. The GI form indicated that her own housing preference was to remain in a male facility. The auditor reviewed a memorandum issued by ADS/PCM to Movement and Control Staff identifying specific housing units and bed locations for placement of individuals who are identified as being at high risk for sexual victimization as well as housing units and bed locations for those who are at high risk for being sexually abusive. Additionally, the Watch Commander documents risk screening information in a logbook when an individual is identified as</p>

being at risk for sexual victimization or being sexually abusive, and the following information is recorded: Date, Time, Name, DIN, Cell Location, and indicates the approval of the Watch Commander of the designated housing. The auditor reviewed the Watch Commander's log book and found consistent entries documenting notifications by Screening Sergeants during draft processing. In addition to the logbook, the auditor reviewed a roster that identified individuals that were risks for victimization and abusiveness.

115.42(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. The auditor reviewed one samples of Form #115.41GI and it was referred to the Housing Committee for placement 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.115.42(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. Additionally, the AC/PREA provided documentation of a Central Office Transgender Placement Review Committee response to a request from a transgender female currently housed at a male facility to be transferred to a female facility. NYDOCCS has transferred 17 transgender incarcerated individuals from a male-classified facility to a female-classified facility since January 2019. Additionally, there was one transgender male transfer from a female-classified facility to a maleclassified facility in February 2020.

115.42(d): DIR #4401, FOM #2069 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 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.

115.42(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 #501 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. 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 any special shower arrangements.

115.42(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 Ulster 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 the review and evaluation of the stated evidence, Ulster CF and DOCCS have demonstrated compliance with all provisions of this standard; additionally, both have exceeded the requirements of this standard through the SAPEO's development and implementation of Forms 115.41GI and #115.42 and their subsequent procedures, facilities have clear documentation indicating how information from the risk screening instrument from 115.41 is used in making decisions for placement for individuals who are considered to be at high risk for victimization. These processes involve a truly interdisciplinary approach to keeping individuals safe, which was evidenced through documentation and interviews with staff at Ulster CF.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4948; Form #4948A, Sexual Victimization Involuntary Protective Custody; Form #2170A, Protective Custody Review; Form #2168A, Sexual Victimization Involuntary Protective Custody Recommendation; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.43(a): DIR #4948 sets forth minimum conditions of confinement for inmates in Protective Custody Status within the Department and directs that an individual's confinement to Sexual Victimization Involuntary Protective Custody solely for being at high risk for sexual victimization or following a report that the individual was the victim of sexual abuse, must be done only after an assessment of all available alternatives has been made and determined that there are no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A. The ADS/PCM must be notified of these assignments no later than the next business day, who will then inform the AC/PREA, in writing, of the date and time Form #2168A was completed and the date and time of the individual's removal from this status, if removed. The facility reports no individuals who were held in involuntary segregated housing in the past 12 months for up to 24 hours awaiting an assessment; this was confirmed through interviews with the ADS/PCM, PPP, and staff assigned to work the SHU.</p> <p>115.43(b): Per DIR #4948, individuals in Sexual Victimization Involuntary Protective Custody Status are afforded access to recreation, telephone calls, visiting, programs, exercise, religious counseling, counseling services, law library services, legal services, general library services, education, commissary/packages, Family Reunion Program, grievance program, laundry services, and personal property. To the extent possible, access to these services is the same as afforded to the general population. Restrictions for limitations to access are documented on Form #4948A, including justification. Administrative Segregation Plan, Attachment A, indicates inmates are allowed group recreation, television, commissary, property, programming, and in-cell correspondence course materials. Any restrictions to an inmate's access to programs, privileges, education, or work opportunities must be documented on Form #4948A, Restriction of Inmate's Program-Participation, which includes: 1) the opportunities that have been limited; 2) the duration of limitation; 3) the reasons for such limitation.115.43(c)(d)(e): Per DIR #4948, Protective Custody Status, the facility assigns individuals at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Form #2168A includes the basis for the facility's concerns for the inmate's safety and documentation of what alternatives were considered and assessed as unavailable. An assignment should ordinarily not exceed 30 days. If this status extends beyond the 30 days, the status will be reviewed every seven days for the</p>

first two months and at least every 30 days thereafter by a three-member committee consisting of a representative of the facility's Executive Staff, a Security Supervisor, and a member of the Guidance and Counseling staff. Following DIR #4948, Form #2170A must be clearly documented with the facility's concerns for the inmate's safety and an explanation of what alternatives were considered and assessed to be unavailable when an individual is placed on Involuntary Protective Custody for high risk of victimization. No cases occurred; therefore, there were no cases to review. No individuals at risk of sexual victimization were held in involuntary segregated housing in the past 12 months, as confirmed during interviews with the ADS/PCM, PPP, and staff assigned to work the SHU. The auditor interviewed the AC/PREA, Superintendent, DS/S, ADS/PCM, SORC, and security staff who are assigned to the SHU and was able to confirm alternative arrangements are always made for keeping individuals who are at risk for sexual victimization safe instead of placing an individual on Involuntary Protective Custody Status.

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

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; Employee Manual; Sexual Abuse Prevention and Response Training; OSI Poster - Phones 444; Prevention of Sexual Abuse in Prison English; ACOC Letter; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.51(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 PPP, 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 facility does not have any closed investigation files for the audit period. The PPP performs weekly PREA Phone Line Checks for deficiencies and sends the report to ASD/PCM.</p> <p>115.51(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 Beilein to Acting Commissioner Annucci, dated May 24, 2017, provided for the auditor's review.</p> <p>115.51(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</p>

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 before assuming any duties for the DOCCS. All reports received by staff were handled promptly and put in writing to the Watch Commander for further response.

115.51(d): The Sexual Abuse Prevention and Response Training informs all employees that reports may be made privately by calling DOCCS OSI/SCD at 518-457-2653 or emailing specialinvestigations@doccs.ny.gov. This information is also listed on the Pocket Card distributed to all staff for quick reference. In addition, staff interviews confirmed that they are aware they may go outside of their chain of command and report misconduct privately through this method.

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

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4040; Memorandum/Grievances Alleging Sexual Abuse or Sexual Harassment; Information Obtained from Interviews.</p> <p>115.52 (a-g): Based on the auditor's review of DIR #4040, DOCCS is exempt from this standard. A memorandum issued on May 15, 2019, from Deputy Commissioner McGrath outlines the specific steps that are to be taken in response to receiving a grievance alleging sexual abuse or sexual harassment. The auditor interviewed the Grievance Program Supervisor, who confirmed that a report of sexual abuse/harassment received on a grievance form would be documented according to the instructions in the memorandum and then forwarded immediately to the Watch Commander, ADS/PCM, and the DS/S. The Watch Commander would further process the allegation as a written report following the guidance directives in 115.65. There were no allegations of sexual abuse or harassment reported through the grievance process within the audit period.</p> <p>Based on a review of the stated evidence, the facility and DOCCS are compliant with this standard through non-applicability.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>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>115.53(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. Community-based Rape Crisis Programs provide the services, 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, trauma-informed counseling, victim advocacy via telephone, privileged correspondence, and in-person services. 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 to seek or receive 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 under the relevant contract. An incarcerated individual can request ongoing rape crisis services, emotional support, or advocacy 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 request the facility's ADS/PCM, designated PREA Point Person, or other designated staff person for assistance arranging a Rape Crisis Program Legal</p>

Call. Emotional support/advocacy calls should generally be limited to 30-45 minutes. 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 facility's needs. Rape Crisis Program Legal Calls with PREA Centers may be arranged regularly in keeping with the PREA Center's protocols. DIR #4423 allows an individual to add an approved Rape Crisis Program to their 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). 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 accessing 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. There were 10 calls logged for Ulster CF between September 2021-August 2022.

115.53(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 to accommodate 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 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 used by incarcerated individuals. DIR #4404 guides visits between an incarcerated individual and a representative, including an employee or registered volunteer, or a rape crisis program, and provides an area 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 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 Ulster 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.

115.53(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 extended through 09/30/2022. The AC/PREA provided updated correspondence between the DOCCS, CVTC-NYSCASA, and OVS confirming a continuation of the Scope of Services beyond the 09/30/2022 contract expiration. The Scope of Services includes providing services for incarcerated individuals according to the PREA administered by the DOCCS and OVS. Administration of the Hotline for calls received through the 777 speed-dial number, with operation hours between 8:00 AM and 11:00 PM, is in effect through 09/30/2024. This MOA allows calls to be responded to and 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 above); maintain active confidential communication with DOCCS staff 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, secured to replace the existing contract for hotline services upon expiration later this year.

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

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; DOCCS Website Review; Information Obtained from Interviews.</p> <p>115.54(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 information to the facility Superintendent or Bureau Chief. Immediate after-hours reports concerning an incarcerated individual may be made to the facility Watch Commander. In addition, anyone may report an incident of sexual victimization involving an incarcerated individual or a release to the OSI through the 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. All 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.</p> <p>Based on the review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with this standard.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1474 582">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="256 622 1474 1196">115.61(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="256 1236 1474 1688">115.61(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="256 1729 1474 2056">115.61(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</p>

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.

115.61(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. Ulster CF houses no individuals under the age of 18.

115.61(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 and until 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. DIR #0700, Office of Special Investigations, establishes and grants authority to the OSI/SCD to conduct these investigations.

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

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4948; Form #2158A, Sexual Victimization - Involuntary Protective Custody Recommendation; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.62(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. 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 Status. 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>Based on the review and evaluation of the stated evidence, Ulster CF and DOCCS have demonstrated compliance with the requirements of this standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; Jail Administrators Contact Information; Form #115.63, PREA Allegation Notification Form; Information Obtained from Interviews.</p> <p>115.63 (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 should be notified immediately. If the facility where the abuse allegedly occurred is a DOCCS facility, the email will be addressed to the facility's superintendent with a copy of the DS/S, ADS/PCM, and PPP in addition to OSI. The email to notify the NYC (New York City) DOC shall be addressed to the Deputy Director of Investigation and the NYC DOC PREA Coordinator. Notifications to State correctional facilities or jails 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 it as needed for notification purposes. 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 DS/S 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. The facility advised there were five allegations received by an individual of an incident that occurred at another facility and provided documentation for the auditor's review. Reports of the allegations were provided from the Ulster CF Superintendent to the other facility's Superintendent, with copies to OSI and the facility's ADS/PCM, using Form #115.63, within the 72 hours required for each case. The facility also provided documentation for mental health referrals and advisement of the community advocate services to demonstrate the facility's response to these reports. Additionally, there was one allegation received from other facilities of incidents that were to have occurred and Ulster CF and which were promptly referred for review and investigation. Interviews with the OSI Investigators, Superintendent, ADS/PCM, PPP, and DS/S confirm a thorough understanding of the procedures. The ADS/PCM provided for the auditor's review an instruction sheet for the Screening Sergeants to use that provides step-by-step instructions on what to do if they received a report of an allegation that occurred at another facility. These instructions include timely notifications so that the information can be reported promptly to the facility where the alleged incident occurred.</p> <p>Based on the review and evaluation of the stated evidence, Ulster CF and DOCCS have demonstrated compliance with this standard.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; Coordinated Response Operations Manual template; Memo Coordinated Response FOM #500; Watch Commander Sexual Abuse Tracking Sheet; Watch Commander Quick Reference Chart; Sexual Abuse Prevention and Response Training; PREA Pocket Card; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.64 (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 #500 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 measures 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. The auditor reviewed the Watch Commander's logbook and found a consistent practice of making these entries to document when the Watch Commander receives allegations. The Sexual Abuse Prevention and Response training is mandatory for all staff and includes specific training on first responder duties. Various staff interviewed had the PREA First Responder Pocket Card issued by the facility, which provides step-by-step instructions for a First Responder. All security and non-security staff interviewed were knowledgeable of their first responder duties. The DOCCS makes no differentiation between security and non-security employees about first responder actions in an incident of sexual abuse, and all are trained on the same</p>

procedures. Training records confirmed that all staff received this training during their initial orientation. There was one sexual abuse allegation reported within the audit period. The case is still pending investigation. Interviews with various staff confirmed a thorough knowledge of their first responder duties.

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

115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; DIR #4301; SVPPM #115.65; FOM #500, Ulster Correctional Facility Coordinated Response Plan; HSPM #1.60; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.65(a): Through DIR #4027 and SVPPM #115.65, each facility must maintain a written institutional plan to coordinate actions to respond 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 to respond to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Ulster Correctional Facility Coordinated Response Plan, FOM #500, was reviewed by the auditor and found to be thorough; 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 the specific duties of the Watch Commander, including a Watch Commander Quick Reference Chart. OSI must be notified on Form 4027RC for allegations of sexual abuse perpetrated by staff or other incarcerated individuals, or for an unauthorized relationship, before initiating any investigative steps beyond assessment interviews. In these cases, Form 4027WC, Watch Commander's Sexual Abuse Response Sheet, is to be completed. If the incident is deemed sexual abuse or a sexual assault and has occurred within a 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 based on 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: Garnet Health Medical Center, St. Lukes Cornwall Hospital, or Mid-Hudson Regional Hospital. FOM #500 includes names, phone numbers, and email addresses for the points of contact at each of these hospitals. 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, the availability of a victim advocate during such examination</p>

pregnancy-related services, and the availability of crisis intervention services. If an incarcerated individual is identified as needing 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, according 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. The Watch Commander will 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. 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 #500 is disseminated to all affected staff, and a copy is retained in the Watch Commander's office and the medical department for quick reference.

Based on a review and evaluation of the stated evidence, Ulster 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.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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>115.66 (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 Section 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. 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/Commissioner's Designee, 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, the facility and DOCCS have demonstrated compliance with this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>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>115.67(a): SVPPM #115.67, combined with the Employee's Manual, 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>115.67(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. As confirmed by the Acting Commissioner and AC/PREA, all incarcerated individuals, releasees, and staff who report sexual abuse or sexual harassment or cooperate with the investigation are protected from retaliation by other incarcerated individuals or staff. This includes housing changes or transfers for incarcerated individual victims or abusers (as necessary), removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Decisions on protective measures are made on a case-by-case basis by both the facility administration and the OSI. If current housing is not appropriate, consideration will be given to moving to a different housing unit or facility. Any complaint or evidence of retaliation is referred to the OSI/SCD for investigation and to be promptly remedied.</p> <p>115.67(c)(d)(e): SVPPM #115.67 directs monitoring to continue for a minimum of 120 days 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</p>

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 within-person status checks; 2) for staff, review of any negative performance evaluations or reassignments with in-person status checks recommended. The designated PPP will assist and serve as the backup for monitoring, which shall include seeing incarcerated individuals and staff during 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 reviewed the Protection from Retaliation Monitoring Log, indicating monitoring of individuals as required, with documentation if the individual transferred or released and if the monitoring was extended. The facility provided the Retaliation Monitoring Form for the one sexual abuse allegation. The auditor's review of the document and interviews with the PPP, ADS/PCM, and Superintendent confirmed these processes are well-implemented at Ulster CF.

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.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4948; Form #2168A; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.68(a): DIR #4948, Protective Custody Status, sets forth the minimum conditions of confinement for incarcerated individuals in Protective Custody Status. Use of segregated housing to protect an individual alleged to have suffered sexual abuse is subject to the same requirement of 115.43. Individuals may be placed in involuntary segregation after a report of sexual abuse has been made only after an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the individual in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A, Sexual Victimization - Involuntary Protective Custody Recommendation. The referenced policy clearly outlines requirements that are compliant with this standard. No individuals have been placed in segregated housing in the past 12 months for allegedly having suffered sexual abuse. For additional narrative, reference 115.43 of this report. No individuals have been placed in involuntary segregated housing in the past 12 months for any time after having alleged to have suffered sexual abuse. This was confirmed during interviews with the Superintendent, ADS/PCM, PPP, Watch Commanders, and security staff assigned to work in the segregated housing area.</p> <p>Based on the review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with this standard.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #0700; DIR #4027; Notice to Auditor, Criminal and Administrative Investigations; NYSP Superintendent D'Amico PREA Investigations; Criminal Procedures Law, 160.45 Polygraph Tests; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.71(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 developing 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. The auditor interviewed OSI/SCD Investigators who are assigned to Ulster CF. The investigators explained the steps to initiate an investigation and stated that the nature of the allegation would dictate the response time, although all reports are investigated promptly; they explained the investigative steps, which were aligned with policy requirements and training received, and the procedure for collection of circumstantial and direct evidence protocols. Both were experienced and knowledgeable in protocols for investigating sexual abuse in correctional settings.</p> <p>115.71(b): Following 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 115.34 narrative of this audit report. The auditor's review of the case file indicated a trained investigator completed the investigation.</p> <p>115.71(c): Based on the auditor's interviews with the OSI/SCD Investigators, review of investigative case files, 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</p>

perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71(d): Per the OSI Policy Manual, when the quality of the evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews as outlined 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. This procedure was confirmed as practice during interviews with the OSI Investigators and in the review of the investigative case files.

115.71(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 facility's 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.

115.71(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.

115.71(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 OSI/SCD Investigators 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 since

the last audit.

115.71(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.

115.71(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 facility's investigations, the auditor confirmed an investigation would not be terminated due to the departure of the abuser or victim from the control of the DOCCS.

115.71(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. Based on an interview with the AC/PREA/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, Ulster and DOCCS have demonstrated compliance with all provisions of this standard

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: OSI Policy Manual, Chapter 21; Case Files; Information Obtained from Interviews.</p> <p>115.72(a): The auditor's review of the 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. The facility reports one pending investigation, and interviews with OSI/SCD Investigators confirmed that sexual abuse and harassment allegations are substantiated using the standard of preponderance of the evidence.</p> <p>Based on the review and evaluation of the stated evidence, the Ulster CF and DOCCS have demonstrated compliance with the requirement of this standard.</p>

115.73	Reporting to inmates
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1430 416">Evidence Reviewed: Notification of Investigative Determination; OSI Policy Manual; Information Obtained from Interviews.</p> <p data-bbox="256 456 1469 987">115.73(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 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 investigation and notify the individual in person of the result when substantiated. If there were multiple allegations with mixed outcomes, the individual should be advised what allegations were substantiated, unsubstantiated, and unfounded, as applicable. 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. The one allegation received during the audit period was completed, pending supervisory review.</p> <p data-bbox="256 1028 1477 1688">115.73(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 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 can 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="256 1729 1477 2056">115.73(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 related to sexual abuse within the facility or the staff member has been convicted on a charge related to sexual abuse within the facility. No cases closed within the audit period applied to this provision. However, interviews with the ADS/PCM, PPP, and OSI Investigators confirmed these procedures are in place if and when applicable.</p>

115.73(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. The Investigator documents these notifications in the case files. The auditor's interview with the OSI/SCD Investigators confirmed these procedures. No substantiated cases during the audit period qualified for this notification. However, interviews with the ADS/PCM, PPP, and OSI Investigators confirmed these procedures are in place if and when applicable.

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

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #2110; DIR #2111; DIR #4027; Employee Manual; Presumptive Disciplinary Sanctions; Notice to Auditor #115.76 Disciplinary Sanctions for Staff; Information Obtained from Interviews.</p> <p>115.76(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.</p> <p>115.76(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." In the last 12 months, the facility has indicated no substantiated cases of staff-perpetrated sexual harassment or abuse.</p> <p>115.76(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 proper 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 considers 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</p>

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 investigates the misconduct, a copy of the investigative file or 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."

115.76(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.

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

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4750; Standards of Conduct for Volunteers; Form #MFVS3087, Acknowledgement of Standards of Conduct for Volunteers; Notice to Auditor 115.77; Memorandum from Acting Commissioner Annucci, Subject: Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (Revised).</p> <p>115.77(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 and act 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 Ulster CF during the audit period.</p> <p>Based on the review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4401; SVPPM #115.6; DIR #4932; Hearing Officer Reference Book; Information Obtained from Interviews.</p> <p>115.78(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 incarcerated 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>115.78(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 reviewing the entire situation and circumstances of the case and considering the individual's mitigating factors, such as past behavior. This table includes a Tier III Disciplinary Sanctions checklist. These guidelines clearly support fair and objective considerations in all disciplinary cases.</p> <p>115.78(c): DIR #4932 guides 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>115.78(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</p>

benefit from sex offender counseling and treatment. In addition, 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.

115.78(e)(f)(g): SVPPM 115.6 defines sexual abuse and other related terms and are with those found in 28 C.F.R. Part 115, Definitions related to sexual abuse. No disciplinary reports were issued on any individual for contact with staff, falsely reporting, or lying about a sexual abuse/harassment incident during the audit period. Interviews 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.

115.78(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. Interviews with the Disciplinary Supervisor confirmed that zero-tolerance for sexual activity is enforced, and individuals are held accountable.

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

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: HSPM #1.44; Form #3278-PREA; DIR #4301; FOM #501; Form #3150; HSPM 1.12B; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.81(a): PREA Risk Screening, DIR #4301, and Ulster Correctional Facility FOM #501 work collectively to ensure incarcerated individuals who report prior victimization of sexual abuse will be offered a referral to medical or mental health services. And DIR #4301 OMH ensures regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days. Division of Health Services Policy #1.44 guides medical and mental healthcare procedures and directs that upon arrival at a DOCCS facility, every newly received or transferred individual, including individuals being moved from an owning correctional facility to the same correctional facility Special Housing Unit (SHU), receive a health screening by a Registered Nurse (RN) using Form #3278-PREA. This screening includes an inquiry into the individual's current and past health, mental health, and PREA history and immediate referral of any individual to a health provider if indicated. The auditor reviewed completed examples of Form #3278-PREA, where individuals reported prior sexual victimization, and found that the proper referral is made to OMH according to policy requirements on a regular and consistent basis. Completed health screening forms are filed in the incarcerated individual's Ambulatory Health Record and accompany the individual during transfer. Additionally, OMH maintains documentation of information obtained during interviews in their case file records. Interviews with health services staff, staff who conduct risk screenings, and Watch Commanders confirmed these procedures are well-understood by affected staff and well-implemented.</p> <p>115.81(b): As per PREA Risk Screening, DIR #4301, and FOM #501, individuals who report prior perpetration of sexual abuse will be offered a referral to medical or mental health services. If the incarcerated individual accepts the referral to OMH, the Sergeant makes a written referral to the OMH using Form #3150 and includes a brief description of the incident and any other relevant information. The Sergeant then notifies the Watch Commander of the referral. This referral offer is documented on the individual's Risk Screening Form #115.41M. Additionally, if prior perpetration of sexual abuse is disclosed but not previously reported when the ORC conducts the reassessment, the ORC will follow the same procedures. Interviews with staff who conduct risk screenings and Watch Commanders confirmed these procedures are well understood by affected staff and implemented.</p> <p>115.81(d): HSPM #1.44, Health Screen of Inmates, directs any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing,</p>

bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Completed health screening forms are filed in the inmate's Ambulatory Health Record and accompany the inmate during transfer. These forms are available for review by the health screening staff of each arrival facility involved in the inmate's transfer and serve as a reference tool for completing subsequent health screening forms. Additionally, FOM #501 identifies PREA Intake Screening Forms 115.41M/F as confidential documents. These completed forms are filed in the Guidance Folders, and distribution is limited to the ADS/PCM and PPP. Access to the completed forms is limited to the Executive Team and Guidance Staff with a business necessity to review the completed forms. Interviews with the ADS/PCM, PPP, guidance staff, and health services staff confirm that the information collected related to sexual victimization or abusiveness is held confidentially.

115.81(e): HSPM #1.44 states medical and mental health practitioners obtain informed consent from incarcerated individuals before reporting information about prior sexual victimization that did not occur in an institutional setting unless the individual is under the age of 18. Informed consent/HIPAA release is not required for a referral to the OMH. According to an interview with health services personnel before the beginning of a mental health evaluation, the individual is informed of the limits of confidentiality and asked to consent to the interview. The incarcerated individual signs a consent form, and the informed consent is documented in the health record. Auditor reviewed files of individuals who received services and found timeframes were met, and informed consent was obtained. Information in the individual's healthcare record is highly restricted to medical and mental health practitioners.

Based on the review and evaluation of the stated evidence, Ulster CF and DOCCS have demonstrated compliance with all requirements of this standard.

115.82	Access to emergency medical and mental health services
	<p data-bbox="256 188 986 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 560 300">Auditor Discussion</p> <p data-bbox="256 340 1469 456">Evidence Reviewed: HSPM #1.12B; HSPM #1.44; HSPM #1.60; Mental Health Referral Form #3150; SAFE-SANE Updated; FOM #500; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="256 497 1469 1868">115.82(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 before 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 before transportation to the emergency department. Healthcare staff must communicate with the emergency department triage nurse by phone to notify them of victim transport to their facility. Documentation regarding 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 they 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 the facility. For all involved individuals, immediate completion/submission of a Mental Health Referral Form #3150 is required. Based on the interviews with healthcare staff, OMH, ADS/PCM, PPP, OSI Investigators, and the auditor's review of investigative files, all incarcerated individuals involved in allegations of sexual abuse receive a referral to Medical and OMH, and individuals have unimpeded access to emergency medical treatment and crisis intervention services. No incidents reported within the past 12 months initiated transporting the individuals to the local hospital for an examination.</p> <p data-bbox="256 1908 1469 2069">115.82(c): HSPM #1.12B 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</p>

community level of care. Interviews with healthcare practitioners confirmed that the facility is prepared to provide these services upon the individual's return to the facility after the forensic examination in accordance with the provider's orders. 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.

115.82(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 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. 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 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 based on 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: Garnet Health Medical Center, St. Luke Cornwall Hospital, or Mid-Hudson Regional Hospital. FOM #500 includes names, phone numbers, and email addresses for the points of contact at each of these hospitals.

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

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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>115.83(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 before 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 the facility. DIR #4301 provides guidelines related to services provided to under-custody individuals. The OMH, through its Division of Forensic Services, provides services to the DOCCS under custody incarcerated population. These services are provided as follows: At designated DOCCS 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 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 individual 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. It 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 service levels.</p>

115.83(d)(e): Ulster CF is a male facility. These provisions do not apply to Ulster CF. However, HSPM #1.60 provides a 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.

115.83(f): In accordance with HSPM #1.60, when medically appropriate, HIV prophylactic medications will be offered before transportation to the emergency department. Application of the Department's Incarcerated Individual 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. All incarcerated participants of a sexual encounter require assessment regardless if participation involved force, coercion, or mutually agreed-upon contact. An interview with the Nurse Administrator confirmed this procedure is in place; no individuals were transported out for an FME.

115.83(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.

115.83(h): Per HSPM #1.60, immediate completion and submission of a Mental Health Referral Form #3150, is required for all involved individuals.

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

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>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>115.86(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 to facilitate the completion of those incident reviews. After 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>115.86(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.</p> <p>115.86(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 circumstances of the incident; events leading up to and following the incident; consideration of whether actions taken were consistent with policies and procedures; whether alternative means of managing the situation were available; identification of actions that could be taken to avoid future incidents of a similar nature and identification of training needs; determination of whether Incident Command System levels or response levels were used during the incident; whether employee action or inaction was a factor in the incident; and 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</p>

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. Using the Incident Review Checklist required by SVPPM #115.86, the facility completes a comprehensive review that includes all necessary elements outlined in provision (d) of this standard which goes beyond these minimum requirements. The facility had no completed investigations within the prior 12 months but provided an incident review that occurred since the last audit. The auditor found a meaningful review was completed within 30 days after the investigation concluded and documented on the Incident Review Checklist appropriately. Interviews with Review Team Members revealed a thorough knowledge of the procedures.

115.86(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. An interview with the ADS/PCM confirmed that the Incident Review Tracking Sheet is maintained on a shared drive so the PPP can access and update it as needed. The Logs are saved by calendar year and document all corrective actions recommended and completed. The facility reports no substantiated allegations of sexual abuse or sexual harassment, therefore, no incident reviews were conducted within the last 12 months.

Based on the review and evaluation of the stated evidence, Ulster CF and DOCCS have demonstrated compliance with this standard. Additionally, the DOCCS has exceeded through implementing 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.

115.87	<p data-bbox="240 91 1503 1666">Data collection</p> <p data-bbox="240 165 1503 241">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 241 1503 318">Auditor Discussion</p> <p data-bbox="240 318 1503 414">Evidence Reviewed: SVPPM #115.87; DOCCS Public Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 414 1503 1019">115.87(a)(b): SVPPM #115.87 outlines the basic procedures for data collection, review, storage, and reporting of sexual abuse data. Following this standard, the DOCCS collects uniform confidential incident-based data for all allegations of sexual abuse. In cooperation with the OSI, the Office of Program Planning Research and Evaluation reviews allegations reported to the SCD to collect uniform data for every allegation of sexual abuse. The PREA Analyst conducts a preliminary review of claims reported to OSI/SCD weekly 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. §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="240 1019 1503 1288">115.87(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="240 1288 1503 1400">115.87(e): The DOCCS does not contract for the confinement of incarcerated individuals (reference standard 115.12 of this audit report).</p> <p data-bbox="240 1400 1503 1556">115.87(f): On an annual basis, upon request by the U.S. 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="240 1556 1503 1666">Based on the review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>
---------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: SVPPM #115.88; DOCCS Public Website; Annual Report on Sexual Victimization, 2015-2019; Information Obtained from Interviews.</p> <p>115.88(a): SVPPM #115.88 establishes a policy requiring the Department to review data collected and aggregated as indicated in SVPPM 115.87, 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 Part115. These initial classifications are preliminary and subject to further review. The allegation categories are not final until the OSI provides a final resolution of the investigation and the PREA Analyst does a final review. These reconciled data are aggregated for an annual review of substantiated PREA allegations that include 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 before submission of data to the BJS. OSI securely retains all investigative files. The PREA Analyst securely retains the electronic PREA data collection.</p> <p>115.88(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 compares allegations of sexual abuse and sexual harassment over a five-year period. The annual report includes comparing 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 identifies 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, Ulster CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>115.89(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 OSI and the PREA Analyst according to 115.87. Aggregated sexual abuse data is readily available to the public through its website. Additionally, this directive requires personal identifiers to be removed before the report is made public and retention of all sexual abuse data collected for at least ten years after the initial collection date. 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 2015-2019, with a publication date of April 2022, confirmed compliance with the provisions of this standard.</p> <p>Based on the review and evaluation of the evidence stated, Ulster CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1414 416">Evidence Reviewed: DOCCS Public Website; PREA Audit Reports; Projected Audit Schedule; Observations During Site Visit; Information Obtained from interviews.</p> <p data-bbox="280 454 1465 779">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 data-bbox="280 817 1474 1142">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 § 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 the narrative found in standard 115.12 of this report for more information.</p> <p data-bbox="280 1180 1445 1256">115.401(h): The auditor was permitted to observe and fully access all areas of the Ulster CF.</p> <p data-bbox="280 1294 1410 1458">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 data-bbox="280 1496 1474 1572">115.401(h): The auditor was provided with appropriate and private areas to conduct all interviews.</p> <p data-bbox="280 1610 1477 2018">115.401(n): ACA provided the audit notifications on behalf of the auditor in English and Spanish; these notices were posted throughout the facility prominently and provided an opportunity for individuals to send confidential letters to the auditor. The auditor received no correspondence from incarcerated individuals before the site visit. The auditor received one letter from an incarcerated individual during the post-audit period, which was forwarded through the appropriate channels for investigation. 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 data-bbox="280 2056 1406 2089">Based on a review and evaluation of the evidence stated, Ulster CF and DOCCS</p>

	demonstrated compliance with all provisions of this standard.
--	---------------------------------------------------------------

115.403	Audit contents and findings
	Auditor Overall Determination: Meets 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 141 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. The site was easily navigated and intuitive.</p>

Appendix: Provision Findings		
115.11 (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
115.11 (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 facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (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 inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (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? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (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 inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates 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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates 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 inmates 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
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (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 inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (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 inmates?	yes
115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (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

115.17 (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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (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

115.21 (b) Evidence protocol and forensic medical examinations		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (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
115.21 (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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (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
115.21 (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
115.21 (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 always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (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
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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

115.22 (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 criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates 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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a) Inmate education		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b) Inmate education		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c) Inmate education		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d) Inmate education		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (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
115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes

115.35 (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
115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (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 inmate's detriment by staff or other inmates?	yes

115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate 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 inmates 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
115.54 (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 an inmate?	yes

115.61 (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 inmates 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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (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
115.61 (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

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (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
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (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

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (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
115.65 (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

115.66 (a)	Preservation of ability to protect inmates 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (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 115.21(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 115.21(a).)	yes
115.71 (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 115.34?	yes
115.71 (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

115.71 (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
115.71 (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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (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
115.71 (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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (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 agency does not provide a basis for terminating an investigation?	yes
115.71 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (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
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (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
115.76 (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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
115.77 (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 inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (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
115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (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

115.83 (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
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates 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.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates 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.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (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

115.86 (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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (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

115.87 (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
115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (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
115.88 (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

115.88 (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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
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.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes