

PREA Facility Audit Report: Final

Name of Facility: Bridges of New York Newburgh

Facility Type: Community Confinement

Date Interim Report Submitted: 01/05/2023

Date Final Report Submitted: 01/23/2023

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: Chris Sweney	Date of Signature: 01/23/2023

AUDITOR INFORMATION	
Auditor name:	Sweney, Chris
Email:	csweney.prea@gmail.com
Start Date of On-Site Audit:	11/21/2022
End Date of On-Site Audit:	11/21/2022

FACILITY INFORMATION	
Facility name:	Bridges of New York Newburgh
Facility physical address:	██████████, Newburgh, New York - 12550
Facility mailing address:	

Primary Contact	
Name:	William Best
Email Address:	Wbest@bridgesofny.org
Telephone Number:	516-524-3846

Facility Director	
Name:	Michelle Watts
Email Address:	mwatts@bridgesofny.org
Telephone Number:	845-787-4933

Facility PREA Compliance Manager	
Name:	Michelle Watts
Email Address:	mwatts@bridgesofny.org
Telephone Number:	O: 845-787-4933

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	10
Average daily population for the past 12 months:	8
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:	18-67
Facility security levels/resident custody levels:	Community Based Residential Program
Number of staff currently employed at the facility who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Bridges of New York, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	290 S Ocean Avenue, P.O. Box 7717, Freeport, New York - 11520
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	William Best	Email Address:	wbest@bridgesofny.org

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
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:	2022-11-21
2. End date of the onsite portion of the audit:	2022-11-21

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:	Orange County Rape Crisis - (845) 342-2400 ext. 1262 http://www.mhaorangeny.com/rapecrisis/index.html

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	12
15. Average daily population for the past 12 months:	8
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	11
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:	1
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:	0

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<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>No text provided.</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>4</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>0</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>0</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

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor conducted interviews with random and targeted residents. The resident population on the first day of the onsite review was 11. All reasonable efforts were made to conduct the required number of targeted resident interviews. The auditor selected additional residents from the available targeted populations and increased the number of random resident interviews to ensure that the appropriate numbers of residents were interviewed. There was a total of 10 formal resident interviews conducted. The auditor selected residents randomly by using a full roster provided at the beginning of the on-site review. Interviews were conducted with at least one resident for each living area.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</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>1</p>
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<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>
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<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>
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<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 no Residents with cognitive or functional disabilities. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
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<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 no Residents who are Blind or have low vision. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who are Deaf or hard-of-hearing. This was verified during the tour of the facility and confirmed during staff and resident interviews.</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>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 no Residents who are Limited English Proficient (LEP). This was verified during the tour of the facility and confirmed during staff and resident interviews.</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 facility reported no Residents who identify as lesbian, gay, or bisexual. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who identify as transgender or intersex. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported there were no Residents currently in the facility who reported sexual abuse during the audit period. This was verified during the tour of the facility and confirmed during staff interviews.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who disclosed prior sexual victimization during their risk screening. This was verified while reviewing intake documentation and confirmed by facility staff during their interviews.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who were placed in segregated housing/isolation for risk of sexual victimization. This was verified during the tour of the facility and confirmed during staff and resident interviews.</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>
<h2>Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>4</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 checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" 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>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</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>5</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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).	No text provided.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

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	0	0	0	0
Total	0	0	0	0

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	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:

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>Bridges of New York Newburgh reported zero sexual abuse investigations during the audit period. This was verified during staff and resident interviews.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>

<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>Bridges of New York Newburgh reported zero sexual harassment investigations during the audit period. This was verified during staff and resident interviews.</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

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

<p>121. Who paid you to conduct this audit?</p>	<p> <input checked="" type="radio"/> The audited facility or its parent agency <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) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility has a zero tolerance policy towards all forms of sexual abuse and harassment. The policy outlines how the department prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The policy also includes definitions of prohibited behaviors and sanctions for those who participated in those behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>The Newburgh Facility's designated PREA Coordinator is indicated in the Bridges of New York organizational chart. The PREA Coordinator indicated during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none">1. Residential Director/Case Manager2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none">1. Observations during on-site review of physical plant <p>Bridges of New York does not contract with other entities to house their residents</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1430 416">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 456 1453 600" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Staffing Plan <p data-bbox="280 640 437 676">Interviews:</p> <ol data-bbox="280 712 1015 891" style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager 3. House Manager Interview <p data-bbox="280 927 651 963">Site Review Observations:</p> <ol data-bbox="280 999 1465 1626" style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol data-bbox="280 1070 1465 1626" style="list-style-type: none"> a. Bridges of New York has a staffing plan which accounts for generally accepted practices; Bridges of New York follows applicable regulations and standards to determine staffing levels. All components of the facility’s physical plant, video monitoring system, composition of the resident population and placement of supervisory staff are also considered. b. Deviations from the staffing plan are documented and reported to the Facility Director. The Newburgh facility reported no deviation from their annual staffing plan c. Staffing requirements are assessed annually and adjustments are made if necessary. Any changes to Newburgh Facility staffing levels must be mutually agreed to by the NYDOCCS and Bridges of New York. Vacancies at any position are reported to the contract monitor at the New York Department of Corrections and Community Supervision. <p data-bbox="280 1662 568 1697">Corrective Action:</p> <p data-bbox="280 1733 1385 1809">Please provide documentation showing your annual staffing plan and review.</p> <p data-bbox="280 1845 408 1881">Update:</p> <p data-bbox="280 1917 1270 1993">As of 1/12/2023 Bridges of New York Newburgh has provided documentation showing their staffing plan and annual review.</p> <p data-bbox="280 2029 1465 2105">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews 4. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> a. Bridges of New York policy prohibits cross-gender pat searches, strip searches or cross-gender visual body cavity searches. d. The facility has implemented policies and procedures which enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their, buttocks, or genitalia, except when such viewing is incidental to routine checks. e. Bridges of New York always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. <p>If a resident's genital status is unknown, the facility determines genital status only through conversations with the resident, by reviewing medical records.</p> f. The Newburgh Facility is an all-male facility. Female staff announce anytime they enter one of the resident rooms. Resident interview indicated this is a common practice. All Newburgh staff are trained to conduct cross-gender pat searches in the event of an emergency. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 2. Bridges of New York Policy 30-12-007 Sexual Misconduct and Sexual Harassment 3. Bridges of New York Policy 30-12-003 Americans with Disabilities Act 4. Bridges of New York PREA Poster 5. Bridges of New York PREA Pamphlet 6. Newburgh Facility Resident Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews 4. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> a. The Newburgh Facility takes steps and has a policy which ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. b. The Newburgh Facility provides residents a handbook which is available in English and Spanish. Additionally, the facility has bilingual staff and their PREA posters and pamphlets are available in English and Spanish. c. Newburgh Facility policy prohibits relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1430 416">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 745" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-12-011 Employee Hiring 3. Bridges of New York Policy 30-12-012 Employee Personnel Files 4. Bridges of New York Organizational Chart <p data-bbox="280 784 437 817">Interviews:</p> <ol data-bbox="280 855 815 958" style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview <p data-bbox="280 996 651 1030">Site Review Observations:</p> <ol data-bbox="280 1068 1062 1102" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="280 1140 1461 1592">(a) Bridges of New York requires background investigations for all new hires as well as for staff being considered for a promotion. <i>Bridges of New York Policy 30-12-011 Employee Hiring states: "The applicant must pass a criminal background check before starting a position with the company. A preliminary approval by DOCCS will be sufficient to start an employee after the corporate office has issued their approval pending the final determination from DOC. Part of this screening will include a criminal background check and may, upon request of the Department of Corrections, include fingerprinting. All sites request a criminal background check from Bridges International Human Resources department so that it can be forwarded to the Department of Corrections and Community Supervision for final approval. "</i></p> <p data-bbox="280 1630 1366 1749">(b) Incidents of sexual harassment will be taken into consideration when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="280 1787 1461 1946">(c) Employment reference checks are conducted by for all applicants this includes efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="280 1984 1374 2058">(d) Bridges of New York requires a criminal background records check before enlisting the services of any contractor who may have contact with residents</p>

(e) Through NYDOCCS, Bridges of New York conduct criminal background records checks at least every five years, additional documentation requested.

(f) Bridges of New York asks all applicants and employees who may have contact with residents directly about previous misconduct, additional documentation requested.

(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Bridges of New York provides 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.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.218	Upgrades to facilities and technology
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 579 300">Auditor Discussion</p> <p data-bbox="280 344 1410 423">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 456 1433 535" style="list-style-type: none">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="280 568 437 602">Interviews:</p> <ol data-bbox="280 636 815 748" style="list-style-type: none">1. Residential Director/Case Manager2. PREA Coordinator Interview <p data-bbox="280 781 651 815">Site Review Observations:</p> <ol data-bbox="280 848 1062 882" style="list-style-type: none">1. Observations during on-site review of physical plant <p data-bbox="280 927 1477 1211">The Newburgh Facility considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is also considered. During this audit period the Newburgh Facility reported upgrades to its security system to include more cameras in areas of the facility reducing blind spots and ensuring the safety of everyone in the program.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1430 416">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 674" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-30-017 Incident Reports 3. MOU with the Orange County Mental Health Association <p data-bbox="280 712 437 745">Interviews:</p> <ol data-bbox="280 784 815 958" style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews <p data-bbox="280 996 651 1030">Site Review Observations:</p> <ol data-bbox="280 1068 1469 2089" style="list-style-type: none"> 1. Observations during on-site review of physical plan <ol data-bbox="280 1144 1469 2089" style="list-style-type: none"> a. This portion of the standard does not apply Bridges of New York, Bridges of New York does not conduct administrative or criminal investigations. Policies are in place which requires employees to full cooperate with the New York Department of Corrections and Community Supervision or local law enforcement to ensure that these institutions have the proper information to conduct their investigation(s). b. his portion of the standard does not apply Bridges of New York, Bridges of New York does not conduct administrative or criminal investigations. Policies are in place which requires employees to full cooperate with the New York Department of Corrections and Community Supervision or local law enforcement to ensure that these institutions have the proper information to conduct their investigation(s). c. The Newburg Facilities response plan indicates that any victim of sexual abuse would be taken to Montefiore St. Luke’s Cornwall Hospital which is approved to assess, treat, provide prophylaxis, and gather forensic evidence without financial cost to residents. Examinations are performed by certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). d. Bridges of New York has an MOU to make available a victim advocate from the Orange County Mental Health Association. e. If requested by the victim, a victim advocate from Orange County will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis

intervention, information, and referrals.

f. Bridges of New York is not responsible for investigating allegations of sexual abuse, NYDOCCS and/or local law enforcement conducts all investigations.

g. Auditor is not required to audit this provision.

h. This portion of the standard does not apply Bridges of New York attempts to make a victim advocate from a rape crisis center available to all victims.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1430 418">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 645" style="list-style-type: none"> <li data-bbox="280 454 1430 533">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="280 568 1430 645">2. Bridges of New York Website: https://www.bridgesofny.org/reports/PREA_policy.PDF <p data-bbox="280 680 437 714">Interviews:</p> <ol data-bbox="280 750 815 929" style="list-style-type: none"> <li data-bbox="280 750 815 784">1. Residential Director/Case Manager <li data-bbox="280 819 715 853">2. PREA Coordinator Interview <li data-bbox="280 889 671 922">3. Random Staff Interviews <p data-bbox="280 965 651 999">Site Review Observations:</p> <ol data-bbox="280 1034 1469 1935" style="list-style-type: none"> <li data-bbox="280 1034 1062 1068">1. Observations during on-site review of physical plant <ol data-bbox="280 1104 1469 1935" style="list-style-type: none"> <li data-bbox="280 1104 1469 1317">a. Bridges of New York does not conduct administrative or criminal investigations. Policies are in place which requires employees to full cooperate with the New York Department of Corrections and Community Supervision and local law enforcement to ensure that these institutions have the proper information to conduct their investigation(s) <li data-bbox="280 1352 1469 1592">b. Bridges of New York has a policy (<i>Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment</i>) and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to the New York Department of Corrections and Community Supervision and if necessary local law enforcement for criminal charges. All such referrals are documented. <li data-bbox="280 1628 1469 1794">c. Bridges of New York has published their policy on its website (https://www.bridgesofny.org/reports/PREA_policy.PDF), however it was found during the post-audit review that it does not specifically indicate who is responsible for conducting both administrative and criminal investigations. <li data-bbox="280 1830 967 1863">d. Auditor is not required to audit this provision. <li data-bbox="280 1899 967 1933">e. Auditor is not required to audit this provision. <p data-bbox="280 1971 584 2004">Corrective Actions:</p> <p data-bbox="280 2040 1257 2074">Bridges of New York has published their policy on its website</p>

(https://www.bridgesofny.org/reports/PREA_policy.PDF), however it was found during the post-audit review that it does not specifically indicate who is responsible for conducting both administrative and criminal investigations.

Update:

As of 1/12/2023 Bridges of New York has updated their website to include who is responsible for conducting both administrative and criminal investigations.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.231	Employee training
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1430 416">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 745" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-12-025 Staff Training and Development 3. Bridges of New York PREA Annual Report 4. Staff Training Records <p data-bbox="280 784 437 817">Interviews:</p> <ol data-bbox="280 855 815 1032" style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews <p data-bbox="280 1070 651 1104">Site Review Observations:</p> <ol data-bbox="280 1142 1481 2007" style="list-style-type: none"> 1. Observations during on-site review of physical plant <ul data-bbox="280 1216 1481 2007" style="list-style-type: none"> (a) Bridges of New York provides all staff with training which includes their zero-tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting abuse and all other components of this standard. (b) Bridges of New York staff receives training tailored to the gender of the residents, the Newburg Facility houses only male offenders and training records reviewed demonstrated a distinction in training. All staff receives training regardless of whether or not they are reassigned from another facility. (c) All current employees who have contact with residents have received training. A review of the staff training records and random staff interviews confirm training was received. Additionally, PREA standards are reviewed as changes are made. (d) Bridges of New York provided training reports which verify they have received the information and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material. Staff interviews confirmed this process. <p data-bbox="280 2045 1481 2121">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Volunteer Application 3. Visitor PREA Acknowledgment Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager 3. Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ul style="list-style-type: none"> (a) Bridges of New York ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the residents. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility. (b) All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and their training is tailored during orientation. (c) Bridges of New York maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.233	Resident education
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1430 418">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 745" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Resident File Review 3. Resident PREA Acknowledgement Form 4. Newburgh Facility Resident Handbook (English/Spanish) <p data-bbox="280 784 437 817">Interviews:</p> <ol data-bbox="280 853 1430 958" style="list-style-type: none"> 1. Residential Director/Case Manager (Intake and Screening Interview Questions) 2. Random Resident Interviews <p data-bbox="280 996 651 1030">Site Review Observations:</p> <ol data-bbox="280 1066 1062 1099" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="280 1137 1445 1384">(a) All residents housed at the Newburgh Facility are transferred from other NYDOCCS facilities. Resident interviews revealed that PREA related information is being provided several times before they are assigned to the Newburgh Facility. During intake, residents receive and sign a Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct which explains Bridges of New York's' zero-tolerance policy towards sexual abuse and sexual harassment.</p> <p data-bbox="280 1422 1477 1579">(b) Bridges of New York provides education to residents about their rights to be free from sexual abuse and sexual harassment. The education, resident handbook and other materials include their rights to be free from retaliation for reporting such incidents and that cases of sexual abuse will be reported to facility staff.</p> <p data-bbox="280 1617 1477 1729">(c) Within 30 days all residents receive additional education and orientation, resident interviews confirmed residents receive and understand PREA education and materials that has been provided.</p> <p data-bbox="280 1767 1477 1935">(d) Bridges of New York provides resident education in formats accessible to all residents including those who are limited English proficient. Information is also available for residents who are deaf, those who are visually impaired, those who are otherwise disabled and residents who have limited reading skills.</p> <p data-bbox="280 1973 1430 2051">(e) Bridges of New York maintains documentation of resident participation in the PREA education in the resident file.</p>

(f) Bridges of New York provides additional educational materials in the resident dorms in the form of posters. Random interviews and the facility tour confirmed the existence of additional materials in most areas.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. NYDOCCS PREA Investigator Training Curriculum <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager 3. NYDOCCS PREA Investigator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility does not conduct administrative or criminal investigations of sexual abuse or sexual harassment. All allegations are forwarded to the New York Department of Corrections and Community Supervision for investigation. All NYDOCCS investigators receive specialized PREA training which includes techniques for interviewing sexual abuse victims, Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence required to substantiate a case for administrative action or prosecution.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility does not have full- or part-time medical staff on site. Any victim of sexual abuse would be taken to Montefiore St. Luke's Cornwall Hospital. Montefiore St. Luke's Cornwall is certifies to provide emergency care and SAFE/SANE services.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1430 418">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 600" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. NYDOCCS PREA Screening Checklist <p data-bbox="280 638 437 672">Interviews:</p> <ol data-bbox="280 710 1430 813" style="list-style-type: none"> 1. Residential Director/Case Manager (Intake and Screening Interview Questions) 2. Random Resident Interviews <p data-bbox="280 853 649 887">Site Review Observations:</p> <ol data-bbox="280 925 1070 958" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="280 996 1477 1447">(a,b,c,d,e) The Newburgh Facility screens all residents for risk of victimization and abusiveness during the intake process. The screening is completed by the Residential Director/Case Manager within the first few hours of arrival at the facility. The screening tool includes whether the resident has a mental, physical, or developmental disability; the age of the resident; the physical build of the resident; whether the resident has previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability.</p> <p data-bbox="280 1485 1477 1644">(f) Within the first thirty (30) days of arrival at the facility, the Case Manager and the resident meet and reassess their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.</p> <p data-bbox="280 1682 1417 1841">(g) Bridges of New York residents reassessed the resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.</p> <p data-bbox="280 1879 1477 1998">(h) Residents are not disciplined for refusing answer questions during the screening process. Information obtained during the initial assessment and reassessment is placed in the residents file.</p> <p data-bbox="280 2036 1098 2069">(i) Only authorized staff are allowed access to these files.</p>

	<p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. NYDOCCS PREA Screening Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager (Intake and Screening Interview Questions) 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) The Newburgh Facility uses information from the resident’s risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. (b) The Newburgh Facility makes individualized determinations about how to ensure the safety of each resident. (c) Transgender or intersex resident’s housing and programming assignments are considered on a case-by-case basis, placement considers the resident’s health and safety, and whether the placement would present management or security problems. Transgender or intersex resident’s placement is reassessed as needed. (d) Transgender or intersex resident’s own views with respect to his or her own safety is given consideration. (e) Transgender and intersex residents are given the opportunity to shower separately from other residents. (f) The Newburgh Facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units based solely on identification or status. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. PREA Brochure 3. Newburgh Facility Resident Handbook (English/Spanish) 4. NYDOCCS PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided at intake and posted in all resident rooms and common areas. Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Phone numbers are provided for the New York Department of Corrections Special Investigations Unit, New York State Commission of Corrections and New York State Domestic and Sexual Violence Hotline. Residents were very aware of all reporting options.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1430 418">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 674" style="list-style-type: none"> <li data-bbox="280 454 1430 533">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="280 568 1110 602">2. Newburgh Facility Resident Handbook (English/Spanish) <li data-bbox="280 638 660 672">3. NYDOCCS PREA Posters <p data-bbox="280 710 437 743">Interviews:</p> <ol data-bbox="280 781 730 889" style="list-style-type: none"> <li data-bbox="280 781 671 815">1. Random Staff Interviews <li data-bbox="280 853 730 887">2. Random Resident Interviews <p data-bbox="280 925 651 958">Site Review Observations:</p> <ol data-bbox="280 996 1062 1030" style="list-style-type: none"> <li data-bbox="280 996 1062 1030">1. Observations during on-site review of physical plant <p data-bbox="280 1068 1473 1229">(a,b) The Newburgh Facility does not impose a time limit when a resident submits a grievance regarding an allegation of sexual abuse, nor does it require a resident to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="280 1265 1473 1509">(c) Resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The Newburgh Facility insures the grievance is not refereed to the staff member who is the subject of the complaint. The Newburgh Facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.</p> <p data-bbox="280 1545 1465 1749">(d) This time period does not include time consumed by residents in preparing any administrative appeal. The Newburgh Facility may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Newburgh Facility notifies the resident in writing of any such extension and provides a date by which a decision will be made.</p> <p data-bbox="280 1785 1465 1906">If the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p data-bbox="280 1942 1473 2063">(e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be</p>

permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the Newburgh Facility documents the resident's decision.

(f) The Newburgh Facility has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, Staff immediately forwards the grievance to a level of review at which immediate corrective action is taken. An initial response is provided within 48 hours, and a final decision is made within 5 calendar days.

In the past twelve months the Newburgh Facility reported zero (0) grievances dealing with sexual abuse or harassment. Residents were aware that they could submit a grievance or emergency grievance to address sexual abuse and harassment.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Newburgh Facility Resident Handbook (English/Spanish) 3. NYDOCCS PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are provided mailing addresses and toll-free telephone numbers. The Newburgh Facility has a signed MOU with the Orange County Rape Crisis Center to provide these services. Residents are aware of the extent to which such communications are monitored.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Newburgh Facility Resident Handbook (English/Spanish) 3. NYDOCCS PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility has processes to receive third-party reports of sexual abuse and sexual harassment. Information on how to make a third-party report is posted on the Bridges of New York web-site. Residents were aware that third party reports could be made and would be addressed in the manner of a first hand report.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1430 416">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 674" style="list-style-type: none"> <li data-bbox="280 454 1430 530">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="280 568 1110 602">2. Newburgh Facility Resident Handbook (English/Spanish) <li data-bbox="280 640 660 674">3. NYDOCCS PREA Posters <p data-bbox="280 712 437 745">Interviews:</p> <ol data-bbox="280 784 1286 958" style="list-style-type: none"> <li data-bbox="280 784 1286 817">1. Case Manager Interview (Intake and Screening Interview Questions) <li data-bbox="280 855 671 889">2. Random Staff Interviews <li data-bbox="280 927 730 960">3. Random Resident Interviews <p data-bbox="280 996 651 1030">Site Review Observations:</p> <ol data-bbox="280 1068 1062 1102" style="list-style-type: none"> <li data-bbox="280 1068 1062 1102">1. Observations during on-site review of physical plant <ul data-bbox="280 1140 1477 2029" style="list-style-type: none"> <li data-bbox="280 1140 1477 1675">(a) Bridges of New York requires 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. It also requires staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. Lastly, staff must report immediately and according to 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. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty not to discuss the allegations with anyone not directly involved in the response and investigation. <li data-bbox="280 1713 1453 1957">(b) Apart from reporting to the Residential Director, Newburg staff refrains 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. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential. <li data-bbox="280 1995 1134 2029">(c) The Newburg Facility does not have onsite medical staff.

(d) The Newburg Facility does not house residents under the age of 18, if the victim is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws

(e) Newburg Facility staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to NYDOCCS for investigation. Staff interviewed were aware of their reporting responsibilities.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Case Manager Interview (Intake and Screening Interview Questions) 2. Random Staff Interviews 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) According to Bridges of New York policy, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident. The Newburg Facility reported no instances of substantial risk of imminent sexual abuse during the reporting period. Interviews with the Residential Director indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal and isolation of the threat. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility has policies that address allegations that a Resident was sexually abused while confined at another facility; the policy requires the head of the facility to notify the head of the agency where the incident is alleged to have occurred. This notification is made within 72 hours of receiving the information and documented. The Program Supervisor was able to articulate this process during his interview.</p> <p>The Newburgh Facility reported zero (0) such notifications during the audit period.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Training Curriculum <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Newburg Facility staff upon learning of an allegation that a resident was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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 and 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. (b) Bridges of New York policy states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not to take any actions that could destroy physical evidence and then notify security staff. <p>Random staff interviews validated their knowledge of actions to be taken upon learning that a resident was sexually abused and could describe the steps outlined in Bridges of New York policy. A review of training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) The Newburgh Facility has a coordinated response plan which includes first responders, NYDOCCS investigators, and facility leadership. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Newburgh Facility has space and ability to protect residents from known abusers. Newburgh Facility employees are not covered by a collective bargaining agreement. Nothing in policy prevents administrative staff from removing an employee during an investigation.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1430 416">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 456 1430 533" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="280 573 437 609">Interviews:</p> <ol data-bbox="280 645 999 748" style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p data-bbox="280 788 651 824">Site Review Observations:</p> <ol data-bbox="280 860 1477 2042" style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol data-bbox="280 927 1477 2042" style="list-style-type: none"> (a) Bridges of New York policy outlines a process to protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Residential Director or designee is responsible for monitoring. (b) Bridges of New York has multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. (c) The Residential Director or designee will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The Residential Director or designee also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Residential Director or designee may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. (d) The Residential Director or designee conducts status checks and that information is documented and maintained in the residents file. (e) The Residential Director or designee also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation. <p data-bbox="280 2083 1477 2119">Based upon the review and analysis of all of the available evidence, the auditor has</p>

	determined that the agency is fully compliant with this standard.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-12-047 Investigations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager 3. NYDOCCS Investigator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Bridges of New York refers all reports to NYDOCCS who ensures that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. (b) Where sexual abuse is alleged, NYDOCCS uses investigators who have received specialized training in sexual abuse investigations as required by 115.234. (c) NYDOCCS or local law enforcement will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to NYDOCCS investigators and/or local law enforcement as soon as possible. (d) NYDOCCS investigators and/or local law enforcement are responsible for the criminal investigations that maybe referred for prosecution. (e) An interview conducted with NYDOCCS confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff. NYDOCCS investigates all allegations of sexual abuse and may refer matters to local law enforcement as warranted. (f) NYDOCCS conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.

(g) Newburg Facility staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence to NYDOCCS investigators.

(h) Bridges of New York retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(i) Bridges of New York policy states 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.

(j) Not required to audit this provision

(k) Newburg Facility staff provides all of their internal reports to NYDOCCS investigators and/or local law enforcement as soon as possible following an allegation. Newburg Facility staff cooperates with investigators as requested.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-12-047 Investigations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager 3. NYDOCCS Investigator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>Newburgh Facility employees do not conduct any type of investigation. The New York Department of Corrections and Community Supervision (NYDOCCS) is responsible for all criminal and administrative investigations. NYDOCCS imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-12-047 Investigations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The NYDOCCS is responsible for informing offenders as to whether allegations of sexual abuse have been determined to be substantiated, unsubstantiated, or unfounded. Facility staff meets with the resident to discuss the findings. Processes are in place to notify an offender of the outcome of an investigation involving staff sexual misconduct.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Bridges of New York policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies. (b) Bridges of New York policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. (c) Bridges of New York policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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. (d) The terminations for violations of agency sexual abuse and harassment 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. <p>During this audit period the Bridges of New York Newburgh Facility reported zero (0) staff disciplined for violations of their Sexual Abuse or Harassment Policies</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.277	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Visitor PREA Acknowledgment Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. NYDOCCS Investigator 3. Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Bridges of New York policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies. (b) Bridges of New York policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies. <p>During this audit period the Bridges of New York Newburg Facility reported zero (0) volunteers or contract staff disciplined or removed for sexual abuse or harassment.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1430 418">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 600" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Newburgh Facility Resident Handbook (English/Spanish) <p data-bbox="280 640 437 674">Interviews:</p> <ol data-bbox="280 710 730 813" style="list-style-type: none"> 1. NYDOCCS Investigator 2. Random Resident Interviews <p data-bbox="280 853 651 887">Site Review Observations:</p> <p data-bbox="280 927 1018 960">Observations during on-site review of physical plant</p> <p data-bbox="280 1001 1469 1196">(a) Residents at the Newburg Facility are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are made aware of the disciplinary process during the intake process.</p> <p data-bbox="280 1236 1445 1395">(b) The Bridges of New York resident rule book reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="280 1435 1453 1550">(c) Bridges of New York disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="280 1590 1474 1749">(d) The Newburg Facility is a short-term facility and does not provide therapy or other counseling services. If needed, residents will be transferred to another facility that does provide those services. Bridges of New York does offer intervention services.</p> <p data-bbox="280 1789 1426 1868">e) Bridges of New York will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="280 1908 1426 2058">(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p>

(g) Bridges of New York has a zero-tolerance policy concerning sexual contact.

During this audit period there were zero (0) residents disciplined for sexual abuse or harassment.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ul style="list-style-type: none"> (a) Bridges of New York policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (b) All Newburgh Facility staff are trained and act as security staff first responders, if no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. (c) Newburgh Facility staff confirmed that resident victims of sexual abuse are 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. (d) Treatment services are 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. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Orange County Rape Crisis Center <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ul style="list-style-type: none"> (a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the responsible health authority. (b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate. (c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence. (d) (N/A) Newburg is an all male facility. (e) (N/A) Newburg is an all male facility. (f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. (g) Medical co-payment fees are not imposed to residents for any medical services. <p>Newburg Facility staff have protocols in place to assist in expediting a resident Montefiore St. Luke's Cornwall Hospital for emergency services. Also, facility staff will contact the Orange County Rape Crisis Center to provide a victim advocate upon request from the resident during the forensic medical examination. The facility has available the contact information for residents to call or write for additional assistance as needed.</p>

Interviews with staff confirmed that residents (victims) of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Facility staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination.

Random staff interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1430 416">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="280 454 1430 600" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-30-008 Incident Report Review <p data-bbox="280 638 437 672">Interviews:</p> <ol data-bbox="280 710 995 815" style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p data-bbox="280 853 651 887">Site Review Observations:</p> <ol data-bbox="280 925 1477 1906" style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol data-bbox="280 999 1477 1906" style="list-style-type: none"> (a) Bridges of New York policy requires 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. (b) Reviews ordinarily occur within 30 days of the conclusion of the investigation. (c) The review team includes the upper-level management staff, NYDOCCS investigators, and outside medical or mental health practitioners. (d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff. (e) Bridges of New York policy requires the implementation of recommendations or documents its reasons for not doing so. <p data-bbox="280 1944 1477 2063">Bridges of New York Newburgh reported zero (0) allegation of sexual abuse during the audit period which required a Sexual Abuse Incident Review. The Incident Review was completed as required.</p>

	<p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) The Residential Director/PREA Compliance Manager collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. (b) The Residential Director/PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to Executive staff to be posted it on the Bridges of New York PREA webpage. (https://www.bridgesofny.org/reports/PREA_policy.PDF) (c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. (d) Bridges of New York maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) Bridges of New York obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents. (f) Bridges of New York upon request provides all such data from the previous calendar year to the Department of Justice. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Website - http://www.bridgesofnewyork.org/index.html <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Bridges of New York reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings (b) Bridges of New York annual report includes 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 (c) The Newburg Facility's annual report is reviewed by the agency leadership and made available to the public on the Bridges of New York website. (https://www.bridgesofny.org/reports/PREA_policy.PDF) (d) Bridges of New York indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Website - http://www.bridgesofnewyork.org/index.html <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Bridges of New York reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings (b) Bridges of New York annual report includes 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 (c) The Newburg Facility's annual report is reviewed by agency leadership and made available to the public on the Bridges of New York website. http://www.bridgesofnewyork.org/index.html (d) Bridges of New York indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility. <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This was the Newburgh Facility's second audit of the PREA standards. During the on-site visit the auditor was afforded access to all areas of the facility, allowed to interview residents and staff in private, and was provided with all necessary documentation to complete a thorough audit. Contact information for this auditor was visible in all areas of the facility.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the Bridges of New York web page (http://www.bridgesofnewyork.org/index.html) The page has posted audit reports for both their facilities' audits completed through 2022. Bridges of New York works with Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

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

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

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

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

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

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

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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.)	na
	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.)	na
	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

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

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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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 resident 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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes