

PREA Facility Audit Report: Final

Name of Facility: Woodbourne Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/09/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 06/09/ 2023

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	04/24/2023
End Date of On-Site Audit:	04/25/2023

FACILITY INFORMATION	
Facility name:	Woodbourne Correctional Facility
Facility physical address:	99 Prison Road, Woodbourne, New York - 12788
Facility mailing address:	

Primary Contact	
Name:	William Holloran
Email Address:	w.holloran@doccs.ny.gov
Telephone Number:	845-434-7730 ext 216

Warden/Jail Administrator/Sheriff/Director	
Name:	David J Howard
Email Address:	David.Howard@doccs.ny.gov
Telephone Number:	845-434-7730 ext. 20

Facility PREA Compliance Manager	
Name:	William Holloran
Email Address:	w.holloran@doccs.ny.gov
Telephone Number:	
Name:	William Sherman
Email Address:	william.sherman@doccs.ny.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Veronica Ruiz
Email Address:	Veronica.Ruiz@doccs.ny.gov
Telephone Number:	845-434-7730

Facility Characteristics	
Designed facility capacity:	847
Current population of facility:	679

Average daily population for the past 12 months:	693
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:	21-78
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	417
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	16
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	59

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	Anthony J. Annucci
Email Address:	commissioner@dcccs.ny.gov

Telephone Number:	518.457.8134
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Agency-Wide PREA Coordinator Information			
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Name:	Jason Effman	Email Address:	jason.effman@doccs.ny.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

14	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.16 - Inmates with disabilities and inmates who are limited English proficient • 115.17 - Hiring and promotion decisions • 115.18 - Upgrades to facilities and technologies • 115.21 - Evidence protocol and forensic medical examinations • 115.31 - Employee training • 115.33 - Inmate education • 115.34 - Specialized training: Investigations
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	<ul style="list-style-type: none"> • 115.41 - Screening for risk of victimization and abusiveness • 115.42 - Use of screening information • 115.53 - Inmate access to outside confidential support services • 115.65 - Coordinated response • 115.67 - Agency protection against retaliation • 115.86 - Sexual abuse incident reviews
Number of standards met:	
31	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-24
2. End date of the onsite portion of the audit:	2023-04-25

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:	NYSP BCI; Garnet Health Medical Center; St. Luke's Cornwall Hospital; Albany Medical Center; Crime Victims Treatment Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	847
15. Average daily population for the past 12 months:	693
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	702
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:	23
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:	28
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:	24
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:	27
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:	73
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:	5

<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>3</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>17</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>26</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>417</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>78</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>17</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>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>16</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected were categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, length of time in the facility, programming, and work assignments to ensure a balanced representative number of interviewees from each of the living units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <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>The auditor met no barriers to completing the required interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<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:	1
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:	2
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:	1
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:	1
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:	2
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:	2

<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>3</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>3</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>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no individuals who were ever placed in segregated housing/isolation for risk of sexual victimization. Observations during the site visit, interviews with staff and incarcerated individuals who were considered "at risk", and documentation review did not indicate otherwise.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor oversampled in the targeted category of disabilities (physical, audible, visual) due to the high population of those with a condition and to compensate for there being no juveniles and no individuals housed in segregation for high risk.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>27</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	52
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Chaplain, Grievance Coordinator, Disciplinary Hearing Officer, Mailroom Clerk; Volunteer Coordinator.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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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
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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
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

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).

On day one, the auditor arrived at the facility and was greeted by the facility's Executive Team in the administrative conference room where the in-briefing was held. The ADS/PCM was well-prepared and had published a Site Review Agenda based on previous conversations with the auditor.

Documentation requested before the site visit, including rosters of staff and incarcerated individuals, was printed and available for the auditor's review. Immediately following the in-briefing, the facility tour began. All areas of the facility and grounds were visited where incarcerated individuals were allowed access. Areas toured included Administration Areas; All Housing Blocks; Mess Hall; Medical Unit; Dental Unit; Chapel; SHU; SNU; West Gate/Draft Intake Area; School East/West; Library; Gym; Commissary; Visiting Room; Transitional Services/Resource Room; Storeroom; State Shop; Vocational Shops; Guidance; Chart Office; Infirmary; Classrooms; Libraries; Chart Office; Guidance.

During the site inspection, each auditor observed and looked for signage; audit notice postings; blind spots; locked doors; opposite gender viewing opportunities; bathroom layouts and privacy measures; camera views; log book documentation; opposite gender announcements; interactions between staff and incarcerated individuals; staff presence; movement of incarcerated individuals; interactions between the incarcerated individuals; the processing of staff and visitors entering the facility. The auditor successfully placed a test call to the Rape Crisis Hotline from a randomly selected housing unit telephone, and a test report was submitted through the DOCCS public website through the reporting link, and the auditor received a response from OSI on the next business day. The auditor was provided with a facility schedule for review. The facility conducts eight designated counts each day and closely coordinates and controls the movement of incarcerated individuals (yard, meals, gym, programming, sick call, and work details)

throughout the day. Schedules are developed to ensure the separation of individuals who should not mix, and staff posts are designated at transition points where movement overlaps. The auditor observed controlled and systematic movement throughout the course of the site visit. Members of the Executive Team accompanied the auditor during the site visit and were found to be knowledgeable and highly engaged in all aspects of the operations. It was evident they make rounds through the facility and engage with staff and incarcerated individuals.

Woodbourne Correctional Facility dates back to 1935, and is a successful combination of ornate brickwork, with stone walkways, and security infrastructure and equipment. The facility's mission has changed over the years from "Defective Delinquents" to "Corrections" to "Narcotics Addiction" and finally back to "Corrections". Most of the 700+ incarcerated individuals who are currently assigned here have served time in maximum security prisons and have been reclassified to medium security. They are busy with a full range of academic, vocational and volunteer based programs as they prepare themselves for reentry into their communities. Woodbourne Correctional Facility was built during the midst of the Great Depression under the Work Projects Administration (WPA), a new deal program to combat depression-era unemployment. Since it was a WPA project and highly skilled craftsmen were available, Woodbourne Correctional Facility has architectural details that are purely ornamental and not normally found in a correctional facility. Such details include varied patterns of colored bricks and masonry blocks, wrought iron chandeliers, steel cables for stairway handrails, decorative flourishes in wood and stone, and concrete tables in the recreation yard with inlaid chess boards. At the time of the original construction, it was designed to house delinquents in two 134 cell housing units (A & B Blocks) and seven multi-man dormitories, in what are now known as E

& F Dorms. During the 1960's, 240 additional cells were added in the housing units currently known as C & D Blocks.

Woodbourne CF staff consists of (1) Deputy Superintendent for Security; (1) Captain; (8) Lieutenants ; (16) Sergeants; (278) Officers. All personnel, security and civilian staff are required to attend trainings throughout the year. These training opportunities include mandatory facility training, Mental Health training, PREA training and Recognizing Evaluating Controlling Aggressive Behavior (RECAB) training to name a few. All training is documented, and all personnel are responsible for meeting their required number of hours. The facility operates a training building on the facility grounds. This location provides a comfortable and appropriate location to conduct training. In addition, the facility shares a Quality of Work Life Building (QWL) with Sullivan C.F.

During a major facility disturbance, the Director of the Crisis Intervention Unit or their designee assigns Crisis Intervention team members to the facility with the approval of the Deputy Commissioner for Correctional Facilities. A major deployment requires team members to become involved in many different roles that support the entire operation. Woodbourne CF has a 5 person CIU. They monitor high profile incarcerated individuals within the facility and report to the Superintendent any issues of concern regarding population management.

The New York State Department of Corrections and Community Supervision established the Correction Emergency Response Teams in response to large scale disturbances in our correctional facilities. In 1973 the Department formulated teams throughout the state and trained staff in riot control and resolving emergency situations within the confines of our correctional facilities. Woodbourne CF has a 47-person CERT, who are trained and prepared to address issues at Woodbourne CF or other facilities as needed.

The Protective Custody Unit (PC) houses those incarcerated individuals who are considered to be higher profile and cannot be housed with the General Population. The PC Unit is a 30-bed unit housed on C-4. The program area is located in the C-block basement.

Incarcerated individuals are provided with schooling and Computer Operator courses to satisfy academic and vocational needs.

Incarcerated individuals are also given ART, ASAT and recreational programs.

Woodbourne has full-time medical staff, consisting of a Facility Health Services Director, Nurse Administrator, Health Care Providers, Registered Nurses, a Dentist, and a Dental Assistant. Health Service provides medical care for the incarcerated individual population including, but not limited to, administering medications, chronic care visits, physicals, and providing emergency care when needed. Incarcerated individuals submit sick call requests when they have an issue and are promptly given an appointment to address their individual needs. Health services also maintains a relationship with Food Services and provides special meals to those incarcerated individuals with certain dietary needs. Health Services maintains all medical records for the incarcerated individual's population. They also administer PPD tests to all employees annually.

Additionally, Woodbourne offers incarcerated individuals access to Mental Health services. Also, Civilian and security staff have access to mental health professionals through the Employee Assistance Program (EAP).

Fiscal and Stores monitors all orders, payments, and accounts from all departments and incarcerated individual organizations.

Inmate Accounts, Commissary, Storehouse, State Shop, and Payroll are all included within this section. All purchase orders, outside requests, and in-house orders are handled by the Business Office, and this is the central location for all Fiscal and Stores questions.

The State Shop is responsible for the issuing of all state clothing. Laundry is responsible for

providing laundry services to the facility's incarcerated population.

Woodbourne's Plant Maintenance department is responsible for the physical upkeep of the facility. Responsibilities are wide-reaching and include, but are not limited to, painting, garbage removal, general maintenance of all areas, plumbing, and locksmith. Incarcerated individuals have the chance to be involved in Plant Maintenance through assignments in Paint and Glaze, Building and Grounds Maintenance (BGM), and jobs as porters for different areas within the facility.

Food Services is the largest incarcerated individual program in the facility, having over 100 incarcerated individuals working in the program. Food Service is responsible for meeting the dietary needs of all incarcerated individuals within the facility. They work closely with Health Services to address any dietary issues that may arise within the incarcerated individual's population. They are also called upon to cater events held by the religious organizations, as well as other incarcerated individual organizations. Food Services produces and serves over 1550 meals daily, at a budgeted food cost of \$3.39 per incarcerated individual a day.

Fire and Safety is an essential piece when it comes to the safety of the facility. Fire and Safety is responsible for completing inspections of all areas and ensuring that these areas are free of any safety code violations. Fire and Safety is also responsible for maintenance of all fire emergency equipment.

Woodbourne offers religious services and opportunities in a variety of religions. Special events are held in association with religious organizations and the recreation department. Incarcerated individuals are encouraged to participate in their registered religion and are given ample opportunity to do so. Food Services works with Religious Services to ensure that any religious dietary needs are met.

The Correspondence department deals with

incoming and outgoing correspondence, both incarcerated individuals and facility mailings. Many of the organizations at Woodbourne are facilitated by civilian volunteers; each volunteer attends a volunteer orientation to learn about their role here at Woodbourne, as well as to ensure that they are firm, fair and consistent when approaching the incarcerated individuals and their program. Volunteers are the backbone of many of the incarcerated individual organizations including Rehabilitation through the Arts, Rising Hope, and the Bard Prison Initiative. Woodbourne CF currently has approximately 200 registered volunteers.

The facility provides a wide variety of programs for the incarcerated individual population, ranging from Adult Basic Education I & II (ABE), Pre/High School Equivalency (HSE), to college degrees, which are offered through the Bard Prison Initiative through Bard College. There are vocational programs including - Welding, Air Conditioning and Refrigeration, Custodial Maintenance, Culinary Arts and Computer Operations/ Digital Literacy.

Woodbourne Correctional Facility has an educational psychologist who covers the Sullivan County Hub. Educational psychology involves the study of how people learn. This includes emotional, social, and cognitive learning processes. The Educational Psychologist's job is to apply psychological science to improve the learning process and promote educational success - as well as design, develop, and administer psychological tests; conduct psychological evaluations; write progress reports; and maintain a wide variety of records. The purpose of these activities is to prevent or eliminate symptomatic, maladaptive or undesired behavior; enhance interpersonal relationships, personal or group effectiveness; and improve behavioral health and/or mental health.

Guidance offers therapeutic programming to the incarcerated individual population and oversees all aspects of an incarcerated

individual's time while at Woodbourne Correctional Facility. An increased focus within Guidance is placed on preparation for parole board appearances, transition to community supervision, and applications for re-entry services. Specialized programming offered at Woodbourne Correctional Facility also includes but is not limited to the Special Needs Unit (SNU), Transitional Special Needs Unit (Tri-SNU), the Sensorial Disabled Program (SDP), and the Family Reunion Program (FRP). Incarcerated individuals have access to a fully operational library, including reference and circulating materials. The library is open five days a week. There are remote libraries throughout the facility where incarcerated individual can obtain a book during non-business hours. The Law Library provides incarcerated individuals information on a variety of different aspects of the law; clerks are available to provide assistance with appeals. Incarcerated individuals are permitted to go to the law library only if they are on a call-out. Notary services are also available through the Law Library. There are also a variety of Therapeutic Programs, including those designed to address the needs of incarcerated individuals with sensorial disabilities. There is a residential drug and alcohol treatment program known as Alcohol and Substance Abuse Treatment (ASAT), and the Aggression Replacement Treatment (ART) is designed to address histories of aggressive behavior. The Sex Offender Counseling and Treatment Program (SOCTP) offers therapeutic counseling for sex related crimes. Transitional Services is responsible for preparing incarcerated individuals for success within the facility and in their return to society. Transitional Services runs a facility orientation, as well Phases I, II and III programming in order to meet specific needs of the incarcerated individual population. Other programs included under Transitional Services are - Aggression Replacement Training (ART), Network, and the Inmate

Program Associate (IPA) program.

The Sensorial Disabled Program (SDP) provides resources for offenders who are blind, deaf, hard of hearing, and visually impaired. This helps allow them to be as successful as possible within their programs. The SDP works closely with Education, Vocation, Health Services, and Special Subjects to ensure that the needs of all incarcerated individuals are met. The SDP has around 9% of the general population enrolled and 10% of the population is made up of sight guides, and interpreters.

Woodbourne Correctional Facility provides an American Sign Language Interpreters Training Program for incarcerated individuals.

Candidates are screened before entering the program. This program certifies incarcerated interpreters, who qualify, to work as ASL interpreters for deaf incarcerated individuals in programs, academics, and on the housing unit. Completing the program and working as an interpreter for one year could earn the incarcerated interpreter good time.

The Special Needs Unit (SNU) this program is designed for incarcerated individuals with an IQ of 70 or below. They are provided with the same schooling and programming opportunities as the general population. Recreation programs allow incarcerated individuals to relieve the pressure of life in prison while also promoting healthy physical, mental, and social abilities. A recreation coordinator designs and leads recreational and leisure activities for groups. They also work to develop, schedule, supervise and evaluate exercise.

Hudson Valley Community Services' (HVCS) Prison Services Program has been in existence since 1989. In 1991 HVCS began working with correctional facilities to develop the Prisoners for AIDS Counseling and Education Program (PACE). Over the past twenty-nine years the program has been extremely successful that is has been duplicated in other states. Currently HVCS provides services in the Sullivan Hub:

Shawangunk, Woodbourne, Sullivan, Otisville, and Eastern Correctional Facilities. Requests for information about the program still come in from all over the country. It is a proven model and the most effective way to do HIV/AIDS prevention education in a prison setting.

Documentation Sampling

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

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

Yes

No

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

Once uploads were finalized by the facility, the auditor began reviewing the PAQ and documents using the PREA Compliance Audit Instrument and the Checklist of Policies, Procedures, and other documents to create a log of additional information to be requested from the facility. A schedule for the site visit was established, and travel arrangements were secured directly by the auditor. Written requests by email were submitted to the facility for additional documents or clarification of the documents provided. All requests for additional information were responded to promptly and comprehensively. Additional correspondence occurred between the auditor, PREA Coordinator, Director of PREA Compliance, and ADS/PCM up to the site visit and then post-audit until the issuance of the final report. A web search of the facility revealed no derogatory information relevant to this audit. No relevant litigation, no DOJ involvement, no federal consent decrees, or local oversight was discovered during the search. Interviews with the AC/PREA/ Commissioner's Designee confirmed no consent decrees or oversight exists. The auditor reviewed relevant documents provided by the facility during the site visit, provided during the post-audit phase, and information available on the agency's public website. Documents reviewed for compliance determination are referenced in the narrative sections under each individual standard discussion. Throughout the audit, an extensive document review was conducted. Various policies, forms, contracts, and additional working documents were reviewed, analyzed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining compliance with the PREA Standards. Included below is the list of governing NY State Department of Correction and Community Supervision (DOCCS) Directives (DIR) that were provided as evidence of policies and procedures and used by the

auditor for compliance determination. These Directives are referenced throughout the audit report using only the policy number. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process. Information obtained from these policies combined with the information provided with the PAQ and the observations, facility documentation, and general information collected from the site visit was carefully evaluated and assessed against each element of the standards.

DIR #0061, Woodbourne Correctional Facility

DIR #0700, Office of Special Investigations

DIR #2012, Release of Employee Personnel and Payroll

DIR #2110 Employee Discipline - Suspension from Duty During the Continuation of Disciplinary Proceedings

DIR #2111, Report of Employee Misconduct

DIR #2112, Report of Criminal Charges

DIR #2114 Functions of Labor Relations

DIR# 2216, Fingerprinting/Criminal History

Inquiry - New Employees and Contractors

DIR #2230, Guidelines for Assignment of Male and Female Correction Officers,

DIR #2612, Inmates with Sensorial Disabilities

DIR #3053 Alterations/Construction Requests

DIR #4001, Facility Administrative Coverage & Supervisory Rounds

DIR #4009, Minimum Provisions for Health and Morale

DIR #4021, Inmate Reception/Classification

DIR #4027, Sexual Victimization Prevention & Response

DIR #4040, Inmate Grievance Program

DIR #4071, Guidelines for Construction Projects,

DIR #4301, Mental Health Satellite Services and Commitments to CNYPC

DIR #4401, Guidance & Counseling Services

DIR #4404, Inmate Legal Visits

DIR #4421, Privileged Correspondence

DIR #4423, Inmate Telephone Calls

DIR #4490, Cultural and Language Access Services,

DIR #4750, Volunteer Services Program

DIR #4803, Inmate Program Placement
DIR #4910, Control of and Search for Contraband
DIR #4932, Chapter V, Standards Behavior & Allowances
DIR #4948, Protective Custody Status
HSPM #1.37, Body Cavity Search 26
HSPM #1.19, Health Appraisal
HSPM #1.01, Inmate Orientation to Health Care Services
HSPM #1.44, Health Screening of Inmates
HSPM #1.12B, Inmate Bloodborne Pathogens Significant Exposure Protocol
DOCCS Employee Manual
Office of Special Investigations (OSI) Manual
Personnel Procedures Manual #406A, Recruitment Process
Personnel Procedures Manual #407, Civilian Promotions
Personnel Procedures Manual #407A, Security Promotions
FOM #6002, PREA Risk Screening, Woodbourne Correctional Facility
FOM #6001, Coordinated Response Plan to Reports of Sexual Victimization, Woodbourne Correctional Facility

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	0	1
Staff-on-inmate sexual abuse	5	0	0	5
Total	6	0	0	6

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	2	0	2	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	4	0	4	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	1	0
Staff-on-inmate sexual abuse	4	0	1	0
Total	4	0	2	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	1	0	1	0
Staff-on-inmate sexual harassment	2	0	0	0
Total	3	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

10

<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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any 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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input 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>5</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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>American Correctional Association</p>
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Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: SVPPM; DIR #4027; Facilities Operations Manual; Employee Manual; PREA Coordinator Appointment Memo; Email Announcement; DOCCS Organizational Chart; Associate Commissioner PREA Duties; DOCCS PREA Compliance Manager Handbook; Facility Organizational Chart; Assistant Deputy Superintendent/SG-25 Duties; PREA Compliance Manager Appointment Memo; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.11(a): Written Directive #4027, Sexual Victimization Prevention & Response (DIR #4027), establishes and governs the New York State Department of Corrections and Community Supervision (DOCCS) mandated zero-tolerance toward all forms of sexual abuse and sexual harassment. DIR #4027 establishes the Sexual Victimization Prevention Policy Manual (SVPPM) as a supplement to this Directive, having the same force and effect as a Directive in setting forth the Department's policies for the prevention of sexual abuse, sexual harassment, unauthorized relationships, and retaliation related to such incidents or investigations, and provides detailed operating procedures implementing the National PREA Standards. Collectively, DIR#4027 and</p>

the SVPPM outline the agency's approach to preventing, detecting, and responding to sexual abuse, sexual harassment, and sexual threats and further assert sexual abuse and sexual harassment violate agency rules and threaten security; and that all allegations of sexual abuse, sexual harassment, or retaliation for reporting such an incident of participating in an investigation will be thoroughly investigated; and establishes that perpetrators will be dealt with severely through discipline or prosecution to the fullest extent permitted by law and provide definitions consistent with those found in the Prison Rape Elimination Act of 2003, (PREA), 42 U.S.C. §15609. Under § 130.05 of New York State Penal Law, it is a crime for staff to engage in a sexual act with an incarcerated individual or releasee. Strategies for prevention and response include training, a duty to report, requirements and enforcement of discipline, and prosecution for those who offend. Facility Operations Manual, Coordinated Response Plan to Reports of Sexual Victimization, provides written direction for mandating a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to responding to such conduct. The DOCCS Employee Manual, Revised 2019, states, "the intentional reference to someone, especially a transgender, gender non-conforming, or nonbinary person, using a word, pronoun or form of address that does not correctly reflect the gender with which they identify is "mis-gendering" and may be considered sexual harassment."

115.11(b): Associate Commissioner (AC) Jason Effman serves as PREA Coordinator for the DOCCS, appointed by previous Commissioner Brian Fisher in 2013 and evidenced by the appointment memorandum dated April 23, 2013. The PREA Coordinator is an upper-level position in the agency hierarchy and reports directly to the Commissioner, as indicated by the DOCCS Central Office Organization Chart and subsequent interview with AC Effman. The AC/PREA is a dedicated position. The Agency website displays that "Associate Commissioner Effman is the Department's PREA Coordinator, a member of the agency's Executive Team, and is responsible for developing and implementing policy and overseeing agency's compliance with the National PREA Standards. He leads a team of professionals within the Sexual Abuse Prevention & Education Office (SAPEO) in Central Office and the facilities. SAPEO strives to maintain full compliance with the PREA Standards, implement evolving best practices for the prevention of sexual abuse and sexual harassment, and facilitate support for incarcerated individuals who have been victimized." The auditor's interview with Associate Commissioner Effman confirmed that his time is almost exclusively devoted to PREA compliance and the prevention of sexual victimization, as well as work on policy matters concerning our transgender, gender nonconforming and gender nonbinary population and workforce. With the invaluable assistance of the Director of PREA Compliance and the creation within his office of an Assistant Deputy Superintendent for LGBTIQ+ Inclusivity, he is able to manage our PREA-related responsibilities, and to advance our work to mitigate sexual victimization within the Department. The agency has 16 Assistant Deputy Superintendent (ADS) PREA Compliance Managers. The agency is in the process of adding eight additional ADS PREA positions. In addition, each of the 44 facilities has a senior security supervisor designated as the PREA Point Person. The AC/PC interacts with the ADS PREA Compliance Managers routinely. He holds bi-weekly conference calls to discuss

policy updates, new initiatives and to discuss any other concerns. Continuous communication occurs with email and telephone conversations. In addition, with the exception of 2020 due to COVID-19, they meet as a group at least annually for training programs, often in conjunction with the Office of Special Investigations, Sex Crimes Division staff. The Director of PREA Compliance serves as the assistant agency-wide PREA Coordinator. The Director reports to the AC/PC, has primary responsibility for the PREA Audit Program, provides direct oversight of agency-wide PREA implementation activities, and assists the AC/PC in the development and implementation of strategies to reduce incidents of sexual victimization. The Director also runs a mentoring program to support each new Assistant Deputy Superintendent PREA Compliance Manager upon appointment and as they become familiarized with their new role. Further, there are two Correctional Facility Operations Specialist (CFOS) items in the SAPEO Office in Albany who work with the ADS PREA Compliance Managers on a daily basis, and who have frequent contact with the designated PREA Point Persons. They answer questions, provide guidance, and share information. If they cannot answer a question, they bring the matter to the attention of the Director or to the AC/PC. In addition, the agency has an Assistant Deputy Superintendent for LGBTIQ+ Inclusivity in the SAPEO Office. The ADS for LGBTIQ+ Inclusivity assists in the development of policy and training materials to further inclusion of our gender expansive population and staff. They facilitate review of requests for gender-aligned placement from incarcerated individuals who have a gender identity that differs from their assigned sex at birth, have a diagnosis of gender dysphoria, who identify as transgender, gender nonconforming, or nonbinary, or who are intersex (TGNCNBI), and assist in monitoring compliance with policies specific to this population.

115.11(c): The ADS/PCM is an upper-level position at the facility and reports jointly to the Superintendent and AC Effman. The ADS/PCM for Woodbourne Correctional Facility is William Holloran. ADS Holloran was appointed on October 28, 2019. Based on the auditor's review of the Duties Description for the ADS (PREA), which outlines the specific responsibilities of this position, and the interview with the ADS, it is clear the position allows the incumbent the time and authority to oversee the facility's efforts to comply with the PREA standards. As a member of the Facility Executive Team, he serves as the primary facility contact concerning compliance with the Department's sexual abuse prevention policies, development and periodic revision of a written institutional plan for responding to incidents of sexual abuse, and for pre-audits and audits of the PREA standards. He assists the SAPEO and upper-level facility management officials in the conduct of sexual abuse incident reviews within 30 days of the conclusion of every sexual abuse investigation and drafts a report of the review team's findings for the facility Superintendent and the AC/PREA. He conducts regular and irregular rounds and site inspections at the facility. He provides or oversees training and supervision to staff concerning PREA compliance, including but not limited to the agency's sexual abuse and sexual harassment policies, screening and assessments of incarcerated individuals upon intake or transfer, and incarcerated individual orientation on the Department's prevention of sexual abuse policies. He serves as a liaison for ongoing case-related communications, such as communication between incarcerated victims housed at the assigned facility and community-based victim advocates or rape crisis counselors, Central Office investigators, and other

appropriate DOCCS and community-based representatives; and assists incarcerated individuals, as appropriate, in obtaining access to follow-up services. The ADS assists in monitoring the conduct and treatment of incarcerated individuals and staff following reports of sexual abuse, including monitoring the treatment of incarcerated individuals and staff who have reported an instance of sexual abuse or who cooperated with an investigation to mitigate the risk of retaliation by other incarcerated individuals or staff; and conducts periodic status checks of incarcerated individuals who have reported an instance of sexual abuse or who were reported to have suffered sexual abuse. Memorandum dated August 17, 2017, subject Facility PREA Point Person (PPP), from Deputy Commissioner for Correctional Facilities and AC Effman, directs each facility to identify and designate a PPP to assist the facility's ADS/PCM in efforts to comply with PREA standards. Additionally, this Directive outlines the specific responsibilities of these local positions. Based on an interview with the AC/PREA, the designated PPP at each facility is a senior security supervisor. The PPP's responsibilities include maintaining a direct and open line of communication with the ADS/PCM, assisting with monitoring retaliation, ensuring response to allegations, and serving as a member of the incident review team. Woodbourne Correctional Facility's designated PPP is currently Captain William Sherman. The auditor's interviews with the AC/PREA, Superintendent, PPP, and ADS/PCM indicated that designated staff have sufficient time and authority to coordinate the facility's efforts to comply with the established sexual safety program.

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

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: NY CLS Correc 121; Community Based Residential Program (CBRP) RFA 2016; RFA 2021; CBRP PREA Audit Schedule; Information Obtained from Interviews.</p> <p>115.12(a)(b): DOCCS maintains contracts for up to 249 Community-Based Residential Program beds for releasees in 26 Catchment Areas, consisting of 14 contracts with 10 entities. All 14 contracts require that the contractor adopts and complies with the</p>

	<p>PREA standards for Community Confinement Facilities. As evidenced by the Community Based Residential Programs PREA Audit Schedule dated 08/23/2022, all programs are routinely audited for their compliance with the PREA standards.</p> <p>Based on analysis and review of the stated evidence, the DOCCS and facility have demonstrated compliance with all provisions of this standard.</p>
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115.13	Supervision and monitoring
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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	<p>Evidence Reviewed: DIR #4001; DIR #4027; SVPPM 115.13; Annual Supervision and Monitoring Review, 2020, 2021 and 2022; Post Closure Key; Closed Post Reports; Logbook Entries; Weekly Administrative Activity Reports; Daily Security Supervisor Reports; Employee Manual, Section 2.44; Personal Observations During Site Visit; Information Obtained from Interviews.</p>
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	<p>115.13(a)(c): SVPPM #115.13 establishes that each facility will develop and document a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect incarcerated individuals against sexual abuse. On an annual basis, or when a change in circumstances requires reassessment, the Superintendent shall conduct an Annual Supervision and Monitoring Plan Review and submit it to Central Office for review and consideration. Each facility is required to submit its annual review by the due dates reflected on an established schedule (Schedule for Annual Reviews). One month before the due date, data from the Division of Program Planning Research and Evaluation will be provided to assist in the review. The Annual Supervision and Monitoring Plan Review memorandum shall follow a designated template issued by the SAPEO in SVPPM #115.13. The memorandum will be forwarded to the Director of Security Staffing, with a copy to the AC/PREA and the Deputy Commissioner of Correctional Facilities. When developing the plan, the following factors, at a minimum, will be considered: 1) generally accepted detention and correctional practices; 2) any judicial findings of inadequacy; 3) any findings of inadequacy from Federal investigative agencies; 4) any findings of inadequacy from internal or external oversight bodies; 5) all components of the facility's physical plant (including "blind-spots" or areas where staff or incarcerated individuals may be isolated); 6) the composition of the incarcerated population; 7) the number and placement of supervisory staff; 8) programs occurring throughout the facility; 9) any applicable State or local laws, regulation, or standards; 10) prevalence of substantiated and unsubstantiated incidents of sexual abuse; 11) any other relevant factors. A comprehensive and extensive staffing plan is then developed and established through the DOCCS Security Information Staffing Unit. Facility Administration and Union representatives also provide input to the plan development and review. The auditor confirmed the staffing plan development procedures through a personal review of documents noted and interviews with the Superintendent, AC/</p>
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PREA, and ADS/PCM. The auditor's review of the staffing plan for Woodbourne Correctional Facility found that it takes into consideration the composition of the incarcerated individual population in calculating adequate staffing levels and determining the need for video monitoring. Based on the PAQ, since the last PREA audit, the average daily number of individuals housed at the facility is 643; the plan is predicated on an average daily population of 847. The plan calls for 309 security staffing positions, considered generally accepted guidelines and practices. The plan takes into consideration staff utilization, post closures, additional services usage, preplanning practices, leave policies and schedules, local agreements, supervisory charts, and job descriptions in addition to each of the categories required by this standard to provide for adequate levels of staffing. Woodbourne Correctional Facility utilizes direct and indirect supervision. Security rounds are made in the housing units at a minimum of every hour where all present incarcerated individuals are physically viewed by staff. The Long-Term Protective Custody (LTPC) and Special Housing Unit (SHU) conducts rounds at a minimum of every 30 minutes. Incarcerated individuals are forbidden to create any obstruction, or otherwise inhibit any line of sight, except when changing in their cell, cube or room, or when using in cell toilet facilities. Video monitoring systems are present and monitored in the LTPC and programming area; the SHU yard and gallery floor; and the music room. SHU and LTPC areas are staffed 24 hours, the music room is staffed during program hours to enhance security and surveillance. The Rounds Tracker system is also utilized in the Special Housing Unit to enhance tracking of regular and unannounced rounds. Following the conclusion of each substantiated or unsubstantiated investigation for each sexual abuse report, and each substantiated investigation pertaining to an unauthorized relationship, the facility conducts a post-incident review that is submitted by the Incident Review Team to the Superintendent with a copy to the Director of PREA Compliance for review. The review may or may not result in a recommendation for a change in staffing plans, or other related modifications pertaining to supervision or monitoring of a particular area. The current staffing plan notes there are no judicial findings of inadequacy, no findings of inadequacy from federal investigative agencies, and no recorded findings of inadequacy from internal or external oversight bodies. The staffing plan indicates the facility operates following all applicable laws, agency directives, ACA accreditation standards, and Prison Rape Elimination Act standards, with no legal mandate for any specific staffing ratios. Tour I Supervisory assignments include: 1 Correctional Lieutenant and 1 Correctional Sergeant. Tour II Supervisory assignments include: 1 Deputy Superintendent for Security, 1 Correctional Captain, 3 Correctional Lieutenants and 6 Correctional Sergeants. Tour III Supervisory assignments include: 1 Correctional Lieutenant and 3 Correctional Sergeants. These supervisory levels have proven appropriate. The auditor observed these staffing levels met during the site visit and in review of the historical documentation. Supervisors routinely make unannounced rounds throughout the facility to deter any form of sexual abuse and other misconduct. The facility also provided the prior two years reports to further confirm annual reviews are conducted. The most recent review concluded that the facility is committed to operating in compliance with Department policy and PREA. Additionally, the plan determined that no changes to staffing levels or video monitoring were necessary at the time of the review. Staffing levels are conducted both at the local level daily. The annual review is a collaborative effort between the

facility Superintendent, ADS/PCM, and AC/PREA. Based on an interview with the AC/PREA, a formal written assessment is completed annually by the facility Superintendent and submitted for consideration by the Director of Security Staffing, the Deputy Commissioner for Correctional Facilities, and himself. Additionally, he is notified of all facility staffing plan adjustments through the Security Staffing Information Unit.

115.13(b): SVPPM #115.13 requires that the facility document any justifications for deviations from the staffing plan when it is determined that it has not been complied with, using the Post Closure Key established by the Security Information Staffing Unit. These deviations are documented directly into the database in the Post Closure Report using codes from the Post Closure Key. A sample of the Post Closure Report with a randomly selected date range was reviewed by the auditor. All deviations were clearly documented and justified. The Chart Sergeant for each of the three tours is responsible for scheduling staff to ensure posts are covered. When a deviation from the Plot Plan is necessary, the Watch Commander is notified, and the closure and reason for the deviation are noted on the post tracking grid and then entered into the database. Reports from all three tours are collected daily and submitted to the captain, who reviews them, then reports are routed to the DS/S and then Superintendent. The most common reasons for deviating from the staffing plan during the audit period were Area Building Closed; No Trips; Program Closed; and Assigned to Trip. Interviews with a Chart Sergeant, Staffing Lieutenant, Watch Commanders, PPP, ADS/PCM, and the DS/S further confirmed the documentation and regular monitoring of staffing at the facility.

115.13(d) SVPPM #115.13 establishes that per DIR #4001 and Employee Manual Section 2.44, intermediate-level (Sergeants and Lieutenants) and higher-level (Superintendent, First Deputy Superintendents, Deputy Superintendents, First Deputy Superintendent, Deputy Superintendents, Assistant Deputy Superintendents, Captains, and Stewards) supervisors are required to routinely make unannounced rounds throughout the facility to deter any form of sexual abuse and other misconduct, and these rounds are documented in the respective logbooks. Employees are prohibited from alerting other employees that supervisory rounds are occurring unless such announcement is related to the legitimate operation function of the facility. Such rounds are made on all days and all shifts. Facility Executive Team members use a rotation to ensure an extended executive staff presence, including evenings and weekends. These rounds are logged and documented following Directive #4001. In addition to a review of documentation provided with the PAQ and logbooks during the site visit, the auditor also requested random historical dates to confirm that supervisory rounds are made frequently, irregularly, in areas where incarcerated individuals have access and during all shifts. The auditor found consistent documentation of these rounds as required by policy for both intermediate and executive team members in all 24 samples. Interviews with staff and supervisors confirmed that regular rounds are made following policy requirements. Line officers and incarcerated individual interviews further confirmed regular rounds and presence of supervisory staff.

Based on the analysis and evaluation of the evidence stated, Woodbourne CF and

	DOCCS have met the requirements of this standard.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: State of New York Executive Order No.150 dated December 22, 2015; Correction Law § 77; NY CLSCorrec § 80; DIR #0051; Daily Population Reports; Population Rosters; DIR #0059; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.14(a-c): State of New York Executive Order No.150, dated December 22, 2015, established separate correctional facilities within the New York State Department of Corrections and Community Supervision exclusively for youth. In 2018, the State of New York passed a “Raise the Age Law,” which was implemented in two phases starting in October 2018. Correction Law § 77, enacted effective April 10, 2017, required the state to establish one or more facilities to serve “adolescent offenders” sentenced to the Department of Corrections and Community Supervision. And effective April 3, 2020, NY CLSCorrec § 80 repealed the previous establishment of designated facilities for adolescents in the DOCCS, and enacted, "The department and the office of children and family services shall jointly establish a transition plan and protocol to be used in transferring custody of all adolescent offenders and individuals under the age of eighteen from the custody of the department to the custody of the office of children and family services on or before October first, two thousand twenty. The plan and protocol shall be completed on or before July first, two thousand twenty." The DOCCS no longer houses individuals under the age of 18. DIR #0059 establishes that the facility is used as general confinement for males 18 years or older. The daily population reports for the past 12 months indicated no individuals under 18 have been housed at the facility. This fact was further confirmed during interviews with Superintendent, AC/PREA, and the ADS/PCM.</p> <p>Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with this standard through non-applicability.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #2230; DIR #4001; D #4027; DIR #4910; HSPM #1.19; HSPM #1.37; Employee Manual; Form #1140, Report of Strip Search or Strip Frisk; 2021 Contraband and Frisk 17008 Lesson Plan; Daily Security Supervisor Reports;</p>

Weekly Administrative Activity Reports; Observations During Site Visit; Information Obtained from Interviews.

115.15(a)(c): DIR #4910 governs frisk searches, strip searches, and body cavity searches involving both same gender and opposite gender incarcerated individuals, and cross-gender viewing and establishes that strip searches or strip frisks shall be conducted by an officer or employee of the same sex as the incarcerated individual being searched. A strip frisk requires probable cause and must be approved by the sergeant or a higher-ranking officer and documented on Form #1140. DIR#4910 further states, "A strip frisk of an incarcerated individual who has been diagnosed with Gender Dysphoria shall presumptively be conducted by staff of the same gender as the gender classification of the facility." DIR #2230 states all Correctional Officers will perform the duties assigned to them, regardless of gender, provided; however, that the following assignments will not be made to Correction Officers who are not of the same gender as the individual being searched: 1) Strip frisks or strip searches; 2) Obtaining a urine specimen; 3) Congregate shower facilities; 4) Videotaping of strip frisks or strip searches using handheld video cameras or body-worn cameras; 5) Special Watch; 6) Suicide Watch; 7) Security monitoring of visiting room incarcerated individual bathrooms via CCTV or vision panels. Cross-gender coverage of an individual on a Suicide Watch is permissible if exigent circumstances exist. The facility reports no cross-gender strip or cross-gender visual body cavity searches of residents were conducted during the audit period. Cross-gender strip searches are prohibited by DIR #4910. DIR #2230 also requires that when two or more officers are transporting an individual, or supervising an outside security detail, at least one of the officers must be of the same gender as the incarcerated individual(s). DIR #4910 refers to HSPM #1.37 for body cavity search procedures. HSPM #1.37 directs Health Care Services on body cavity searches and establishes that body cavity searches are conducted only by primary care providers and may be authorized by authorized facility staff only after receiving approval from the Deputy Commissioner/Chief Medical Officer or designee when there is imminent danger to an individual's health or facility safety. Documentation of a body cavity search is made in the individual's Ambulatory Health Record Progress Notes, Form 3105. A correction officer of the same sex as the incarcerated individual will be present during the exam. There were no such searches conducted during the audit period.

115.15(b): This provision does not apply to this facility because Woodbourne Correctional Facility is a male facility. However, agency Directive 4910 requires exigent circumstances for a cross-gender pat frisk of female individuals. In situations of exigent circumstances, Form #1140CGPF must be completed.

115.15(d): The DOCCS has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks through the issuance of DIR #2230, DIR#4001, and in the Employees' Manual. DIR #2230 governs the duties and responsibilities of opposite gender staff to ensure adequate privacy is provided to individuals and security protocols are balanced. The stated directives further require staff of the opposite gender to verbally announce

their arrival on a housing unit at a minimum upon each change of shift and when the gender supervision on a housing unit changes from exclusively same gender to mixed or cross-gender supervision to avoid unnecessarily invading the privacy of individuals of the opposite gender, unless emergency conditions dictate otherwise. The announcement(s) by staff must be accomplished in a manner that is easily heard and understood by all individuals on the unit and recorded in the unit logbook. This procedure is also addressed in the Employee Manual. All staff interviewed confirmed announcements are made as directed by agency policy. Incarcerated individuals interviewed indicated cross-gender announcements as a well-established practice, and none had experienced opposite gender viewing during a shower, using the toilet, or changing clothes. The auditor observed the shower and toilet areas throughout the facility and found no areas where opposite-gender viewing would occur. During the site inspection, opposite-gender announcements were made each time the tour group entered an area where individuals may be changing clothes, showering, or using restroom facilities. The auditor reviewed logbook entries, Daily Security Supervisor Reports, and Weekly Administrative Activity Reports and observed regular documentation of opposite-gender announcements being made when entering a housing unit, or other areas where an individual may be undressed. Interviews with incarcerated individuals further confirmed that they are made aware when female staff enter their housing unit and they have privacy when using the restroom and showering. Units that house deaf incarcerated individuals have a strobe light installed at the front of the unit that is lit when a female enters the unit. Interviews further confirmed that as a general rule, female officers do not make rounds in the shower/ toilet area when in use.

115.15(e): As directed by HSPM #1.19, the staff is prohibited, and the facility always refrains from searching or physically examining transgender or intersex individuals to determine the individual's genital status. If the individual's genital status is unknown, it may be determined during conversations with the individual or by reviewing medical records. A medical practitioner may conduct a complete physical examination of an individual, including a transgender individual, when relevant to the patient's treatment. Such an exam is to be conducted privately and with the patient's consent, with findings to be recorded in the Ambulatory Health Record. This policy further prohibits a physical exam of an individual at the direction of the facility's security or administration to determine the individual's genital status. DIR #4910 also prohibits searches to determine the genital status of an individual. The facility indicated no searches of this nature have occurred in the past 12 months. Compliance with this practice was confirmed through interviews with executive staff, security supervisors, line staff, and healthcare staff. Interviews with incarcerated individuals further indicated no searches for this purpose had occurred.

115.15(f): DIR #4910 requires that the employee conducting a personal search must assure its thoroughness and not offend the dignity of the individual being searched. Additionally, staff must refrain from demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, and obscene language or gestures during these searches and other encounters with incarcerated individuals. The facility reports that all security staff has been trained on conducting cross-gender

	<p>pat searches and searches of transgender and intersex individuals professionally and respectfully, consistent with security needs. All new correctional officers receive training on conducting proper searches during their mandated basic training before assuming duties at the facility and refresher during annual in-service. The Contraband and Frisk lesson plan was provided for the auditor's review. The lesson plan was found to be comprehensive and consistent with best practices. The auditor reviewed the Contraband and Frisk training roster as of 01/24/23 and found that 277 Woodbourne Correctional Facility staff had completed the training. Training is well regulated, and the Administrative Training Lieutenant monitors non-compliance reports to ensure all required training is completed. During an interview with the Training Lieutenant, he confirmed that Regional Training Lieutenants monitor staff training and that they attend quarterly meetings to monitor the progress of annual training requirements. He explained that all security staff initially receive training on searches in the academy and a refresher every year during in-service. Staff complete the required training forms and submit them to the Training Lieutenant, who enters the training into the DOCCS's training database. He stated that exception reports are run periodically throughout the year to ensure that any staff or contract staff who may be deficient in any assigned training is notified with a copy to the employee's supervisor of the deficiency. All security staff has been trained in Contraband and Frisk at Woodbourne Correctional Facility, and interviews with random staff confirmed their knowledge of the searches policy and training. Interviews with incarcerated individuals confirmed that strip searches are conducted by the same gender staff and that all searches are conducted respectfully and professionally.</p> <p>Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with all provisions of this standard.</p>
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<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #2612; DIR #4021; DIR #4490; Form 4021A, Draft Receipt; Language Access Line Contract; Memo from AC, Ending Sexual Abuse Behind the Walls: An Orientation; Memo from AC, New/Updated Material; DOCCS Facilitators Guide; Incarcerated Individual Education Facilitator Training; Prevention of Sexual Victimization in Prison Male; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.16(a)(b): DIR #2612 establishes policy to ensure compliance with Title II (Subtitle A) of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and the New York State Human Rights Laws prohibiting state and local entities from discriminating against any qualified individual with a disability in their programs, services, and activities, and utilizing methods of program administration that have</p>

the effect of subjecting individuals with disabilities to discrimination. Programs and services provided to incarcerated individuals by DOCCS must ensure accessibility and usability by qualified individuals in the most integrated setting. The facility provided the Inmate Education & Orientation Film Facilitator Guide and the DOCCS Inmate Orientation Films Facilitator Training for review, and both provide that the agency provides individuals with education in formats accessible to all persons, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to those who have limited reading skills. If an individual has difficulty understanding the written material due to a disability or limited reading skills, appropriate staff shall provide assistance. Four facilities within the DOCCS have been identified to provide comprehensive accommodation to individuals with serious sensory, physical, hearing, visual, and cognitive impairments. Woodbourne CF has the capability to meet the needs of male incarcerated individuals with sensorial disabilities and has a large cognitively impaired population. DIR #2612 ensures for individuals who are deaf or hard of hearing, who primarily communicate in sign language, a sign language interpreter certified by the National Registry of Interpreters for the Deaf or other National or New York State credentialing authority, or a sign language interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary will be provided. Woodbourne CF has a staff ASL interpreter who also provides services to deaf individuals at Sullivan CF. The auditor selected the following targeted incarcerated individuals to be interviewed: (2) cognitive impairment, (1) visual impairment, and (2) hearing impairment. ASL interpretation was used for the interviews with the two individuals who are hearing impaired. All five individuals explained that they were provided the PREA information in a language and manner of their understanding and have access to all resources available. DIR #4490 establishes policies and procedures to ensure that all individuals with LEP have meaningful access to programs, services, and benefits. The directive further requires that LEP individuals have access to vital documents, which include PREA complaint documents and procedures. The agency maintains a contract for interpreting services through LanguageLine Services, Inc., which was provided for the auditor's review. Additionally, designated bilingual staff interpreters are available to assist individuals with interpretation. The auditor observed both the Report Sexual Abuse poster and the gender-specific zero-tolerance posters posted in multiple languages in the housing units and other common areas accessed by individuals, such as intake, program areas, medical, public areas such as the visiting area, and visitor hospitality areas. The PREA Education Film "Ending Sexual Abuse Behind the Walls: An Orientation" is provided in DVD format appropriate to the gender classification of the facility and with tracks and captioning in English, Haitian Creole, Italian, Korean, Mandarin Chinese, Polish, Yiddish, Russian, and Spanish. A sample of the video transcript was provided to the auditor for review. By written directive of the AC/PREA, during admission into DOCCS custody at an intake or reception facility and upon transfer to another correctional facility, the individuals must be provided with a current copy of the gender-appropriate brochure upon arrival at the facility. Interviews with the intake staff confirmed that the facility provides each individual coming into the facility with The Prevention of Sexual Victimization in Prison, What You Need to Know brochure. Delivery of this brochure to the individual is documented on the Draft

Receipt, form 4021A, with the appropriate language circled if issued in other than English. This pamphlet has been translated into and is printed in English, Bengali, Chinese, Korean, Russian, Spanish, Haitian/Creole, Polish, Yiddish, Arabic, and Italian. These pamphlets were also observed by the auditor in various common areas of the facility, including the intake area, library, and resource areas. Interviews with the AC/PREA, PCM, healthcare staff, security staff, and counseling staff indicated appropriate assistance is provided to individuals when needed to ensure meaningful communication. When interviewing staff, all employees indicated their knowledge of the Language Assistance Line and the availability of qualified staff interpreters. The Auditor interviewed (2) LEP individuals, and a staff interpreter was utilized for both interviews. Both were offered use of the LanguageLine service or the staff interpreter and both elected use of the staff interpreter. When speaking with individuals who are LEP, they informed the auditor that their inability to speak English fluently had not affected their ability to participate in any facility-based services, including the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. they both were provided the PREA information in Spanish. A monthly report is generated on Form #4490C, Language Access Monthly Report, to track the use of interpreters for LEP individuals. The auditor was provided with a copy of the Language Line Usage report and the most current Language Line Services, Inc. invoice, which confirms that language interpreter services are used on a regular basis at the facility. The auditor reviewed records for (4) randomly selected LEP individuals and found documentation that they received the PREA information in a language of their understanding.

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

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: DIR #2012; DIR #2112; DIR #2216; DIR #2216/Attachment A; DIR #2232; #406A, Recruitment Process; #406A.1, Recruitment Process Checklist Questions 10/14; #406A.2, Employment Telephone Verification Employment Record Section; #407 Civilian Promotions Memo; Personnel Procedure 407/407A; Fair Chance Hiring Application; Personal History and Interview Record Form #1253; Personal History Questionnaire; Employee Manual; Memo from John M. Czaka, Deputy Commissioner and Counsel; Personnel Files; Observations During Site Visit; Information Obtained from Interviews.

115.17(a): DIR# 2216, Personnel Procedure #407, Civilian Promotions, and #407A, Security Promotions, direct that candidates for employment and contractors will be bypassed and not considered for hiring or promotion if they have engaged in any activity delineated in the five subsections of element (a) of this standard, thereby prohibiting the enlistment of services of any candidate who meets the criteria. New York State Civil Service regulates hiring procedures for all state agencies. Security positions are hired from the Civil Service registry and processed through a structured, centralized protocol by the Department's Employee Investigation Unit (EIU). Candidates with substantiated findings or pending investigations shall be bypassed in accordance with Civic Services Law for the next reachable candidate. A request to remove the candidate from the reliability list under Civil Service Law § 50(4) shall be submitted to the NY State Department of Civil Service. The Auditor reviewed 18 personnel files (6-new hires; 9-promotions and 3-transfers) and verified that no engagement in any activity delineated in the five subsections of element (a) of this standard had occurred.

115.17(b): Any incidents of sexual harassment, both substantiated and pending investigation, will be considered in determining whether to hire an individual or to enlist the services of a contractor who may have contact with incarcerated individuals as directed by Personnel Procedures #407 and #407A. The Director of Personnel will review requests to promote a candidate who has engaged in an incident of sexual harassment and subsequently determine if it is in the Department's best interest to promote the candidate.

115.17(c): DIR #2216 establishes the requirement that all employees and contractors of the DOCCS will be subjected to a criminal history inquiry to obtain background information pertinent to the security of operations, verify data on employment applications, and receive a notification when Department employees are arrested. Employees and contractors may also be fingerprinted following this directive. This policy applies to all titles, including part-time/half-time employees, per diem employees, extra service employees, outside agency employees, contract service providers/consultants, contractors, and volunteers. Personnel Procedure #406A establishes a policy for contacting the former institutional employer for candidates who have been previously employed by a prison, jail, lockup, community confinement facility, or juvenile facility. Each facility is required to complete a Recruitment Process Checklist (406A1) upon recommending a vacant position be filled and thereby attesting to having contacted all prior institutional employers regarding substantiated

allegations of sexual abuse or resignations during a pending investigation of an allegation of sexual abuse and to have sent emails to ODM, OSI and Labor Relations for inquiries on current employees considered for promotion. An interview with the Human Resources Manager (HRM) and a review of local personnel files indicate this checklist is completed on all civilian employee hires. Applications cannot be submitted for onboarding without documentation that prior institutional employers have been contacted. The facility indicates 16 persons hired who may have contact with incarcerated individuals who have had criminal background record checks. The auditor reviewed 18 employee files as samples (6-new hires/3-transfers and 9-promotions) and found them to contain all required documents, following DOCCS policy, and compliant with the requirements of this standard; all files indicated that background checks were conducted before the applicants were hired.

115.17(d): The facility provided a list of approved contractors who are approved to work in the facility, which included 17 listed contract employees. The auditor reviewed 3 contractor files and determined that background checks were conducted. The interview with the PPP confirmed that the approval process is renewed each year, when another background check will be performed.

115.17(e): DIR# 2216 establishes the requirement that all employees and contractors of the DOCCS be subjected to a criminal history inquiry to obtain background information pertinent to the security of operations, verify data on employment applications, and receive a notification when Department employees are arrested. Criminal history inquiries are conducted by the Department's Employee Investigation Unit (EIU) and must be completed before the first date of employment. Although criminal background record checks are not performed after an employee's initial hire, as the Department has a system to capture this information on an ongoing basis, the facility provided 5-year background checks on the only 2 employees that have been employed at the facility for 5-years. This procedure is further confirmed by Memorandum from John M. Czuka, Deputy Commissioner and Counsel for the Division of Criminal Justice Services.

115.17(f): DIR #2112 requires employees to report when they are charged with a felony or misdemeanor and imposes upon them a continuing affirmative duty to disclose any of the above misconduct. The DOCCS Personal History and Interview Record, Form #1253, and the Personal History Questionnaire, Form EIU23, require the applicant to respond yes/no to the following questions: 1) Have you ever been the subject of disciplinary action in connection with any employment? This would include, but is not limited to: suspension, termination, written warning, verbal warning, or formal counseling.; 2) Have you ever been named in any allegations of sexual abuse (i.e., engaging in or attempting to engage in any form of sexual activity with a person by force, overt or implied threats of force, or coercion; without the person's consent, or when the victim was unable to consent) or sexual harassment?; 3) Have you ever been asked to resign from any employment in lieu of termination or resigned during a pending investigation?; 4) Have you ever been convicted of a crime where you engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion; or if the victim did not consent; or if the victim was unable to consent?; 5) Have you ever been civilly or administratively

adjudicated to have engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or if the victim did not consent, or if the victim was unable to consent?; 6) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Both of these forms are required to be completed during the application process; based on an interview with the HRM, affirmative answers to any of the questions may disqualify a candidate for employment and would require additional review as to the circumstances and depending on the nature of the position being applied for. The Employee Manual states, "All employees shall immediately report in writing any criminal, civil or administrative adjudication that they (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution; or (2) have been convicted of or have been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or where the victim did not consent or was unable to consent or refuse."

115.17(g): Personal History Questionnaire, Form EIU23, informs every applicant for employment that material omissions regarding misconduct or the provision of materially false information are grounds for rejection for appointment and termination. Staff interviews indicated their awareness of this requirement and understanding of the consequences of not reporting. The auditor observed these completed questionnaires in the (18) personnel files randomly selected by the auditor for review while onsite.

115.17(h): DIR #2012 provides that information about a former employee's reason for leaving employment may only be disclosed to private and public employers upon written authorization from the employee or former employee. Information about a former employee's reason for leaving employment may be provided to State agencies without authorization from the employee but shall not be provided to parties other than State agencies without the written permission of the employee. If a request is received without such authorization, the requester should be informed that the information cannot be provided without consent. Upon proper authorization by the prior employee, this information is provided by the DOCCS. This policy is in accordance with the Personal Privacy Protection Law. The HRM provided a telephone verification form for an employee that applied to the facility that worked from another agency and the facility verified there were no instances of sexual abuse or sexual harassment history for the applicant. Interviews conducted with AC/PREA, Superintendent, and HRM combined with the documents reviewed confirmed the processes and procedures outlined in the directives above.

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

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: DIR #3053; Form #1612; Observations During Site Visit; Information Obtained from Interviews.

115.18(a): In accordance with DIR #3053, each facility Superintendent must obtain Central Office approval for any alteration or construction project. As a part of that process, the Superintendent submits a Form 1612 Alterations/Construction Requests form. The Superintendent is required to evaluate the scope of the alteration and consider the effect of the design, acquisition, or modification upon the ability to protect incarcerated individuals from sexual abuse. The Superintendent indicates on the form whether the alteration's impact will enhance, be neutral, or have a negative impact on the ability to protect incarcerated individuals from sexual abuse. The Division of Facilities Planning and Development reviews these requests and obtains comments from the AC/PREA and other appropriate Central Office units before approving any request. These procedures were confirmed during an interview with the Commissioner's Designee and the Superintendent. The Commissioner's Designee indicated there were no new facilities acquired by the DOCCS during the audit period. The facility provided the auditor with a completed Form #1612 for construction of a television and DVD shelf. The Auditor found that the procedures are well implemented, and that consideration of the impact to protect individuals from sexual abuse is taken into consideration when the facility has a project for alternation/ modification of any structure.

115.18(b): The Department has widespread audio/video surveillance in a number of its facilities and also coverage in specialized units such as Special Housing Units, Behavioral Health Units, and Residential Rehabilitation Units. When a report of sexual abuse or sexual harassment is received by the Office of Special Investigations (OSI), standard protocol calls for them to secure surveillance footage for the date, time, and location of the reported incident. Video surveillance has provided corroborating evidence used to help obtain convictions and has also assisted in vindicating wrongfully accused staff. It is becoming more frequent for DOCCS OSI, Sexual Abuse Prevention & Education Office, and Operations to review areas of concern for possible adjustment of existing camera systems, or to make recommendations for augmentation of the system. Regrettably, technical limitations do prevent rapid adjustments to the surveillance system. DOCCS began upgrading facility CCTV systems in 2016. Since that time, 17 facilities have received or are in the process of receiving updated systems. There are an additional 10 facilities with projects in design including, Fishkill, Sing Sing, Albion, Bedford Hills, Taconic, Five Points, Mid-State, Marcy, Orleans, and Greene Correctional Facilities. The long-term goal is to install full-coverage camera systems at all maximum and medium-security facilities. Body-Worn Cameras were implemented in several correctional facilities beginning in 2017. DOCCS initially piloted body-worn camera systems using a local storage solution. The Department is currently phasing out the original model in favor of Axon body worn camera systems using a cloud-based storage solution. Body-worn camera systems are currently in use at Bedford Hills, Collins, Fishkill, Franklin, Greene, Mid-

	<p>State, Sullivan, and Taconic Correctional Facilities as well as in the Office of Special Investigations (OSI), The Department plans to expand the utilization of this technology to more staff within DOCCS Office of Special Investigations (OSI) and within the DOCCS Technical Services Unit (TSU), as well as to 8 additional facilities: Albion, Eastern, Greene, Marcy, Shawangunk, Sing Sing, Washington, and Wyoming Correctional Facilities. Moreover, the new cloud-based storage body-worn camera system gives investigators and supervisory personnel in Central Office more immediate access to video. Woodbourne has an extensive camera system throughout the facility to assist in monitoring the movement and activity of incarcerated individuals and staff. The auditor's interview with the Superintendent and the ADS/PCM confirmed that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA Audit.</p> <p>Based on the review and evaluation of the evidence stated, Woodbourne Correctional Facility and DOCCS have demonstrated compliance with all provisions of this standard. Based on the Department's commitment to audio/video surveillance enhancements and expansions within its facilities to protect incarcerated individuals and staff, the agency has exceeded the requirements of this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; DIR #0700; HSPM #1.60; A National Protocol for Sexual Assault Medical Forensic Examinations; Woodbourne CF FOM #6001, Coordinated Response Plan; Watch Commander's Quick Reference Chart for Sexual Abuse/Harassment Related Complaints/Watch Commander's Sexual Abuse Response Sheet; New York Public Health Law Section 2807-c; NYSP Superintendent D'Amico PREA Investigations Memorandum; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.21(a)(b): DIR #4027 establishes that an administrative or criminal investigation shall be completed for all allegations of sexual abuse, sexual harassment, and unauthorized relationships. Pursuant to DIR #0700, the Commissioner has designated the Office of Special Investigations (OSI) to conduct these investigations. The OSI Investigators follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, as directed by DIR #0700. This directive states the OSI Sex Crimes Division (SCD) conducts investigations involving sexual misconduct between incarcerated individuals and releasees and Departmental staff, as well as incarcerated individuals perpetrated sexual abuse, and assists outside law enforcement in the development of cases for criminal prosecution. Following OSI Manual Chapter 5, all OSI/SCD Investigators are trained in evidence collection, which</p>

includes methods of documenting, collecting, and preserving physical evidence to ensure the best analysis results. In addition, OSI/SCD Investigators are required to know the content of HSPM #1.60. The OSI/SCD Investigators coordinate with the New York State Police/Bureau of Criminal Investigation (NYSP/BCI) to investigate criminal cases. Interviews with the AC/PREA and HSA confirmed that the NY State Department of Health requires SAFE/SANE providers to use the U.S. Department of Justice Office on Violence Against Women, "A National Protocol for Sexual Assault Medical Forensic Examinations," which is appropriate for adults and adolescents. The Department utilizes community hospitals that have Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner (SAFE/SANE) for forensic medical examinations. Interviews were conducted with OSI/SCD Investigators and confirmed the protocols and practices for PREA investigations. The Investigators were very knowledgeable of the investigation process, the uniform evidence protocol, and the use of the Sexual Abuse Checklist. Interviews with the Watch Commanders confirmed knowledge of their responsibilities in response to an allegation of sexual abuse/harassment, required notifications, use of the Watch Commander Quick Reference Chart (as needed), and the Watch Commander's Sexual Abuse Response Sheet.

115.21(c): Based on an interview with the AC/PREA and HSA, DOCCS does not conduct on-site forensic medical examinations. Following DOCCS policies, when evidentiarily or medically appropriate, a victim of sexual abuse shall be transported to an outside hospital and shall be provided treatment and services as required by the laws, regulations, standards, and policies established by the State of New York and administered by the New York State Department of Health. This includes, but is not limited to, minimum standards and the uniform evidence protocol adopted by the New York State Department of Health and as specified in the "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition." Health Services Policy #1.60, Sexual Assault, provides for cases occurring within 120 hours to be expeditiously transported, as coordinated between the medical and the Watch Commander, to take the victim to an outside hospital emergency department staffed with a certified SAFE or SANE. The policy further directs that all allegations of sexual assault be addressed consistent with community standards for handling allegations of sexual assault. HSPM #1.60 requires all victims of sexual abuse to be afforded access to forensic medical examinations at an outside facility, without financial cost, where evidentially or medically appropriate. Incarcerated victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Based on an interview with the HSA, Health Services maintains a list of SAFE/SANE hospitals and is responsible for confirming that a SANE/SAFE and a Victim Advocate are available to provide services before transporting a victim of sexual assault. The individual may be transported to a closer or more appropriate hospital if health staff determine the incarcerated individual's priority medical needs are such that they require immediate or specialized care. The primary care provider will continue any appropriate post-exposure prophylactic medications initiated at the outside hospital or the facility. For all involved individuals, immediate completion and submission of a Mental Health Referral Form 3150 to Mental Health

staff is required. Interviews with the HSA, Superintendent, Watch Commanders, PPP, and ADS/PCM confirmed these protocols and procedures are well implemented at this facility. Based on the facility's Coordinated Response Plan and interview with the HSA, SAFE/SANE examinations will be provided at any of the following locations 1) Garnet Health Medical Center, Middleton NY; St. Luke's Cornwall Hospital, Newburgh NY; Albany Medical Center, Albany, NY; FOM #6001 includes names, phone numbers, and email addresses for the points of contact at each of these hospitals. The facility's Coordinated Response Plan also includes contact numbers, email addresses, and names of the contact at each hospital. The New York Public Health Law section 2807-c states that no general hospital shall refuse to provide hospital services to a person presented or proposed to be presented for admission to such general hospital by a representative of a correctional facility based solely on the grounds such person is an incarcerated individual of such correctional facility. No general hospital may demand or request any charge for hospital services provided to such person in addition to the charges or rates authorized following this article, except for charges for identifiable additional hospital costs associated with or reasonable additional charges associated with security arrangements for such person. The facility reports that there were no individuals sent to outside hospitals for a forensic medical exam (FMI) after a report of sexual abuse within the audit period; This was further evidenced through the auditor's interviews with Investigators, the Superintendent, ADS/PCM, and medical staff.

115.21(d): New York Public Health §2807-c and HSPM #1.60 provides that victims of sexual abuse shall be afforded access to crisis intervention services, the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgment. Health care staff will ensure that a Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE) and a Victim Advocate are available to provide services before transport to a designated hospital. Interviews with the HSA and ADS/PCM confirmed that an advocate is always made available for victims of sexual abuse. An MOU between the agency and OMH further acknowledges that, in accordance with 28 e .F.R. § 115.83, mental health evaluation and treatment, as appropriate, shall be offered to all DOCCS incarcerated individuals who have been identified as victims of sexual abuse in any prison, jail, lockup, or juvenile facility and are willing to undergo such evaluation and/or treatment. Further, the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility provides such victims with mental health services consistent with the community level of care.

115.21(e): According to FOM #6001, Medical staff shall provide counseling, as appropriate, regarding post-exposure prophylactic treatment, the need for a forensic medical examination, the availability of a victim advocate during such examination, pregnancy-related services, and the availability of crisis intervention services, including an OMH referral. Investigators are not to interfere with or make decisions regarding medical treatment, and an advocate shall be afforded to the individual at this time; upon the individual's request, the advocate shall see the individual before

discharge from the hospital. Advocacy services are offered to the victim by the Investigator before an interview and documented in the investigative file case notes. Advocacy services may be arranged if requested by the individual, the Supervising ORC, ADS/PCM, DS/S, or PPP, as needed. DOCCS offers one of the most comprehensive networks of support and advocacy services for incarcerated survivors of sexual victimization. Through a partnership with the State Office of Victim Services and the State Office for the Prevention of Domestic Violence, DOCCS provides the confidential 777 Rape Crisis Hotline services to individuals incarcerated at all DOCCS facilities state-wide. Hotline operators provide supportive listening, crisis counseling, and referrals for emotional support and advocacy services. When the survivor requests, the hotline will also report to the Department. Beyond the hotline, this partnership includes several community-based victim assistance programs or “PREA Centers” that provide incarcerated survivors with ongoing emotional support and victim advocacy services. Incarcerated individuals can receive crisis counseling and emotional support for the effects of sexual victimization, whether the abuse occurred during confinement or in the community, and the caller is seeking assistance to manage the triggers that often occur while confined. New York is the only state in the nation with a network of centers, and specially trained victim assistance programs, to provide emotional support, counseling, and advocacy to incarcerated survivors of sexual victimization.

115.21(f): The DOCCS OSI/SCD is responsible for investigating allegations of sexual abuse; however, Investigators work cooperatively with the Office of the Inspector General Sex Crimes Unit (IG/SCU) and the NYSP/BCI to investigate sexual abuse that may involve criminal conduct. A memorandum from AC Effman to NYSP Superintendent D'Amico, dated May 4, 2014, confirms that DOCCS has requested that the agency follow the requirements of paragraphs 115.21 (a) through (e) of the standards.

115.21(h): This provision does not apply to this facility as a victim advocate is available at the local hospital for SANE/SAFE examinations and through the hotline.

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

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: DIR #0700; DIR #4027; Form 4027MRC, Monthly Report of Sexual Victimization Summary; DOCCS Website Review; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.22(a): DIR #4027 establishes that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, which will be completed following DIR #0700. In addition to the referrals for investigation, the facility tracks and reports monthly all allegations of sexual abuse to the AC/PREA & DC for Correctional Facilities using the Monthly Report of Sexual Victimization Summary form. Within the last 12 months, 10 allegations of sexual abuse and sexual harassment were received by the facility; of those, all (10) were investigated administratively, and criminal investigations were conducted for six. Interviews with the OSI Investigators (3), ADS/PCM, and Superintendent and a review of investigative files indicate that all allegations of sexual abuse and harassment are forwarded promptly for investigation.</p> <p>115.22(b)(c): Based on an interview with the AC/PREA Coordinator/Commissioner's Designee, the Acting Commissioner of the DOCCS has delegated the authority to conduct administrative and criminal investigations to the OSI following Corrections Law § 112 and DIR #0700. DIR #0700 authorizes and designates the OSI as the official investigative body for all administrative and criminal investigations. The OSI is further charged with ensuring that substantiated allegations are referred to the appropriate person(s) for administrative, disciplinary, and prosecutorial action. OSI works cooperatively with the NYSP/BCI in the investigations of reported incidents of sexual abuse that may involve criminal conduct; however, DOCCS has not relinquished this authority to any separate activity. A separate entity is not responsible for conducting investigations. All complaints and information received by OSI relative to possible investigations are documented, reviewed, and processed. OSI/SCD has the authority to refer cases to NYSP/BCI, when appropriate, and works with the local District Attorney's Office for prosecutions. Interviews with OSI/SCD Investigators confirmed procedures are well established and followed. DIR #4027 is published on the Agency's public website at http://www.doccs.ny.gov/PREA.</p> <p>Based on the review and evaluation of the stated evidence, the facility and DOCCS have demonstrated compliance with all requirements of this standard.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: 0.100 Training Frequency Chart; 8.300A Attachment-Recruit Training Catalog of Courses; 35029, Sexual Abuse Prevention and Response Training; 35029RTF; 7.000, 40-Hour Orientation and Initial Employee Training; 7.100, Employee Familiarization; 7.100 Attachment A, Employee Familiarization Form for Facilities;</p>

7.200, Employee Familiarization; Announcement of Mandatory Training, Sexual Abuse Prevention, and Response; 17093, PREA Introduction-Transfer-Female; 17093, PREA Introduction-Transfer-Male; 2.1 Training Bulletin #7, Annual Training Bulletins; 17093RTF; 2.2 Annual Policies and Standards Generally Applicable to All Employees; 17078 PREA Refresher 2020; 17078RTF; Memorandum from AC Effman, 2022 Updated Refresher Training; Preventing Sexual Misconduct and Saving Careers PREA Refresher Training, March 9, 2022; Employee Manual; Observations During Site Visit; Information Obtained from Interviews.

115.31(a)(c): DOCCS's body of directives clearly expresses a zero-tolerance for sexual abuse. DIR #4027 sets forth the Department's zero-tolerance policy for sexual abuse and is supplemented by the Employee Manual and other related directives and training curricula. DOCCS mandates all staff complete the three-hour Sexual Abuse Prevention and Response training during their initial orientation training for new employees. This DOCCS training includes 1) its zero-tolerance policy for sexual abuse and sexual harassment; 2) on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) on incarcerated individual's right to be free from sexual abuse and sexual harassment; 4) on the right of incarcerated individuals and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) the dynamics of sexual abuse and sexual harassment in confinement; 6) on the common reactions of sexual abuse and sexual harassment victims; 7) on how to detect and respond to signs of threatened and actual sexual abuse; 8) on how to avoid inappropriate relationships with incarcerated individuals; 9) on how to communicate effectively and professionally with incarcerated individuals, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming individuals; and 10) on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Additionally, receipt of the Employee Manual is acknowledged through signature by all staff upon hire and is comprehensively inclusive of the expectations of staff regarding PREA prevention, detection, responding, and reporting. Training Manual 0.100, Frequency Training Chart establishes required training for Security Officers and Civilians, and before 2022, required both classes of employees to take Maintaining Professional Boundaries training annually and Sexual Abuse Prevention and Response Refresher training every two years. Effective April 2022, these two lessons were replaced by the roll-out of the new DOCCS PREA Refresher training. The auditor was provided the DOCCS's new PREA refresher training lesson plan, Preventing Sexual Misconduct and Saving Careers, for review. This training includes a brief refresher on DOCCS PREA policy and employee duties under the policy; professional boundaries and prevention; recognizing circumstances that create staff vulnerability; employee duty to report and respond. This training is interactive and incorporates video clips of various staff presentations, Executive Team presentations, and testimonial videos from individuals involved in PREA incidents. All employees are required to take the PREA Refresher training every two years. All staff is provided a pocket PREA Reference Card for employees to keep with them and use when necessary, and the auditor observed these cards in the possession of employees during the facility tour and interviews. Between the biannual refresher training, the DOCCS provides employees with refresher information about current

policies regarding sexual abuse and harassment. This is accomplished through Annual Training Bulletins issued by the DOCCS Director of Training, which consist of a list of policy topics that will be covered with staff at line-ups and management meetings. The Annual Training Bulletin revised May 17, 2021, includes Training Bulletin 7, PREA Sexual Abuse Prevention and Response. This policy review is documented by the signature of the shift supervisor from each tour on the Training Bulletin form, and the Bulletin is required to be read at three consecutive line-ups. The facility provided a copy of the completed form for Training Bulletin 7, and the auditor confirmed the review of these Bulletins during interviews with random staff and supervisors. The auditor was also provided a copy of a Memorandum from Acting Commissioner Annucci dated July 8, 2021, providing executive support that states, "To effectively carry out the Department's mission, all employees of the Department of Corrections and Community Supervision are expected to comply with the applicable laws, regulations, policies, and standards as outlined below in performing their assigned duties, and in their daily professional conduct." The memorandum further states, "Employees are also expected to comply with the Governor's Executive Orders and the Commissioner's Policy on Prevention of Sexual Abuse of Incarcerated Individuals." The Administrative Training Lieutenant is responsible for coordinating, delivering, and tracking training for the facility. During his interview, he explained that PREA Refresher training is delivered every other year, but every year employees and contract employees receive refresher updates through Training Bulletins and mandatory policy review. No employee assumes their duties without first receiving the initial PREA training required during pre-service orientation. Training is tracked quarterly by Regional Training Coordinators, and any deficiencies are provided to the facility for notification to be provided to the employee and the employee's supervisor to resolve. Employees must complete the required report of training form and submit it to the Training Lieutenant, who records the training in the DOCCS training database.

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

115.31(d): DOCCS requires, upon completion of Course 35029 -Sexual Abuse

	<p>Prevention and Response - PREA, and 17078 -Sexual Abuse Prevention and Response - Refresher, a Report of Training Form must be completed and signed by the employee, indicating the employee understood the training received. This record will be maintained by the local training office, and a copy is to be provided to the facility's ADS/PCM. Employees completing the PREA Introduction/Transfer Training must sign the RTF-PREA (course code 17093), and a copy must be forwarded to the appropriate PCM. The facility reports that 425 of employees are current with their training, with the exception of anyone who may be out on extended leave. The auditor reviewed training rosters confirming all staff have completed the course, and all staff is current on the 17078 (PREA refresher). Additionally, the facility provided a training report dated 01/24/23 that indicated that all staff training is complete and current.</p> <p>Based on analysis and evaluation of the evidence, Woodbourne CF and DOCCS have demonstrated compliance with all provisions of this standard. Furthermore, it is evident that the DOCCS SAPEO analyzes and utilizes incidence data collected in a continuing effort to improve training programs for the Department. The new training refresher issued this year clearly addresses systemic problems specific to the Department, with a focused and direct approach toward educating and arming staff with tools to impact change. The DOCCS has exceeded the requirements of this standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; DIR #4071; DIR #4750; Guidelines for Construction Projects Form #4071A; Form #4750D, Required Training for Various Categories of Volunteers Volunteer Services List; Standards of Conduct for Volunteers; Application for Volunteer Status 6.20; Acknowledgement of Standards of Conduct for Volunteers, Form #MFVS3087; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.32(a)(b)(c): DIR #4027 designates that all contractors and contract employees, volunteers, and interns shall receive orientation and periodic in-service training consistent with their level of incarcerated individual contact relating to the prevention, detection, and response to sexual abuse and sexual harassment. DIR #4750 directs that during orientation, volunteers must be cautioned regarding the seriousness of personal/emotional involvement with incarcerated individuals, including visiting, corresponding, and accepting phone calls and that volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an incarcerated individual. For purposes of applicability, Penal Law section 130.05 states an employee also includes any person, including a volunteer, providing direct services to individuals in a state correctional facility pursuant to a contractual arrangement or written agreement with the Agency, thereby inclusive of volunteers providing services</p>

to individuals. Based on the Application for Volunteer Status Acknowledgement of Orientation, all volunteers are provided with the training and a copy of the policy DIR #4027 and The Commissioner's Prevention of Sexual Abuse Memorandum. Per DIR #4750, all volunteer applicants must read the most updated version of the Policy on the Prevention of Sexual Abuse and acknowledge receipt of the policy in writing and acknowledge they understand that they will be held accountable for and act in accordance with the policy and the law. The job-specific training for volunteers will be delivered by the volunteer's staff supervisor, who will ensure the volunteer acknowledges that they understand the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents by signing Form #MFVS3087DIR #4071, includes procedures for required contractor training on PREA and directs each contract worker to be issued a copy of Form #4071A which is a handout that includes the zero-tolerance, definition of sexual abuse, definition of sexual harassment, the duty to report, confidentiality, and a requirement to sign the acknowledgment form. The Acknowledgement Statement includes the signature of both the contractor and the DOCCS employee who reviewed the procedures with the contractor. The auditor also reviewed a Memorandum from Acting Commissioner Annucci regarding the Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (Revised), September 4, 2018, addressed to All Employees, Contractors, Volunteers, and Interns. This memorandum reinforces the zero-tolerance policy and provides a reminder of the definitions of sexual abuse/harassment, the duty to report, and the Commissioner's expectations for all employees, contractors, volunteers, and interns. No contractor enters the facility without signing the notification of the zero-tolerance policy form. The facility indicated there are 77 volunteers and individual contractors who have contact with residents who were trained in DOCCS policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The DOCCS maintains documentation confirming that volunteers and contractors understand the training they have received. The auditor was provided lists of approved contractors and volunteers from which names were selected for documentation review and interviews. The auditor's review of training records for 7 contractors/volunteers found training appropriate to their level of service and contact with incarcerated individuals, with all provisions of this standard. Interviews were conducted with onsite service contractor employees and volunteers, and all confirmed that they had received training and notification of the Department's zero-tolerance policy and were able to explain how to maintain professional relationships with incarcerated individuals and how and to whom to make a report if they became aware of an incident.

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

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence Reviewed: DIR #4021; Form #4021A; DIR #4027; PREA Orientation Film Implementation; Memorandum RENEw/Updated Material; Orientation Outline Rev. 6/28/19; Form #115.33, Report of Inmate Training Participation; Memorandum from DC McKoy Revised Transitional Services Phase; DC168L PREA Brochure Language Guide Poster; Memorandum Reasonable Accommodations; PREA Education Video Translations; Observations During Site Visit; Information Obtained from Interviews.

115.33(a)(b)(d): DIR #4021 establishes that upon arrival at an Intake Center, each incarcerated individual receives a gender-specific pamphlet "The Prevention of Sexual Abuse in Prison; What Inmates Need to Know," Form #DC055/#DC053, according to the facility classification and distribution is to be documented on Form #4021A. This pamphlet explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and addresses prevention, self-protection (situation avoidance), reporting sexual abuse and sexual harassment, and the availability of treatment and counseling. This information is provided in formats accessible to all incarcerated individuals. DIR #4021 further requires for Intake/Reception/Classification Centers each individual views the Orientation Video and the gender-specific version of the film "Ending Sexual Abuse Behind the Walls; An Orientation" during the reception and classification process. Once the film is viewed by the incarcerated individuals, this activity is documented on Form #115.33, Report of Inmate Training Participation, and filed in the individual's guidance file. The film, brochures, and handbooks are available in English, Spanish, Haitian-Creole, Russian, Polish, Italian, Chinese, and Korean. The SAPEO has published a PREA - Sexual Abuse Prevention Inmate Orientation Outline that is to be used to guide staff in the delivery of the sexual abuse prevention program during orientation. Step-by-step instructions are given to assist staff in covering the required information and provide prompts for engaging the incarcerated individuals during the education and includes showing of the film "Ending Sexual Abuse Behind the Walls; An Orientation." The outline includes for the presenter: 1) Introduction and history, and explains the role and duties of the PREA Coordinator, the role and duties of the ADS/PCM, and explains multiple ways to make a report; 2) defines PREA; 3) defines the DOCCS's zero-tolerance policy; 4) explains the right of every incarcerated individual to be free from sexual abuse and sexual harassment and what that means; 5) explains behavior expectations and defines sexual abuse and sexual harassment; 6) explains what to do if abused; 7) explains how and to whom to report, including third-party and anonymous reports; 8) covers the consequences of a false report; 9) explains the availability of Victim Services; 9) explains the difference between an authorized Pat Frisk and sexual abuse; 10) covers confidentiality; 11) explains the requirement of opposite gender staff to announce presence on housing unit and why it is done; 12) provides guidance for question/answer period. This program provides a comprehensive delivery of the educational material required by this standard. Any individuals admitted to the DOCCS before August 20, 2012, were provided the comprehensive PREA education between July 13-31, 2015. The video "Ending Sexual Abuse Behind the Walls" was shown throughout the DOCCS at all facilities during that week. Woodbourne Correctional Facility is not a designated Intake/Reception/Classification Center. Individuals are assigned to this facility through transfer from another facility and have already received the formal training required by DIR #4021 at the Intake Center and are

provided information and refresher training upon arrival and during orientation at Woodbourne CF based on interviews with the ADS/PCM, PPP, ORCs and Draft Sergeant. The facility reports there were 598 individuals admitted within the past 12 months who were given the "The Prevention of Sexual Abuse in Prison; What Inmates Need to Know" brochure, which is captured on Form #4021A. They also reported that 504 individuals, who were at Woodbourne CF for 30 days or more, received the refresher training by viewing the PREA video "Ending Sexual Abuse Behind the Walls: An Orientation," which is documented through the signature of the incarcerated individual on the Report of Inmate PREA Training Participation Form #115.33. Interviews with the incarcerated individuals confirmed that they had all received comprehensive training, watched the film and videos, and received a brochure before transferring to this facility, and stated that when they had received some form of the information at Woodbourne, although their answers were varied; some said they received brochure and others said they were reminded of the zero-tolerance verbally, and some said they saw the video again. They all stated that their ORC discussed PREA with them and asked about their safety, and the Draft Sergeant conducted their risk screening and talked to them about zero-tolerance. The auditor reviewed 31 records indicating individuals had participated in the PREA training program and each file contained a signature of the incarcerated individual attesting they received the pamphlet and handbook and viewed the SAPEO-prescribed video at Woodbourne Correctional Facility.

115.33(c): DIR #2612 establishes policy to ensure compliance with Title II (Subtitle A) of the Americans with Disabilities Act(ADA), Section 504 of the Rehabilitation Act, and the New York State Human Rights Laws prohibit state and local entities from discriminating against any qualified individual with a disability in their programs, services, and activities and utilizing methods of program administration that have the effect of subjecting individuals with disabilities to discrimination. Programs and services provided to incarcerated individuals by DOCCS must ensure accessibility and usability by qualified individuals in the most integrated setting. Woodbourne CF has the capability to meet the needs of male incarcerated individuals with sensorial disabilities. From lists provided by the facility, the auditor selected individuals with disabilities for interviews (2-hearing/1-visual/2-cognitive/1-physical). Sign language services are provided when necessary. Woodbourne CF has a staff ASL interpreter who also provides services to deaf individuals at Sullivan CR. Interviews with two deaf individuals were conducted through the use of the staff ASL interpreter. Both interviewees explained to the auditor that their PREA education was delivered by the ASL interpreter, and they have full access to all resources available to the population. The facility provided the Inmate Education & Orientation Film Facilitator Guide and the DOCCS Inmate Orientation Films Facilitator Training for review, and both express, "The agency shall provide [incarcerated individual] education in formats accessible to all [individuals], including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to [individuals] who have limited reading skills." If an individual has difficulty understanding the written material due to a disability or limited reading skills, appropriate staff shall assist. A memorandum from AC Effman directs that the PREA orientation and education are to be provided orally or in writing in a language clearly understood by the individual and with

accommodations for those with sensorial disabilities to ensure equal access. Audio education is available to the visually impaired through CDs and cassette tapes. Facility staff, the Office of Cultural and Language Access Services staff interpreters, and a Language Line Service are available for use by facility staff for interpretation services when needed. DIR#2612 ensures for individuals who are deaf or hard of hearing, who primarily communicate in sign language, a sign language interpreter certified by the National Registry of Interpreters for the Deaf or other National or New York State credentialing authority, or a sign language interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary will be provided.

DIR #4490 establishes policies and procedures to ensure that all individuals with LEP have meaningful access to programs, services, and benefits. The directive further requires that LEP individuals have access to vital documents, which include PREA complaint documents and procedures. The agency maintains a contract for interpreting services through LanguageLine Services, Inc., which was provided for the auditor's review. Additionally, designated bilingual staff interpreters are available to assist individuals with interpretation. The PREA Education Film "Ending Sexual Abuse Behind the Walls: An Orientation" is provided in DVD format appropriate to the gender classification of the facility and with tracks and captioning in English, Haitian Creole, Italian, Korean, Mandarin Chinese, Polish, Russian, Yiddish, and Spanish. A sample of the video transcript was provided to the auditor for review. Interviews with the draft sergeant at Woodbourne CF confirmed that the facility provides each individual coming into the facility with The Prevention of Sexual Victimization in Prison, What You Need to Know brochure. Delivery of this brochure to the individual is documented on the Draft Receipt, form #4021A, with the appropriate language circled if issued in other than English. This pamphlet has been translated into and is printed in English, Bengali, Chinese, Korean, Russian, Spanish, Haitian/Creole, Polish, Yiddish, Arabic, and Italian and all languages were updated in March 2022. These pamphlets were observed by the auditor in various common areas of the facility, including the intake area, library, and resource areas. Additionally, the PREA video "Ending Sexual Abuse Behind the Walls: An Orientation" is available in English, Spanish, Haitian-Creole, Russian, Polish, Italian, Chinese, Korean, and closed caption and is gender-specific. Interviews with the AC/PREA Coordinator, PCM, healthcare staff, security staff, and counseling staff indicated appropriate assistance is provided to individuals when needed to ensure meaningful communication. When interviewing staff, all employees indicated their knowledge of the Language Assistance Line. The auditor selected (2) incarcerated individuals who were listed as LEP to interview. The facility has designated staff interpreters who are bilingual in addition to the Language Line Services contract. When speaking with individuals who are LEP, they informed the auditor that their inability to speak English fluently had not affected their ability to participate in any facility-based services, including the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with the AC/PREA, ADS/PCM, ORCs, healthcare staff, and security staff indicated appropriate assistance is provided to individuals when needed to ensure meaningful communication. Additionally, when interviewing random staff, all employees indicated their knowledge of the Language Assistance Line. A monthly report is generated on

	<p>Form #4490C, Language Access Monthly Report, to track the use of interpreters for LEP individuals. The auditor was provided with a copy of the LanguageLine Usage report, which confirms that language interpreter services are used on a regular basis at the facility.</p> <p>115.33(e): The facility documents the Prevention of Sexual Abuse - PREA training participation on form 115.33 which captures the type of training (reception, orientation, TS Phase 1, or other) and the language it was delivered using. Once delivered the incarcerated individual signs the form. These forms are then filed in the incarcerated individual's guidance folder. The auditor reviewed guidance folders for the following individuals: 2-LEP; 3-SDP; 3-Cognitively Impaired; 2-High Risk/Prior Reported; 5-LGBTQI+; and 19 General Population. All files reviewed contained the signed form indicating training had been delivered.</p> <p>115.33(f): The DOCCS ensures that key information is continuously and readily available or visible to individuals through posters, handbooks, or other written formats. The auditor observed both the Report Sexual Abuse poster and the gender-specific zero-tolerance posters with the message delivered in multiple languages on the housing units and other common areas accessed by incarcerated individuals, staff, and visitors such as intake, program areas, library, medical, and public areas such as the visiting area, and visitor hospitality areas. Additionally, the auditor observed posting throughout the facility of the PREA Brochure Language Guide that informs of the seven languages that the pamphlet is available. These brochures were observed throughout the facility, including the library, intake/draft, and education, and other program areas. The auditor observed a variety of culturally diverse, informative PREA posters throughout the facility in various languages. Some of these posters address the zero-tolerance, others indicate how to access victim advocacy services, and a third poster specifically for reporting includes: "Report Sexual Abuse" in large lettering with a paragraph about reporting on the left in English and the right in Spanish and "Report Sexual Abuse" translated in Mandarin Chinese, Haitian-Creole, Italian, Korean, Polish, and Russian across the bottom.</p> <p>Based on analysis and evaluation of the stated evidence, Woodbourne CF and DOCCS have demonstrated compliance with all provisions of this standard and exceeded the requirements based on the extensive training curriculum and the multiple translations for conveying the Department's zero-tolerance and sexual safety program.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Notice to Auditor, Specialized Training Investigations; PREA Specialized Training Investigations; Investigating Physical and Sexual Abuse in an Institutional Setting; NIC Investigating SA in Confinement Overview; RTF Investigating</p>

Physical and Sexual Abuse; KHRT for Course 17072 OSI Investigators Trained; RTF Investigating Physical and Sexual Abuse; Information Obtained from Interviews.

115.34(a): In accordance with OSI Policy Manual Chapter 5, in addition to the general training provided to all employees and discussed in 115.31, the agency ensures its investigators receive training in conducting sexual abuse investigations in confinement settings. All new OSI/SCD Investigators attend Basic OSI Investigator School, which includes the following curricula: DOCCS OSI Overview Training, NIC PREA course Investigating Sexual Abuse in a Confinement Setting (initial and advanced) and Communicating Effectively and Professionally with LGBTI Offenders. OSI-specific training is documented utilizing the RTF-PREA submitted to and maintained by the OSI Training Coordinator. OSI/SCD Investigators complete the Sexual Abuse Investigations and PREA Update and evidence collection training annually. Additionally, each investigator must receive other designated internal investigations training, outside interview training, and online NIC investigations training. The Investigating Sexual Abuse in a Confinement Setting course is part of every investigator's initial training. At a subsequent date and after they have gained substantial investigative experience, each investigator takes PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. All OSI/SCD Investigators receive the required training prior to being assigned a case. In addition to the in-house training, investigators also receive outside interview training (Police Crime Scene and Evidence Specialist) provided by other law enforcement entities and training to become certified evidence collectors.

115.34(b): The auditor review of the specialized training curricula discussed in section (a) above reveals instruction for 1) conducting sexual abuse investigations in confinement settings; 2) techniques for interviewing sexual abuse victims; 3) proper use of Miranda and Garrity warnings; 4) sexual abuse evidence collection in confinement settings; 5) criteria and evidence required to substantiate a case for administrative action or prosecution referral, consistent with the requirements of this standard. OSI Policy Manual establishes that OSI members interact with complainants in a victim-focused manner, meaning systematically focused on the needs and concerns of victims to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. Additionally, and in accordance with the relevant provisions of NYS Executive Law 838-a, OSI/SCD staff shall be trained in trauma and victim response through a program meeting minimum standards established by the division of criminal justice services, following appropriate guidelines on evidence-based, trauma-informed practices. The auditor interviewed two OSI/SCD Investigators who are responsible for investigating allegations for Woodbourne Correctional Facility, and they were both found to be very knowledgeable and well-trained in conducting investigations. They articulated the required steps covered in the training materials, best practices, and Department policies. Both Investigators explained that cases are assigned to the designated investigator, and once the investigator completes a case, it is presented to the Assistant Deputy Chief, who works with NYSP/BCI and the local District Attorney in making the final disposition on assigning for a criminal investigation. All completed investigations are reviewed by the Assistant Deputy Chief prior to the case being submitted for closure.

	<p>115.34(c): DOCCS maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations through participation rosters and hours entered into the training database upon completion. Training records are maintained by the OSI Training Coordinator in Central Office. There are currently 34 OSI investigators statewide in the Department. General and specialized training records were provided for all investigators assigned to Woodbourne CF.</p> <p>Based on review and evaluation of the evidence stated, Woodbourne CF and DOCCS have demonstrated compliance with all provisions of this standard; additionally, based on the stringent training requirements of the Sex Crimes Division over and beyond the requirement of this standard, the DOCCS is found to exceed requirements of this standard.</p>
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115.35 Specialized training: Medical and mental health care	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: 7.000 40-Hour Orientation and Initial Employee Training; Report of Training Forms; 7.150 Orientation Program for Per Diem and Non-Departmental Employees; 17083: PREA Training for Medical and Mental Health Providers; RTF-PREA Introduction Transfer; MOU with OMH; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.35(a): Medical and Mental Health providers receive Inmate Sexual Assault Post Exposure Protocol/PREA, published by the DOCCS Infection Control Unit, which includes: (1) How to detect and access signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed the specialized training curriculum confirming it to be inclusive of all stated objectives and consistent with 115.35 requirements. In addition, this lesson covers related agency medical and investigative policy and procedures and encourages a collaborative, victim-centered approach to assessing sexual abuse incidents. This program is designed to increase the employee’s knowledge of this protocol and lead to the adoption of work practices that will maintain a high level of care for the incarcerated population. According to the Memorandum of Understanding between the New York State Office of Mental Health (OMH) and the DOCCS dated 09/14/16, DOCCS provides a standardized orientation to all new OMH employees working in correctional facilities. All full and part-time OMH employees working in any DOCCS facility participate in this training as required by this standard. Additionally, all full and part-time mental health care practitioners must participate in specialized training provided by DOCCS as required by PREA, 28 C.F.R. § 115.35. The facility reports that there are 37 medical and mental health care</p>

	<p>practitioners who regularly work at Woodbourne CF, and all of them have received the training required by DOCCS policy.</p> <p>115.35(b): Forensic examinations are not conducted by DOCCS staff; individuals are taken to the nearest hospital for this service, as supported by agency policy and interviews with the HSA, Superintendent, and ADS/PCM.</p> <p>115.35(c): The auditor's review of the DOCCS Course Completion Records for Course 17083, PREA Training for Medical and Mental Health Providers, confirmed that Medical and MH training requirements are compliant. The auditor selected a random sample of healthcare providers for records review and found the required training records for each employee.</p> <p>115.35(d): Training Manual 7.000 requires all full and part-time medical and mental health employees to attend civilian (non-peace officer) training. This training consists of the Initial Employee Training Program (code 27018), including the following classes: 35029 Sexual Abuse Prevention and Response (3 Hours) and provided the policy on the Prevention of Sexual Abuse of Offenders by their job-specific immediate supervisor. Training Manual 7.150 establishes training requirements for the OMH. It states, per diem employees must also sign two Report of Training Forms (RTFs) – a general RTF for the total 16 hours of orientation (code 27012) and the specific RTF for the Sexual Abuse Prevention and Response Introduction/Transfer Video (17093). All employees receive training on DOCCS's zero-tolerance policy for sexual abuse and sexual harassment and how to fulfill their responsibilities. No employee can begin their work assignment without first completing this mandatory training, and a copy of the signed RTF PREA must be forwarded to the appropriate PREA Compliance Manager. Refresher training is provided every other year, and refresher information training is provided yearly via a training bulletin and the Commissioner's policy statement on the Prevention of Sexual Abuse of Incarcerated Individuals and Parolees. The auditor interviewed the HSA and five medical/MH staff. All staff was knowledgeable about the training received, and they all confirmed having received the general training upon hire and then annually at in-service and the specialized training.</p> <p>Based on the analysis and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with the provisions of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #4027; DIR #4021/Form 4021A; DIR #4401; FOM #6002, SSPPM #115.41; PREA Risk Screening; PREA Risk Screening Form Female/115.41F Male/115.41M; Gender Identify Interview Form,115.41GI; Observations During Site Visit; Information Obtained from Interviews.</p>

115.41(a)(b): SVPPM #115.41 establishes that following PREA Standard 115.41/241, all incarcerated individuals will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other incarcerated individuals or sexually abusive towards other incarcerated individuals. DIR #4021 directs the statewide PREA Risk Screening process and requires screening upon admission to a facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Additionally, each individual shall be initially assessed by a Security Supervisor for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals using the gender-appropriate PREA Risk Screening Form #115.41M or Form #115.41F, following the facility-specific PREA Risk Screening Facility Operation Manual (FOM), upon transfer to another facility. Woodbourne Correctional Facility's local operating procedure FOM #6002 outlines the protocols for conducting risk screening at the local facility. It is the policy of Woodbourne Correctional Facility that all incarcerated individuals received shall be screened by a Sergeant or above within 24 hours of arrival at the facility and reassessed by an assigned Offender Rehabilitation Coordinator (ORC) ordinarily within 14-days of arrival at the facility. The ADS/PCM shall make a final risk assessment determination within 30 days of the incarcerated individual's arrival at the facility. When the ADS/PCM is absent from the facility, the PPP will act in their place concerning PREA Risk Screening procedures. Based on an interview with the ADS/PCM, all new Sergeants are trained in how to conduct a proper risk screening using the DOCCS PREA Risk Screening Form #115.41M/F. The auditor interviewed the Sergeants and found them knowledgeable about the risk screening process and understood the importance of handling sensitive information appropriately. The facility reports there were 581 individuals received and screened within the past 12 months whose length of stay in the facility was for 72 hours or more and were screened within 72 hours. The auditor's review of 33 randomly selected risk screening documents confirmed that this practice is well-implemented and that all assessments were conducted within 24 hours of arrival. This policy and practice exceed the 72-hour requirement of this standard.

115.41(c): SVPPM #115.41 establishes that consistent with recommendations from the U.S. Department of Justice, Risk Screening shall address the risk factors as delineated in 115.41(d)(1-9) of the standards. The DOCCS PREA Risk Screening Form #115.41M/F was reviewed by the auditor and is a comprehensive, fact-finding, and objective instrument. The instrument allows for recording the responses of the individual and allows for multiple levels of review once the instrument is completed and forwarded to the designated reviewers.

115.41(d)(e): DOCCS's PREA Risk Screening Form #115.41M, used at Woodbourne, includes questions for all criteria (1-9) of provision (d) of the standard to be considered during screening. The Department does not hold individuals solely for civil immigration purposes; however, Element 10 is still captured on each risk screening instrument. Additionally, the instrument includes questions to collect data for assessing sexual abusive behavior risk and considers a) convictions of a crime related to sexual abuse of another incarcerated individual, detainee, or resident; b) known history of committing institutional sexual abuse; c) convictions of a violent offense; d)

known history of committing institutional violence. This information is obtained from the individual's DOCCS records and answers provided by the individual. Each incarcerated individual who identifies as transgender, intersex, or gender non-conforming/gender nonbinary during their PREA risk screening (Section A question 7b) or who has a diagnosis of Gender Dysphoria or Intersex (identified via extended classification codes) shall be screened by the ORC using the Gender Identity Interview (Form 115.41GI) and given the opportunity to voluntarily disclose information concerning their gender identity, expression, and preferences, including how they would like their gender identity to be reflected in DOCCS electronic records. Per Directive #4401, Form 115.41GI will be reviewed, verified as current and accurate, or updated at each Case Plan Review or, as necessary, at any time there is a change in circumstances. Risk Screening requires asking the incarcerated individual questions regarding their sexual orientation, gender identity, and gender expression. The risk screening process also requires a subjective observation of the individual's gender expression. Annexed as Appendix A is a Glossary of Terms to assist in this process. Form #115.41GI is only used for individuals who have Gender Dysphoria or who are transgender, intersex, or gender non-conforming/gender nonbinary. The auditor reviewed four instruments for individuals whose screening prompted the completion of Form #115.41GI and found them to be completed timely and address the needs of the individual.

115.41(f): DIR #4021 establishes at the Department-level each individual shall be re-assessed by an ORC for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals using the gender-appropriate PREA Risk Screening Form #115.41M or Form #115.41F, following the facility-specific PREA Risk Screening Facility Operation Manual. FOM #6002 establishes that the Supervising ORC shall distribute the initial assessment screening form to the incarcerated individual's assigned ORC for a reassessment review. The reassessment review shall be completed within 14 days by updating the original screening based upon a review of records and any additional available relevant information. A final risk assessment determination is ordinarily made by the ADS/PCM or PPP (if the ADS PREA Compliance Manager is away from the facility) within 30 days of the incarcerated individual's arrival. If the available information differs from the information on the intake screening form, or the records reflect a change in responses that are relevant to the assessment of the incarcerated individual's risk of victimization or abusiveness, the ADS/PCM or PPP shall conduct a follow-up interview to complete the risk assessment. The ADS/PCM or PPP reviews all available information and renders a determination whether the incarcerated individual is at High Risk of Sexual Victimization, High Risk of Being Sexually Abusive, both, or neither. The facility reports that 504 individuals were rescreened within 30 days of arrival at the facility within the audit period. The auditor reviewed 33 screening forms and found that all had an initial assessment review, a 14-day review, and a 30-Day review. The auditor further confirmed these processes and procedures during interviews with ORCs. The policy and practice of having an ORC review within 14 days and the ADS/PCM review the screening results within 30 days is above and beyond the requirements of this standard.

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

115.41(h): FOM #6002 establishes that individuals are not to be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to the PREA Risk Screening process. A statement is also printed on the Risk Screening Form that individuals cannot be disciplined for refusing to answer or not completely disclosing information. Interviews with Sergeants, ORCs, and ADS/PREA confirmed that an individual would never be disciplined for refusing to answer the risk screening questions.

115.41(i): Sensitive information collected during the risk screening process is controlled and disseminated only as needed to appropriate parties to ensure proper care, housing, and other assignments for the protection of the individual and others. The Risk Screening Form includes language that directs, "information contained on this form shall not be disclosed to anyone other than to the extent necessary to make security classification, housing/placement, programming, treatment, investigation, and other security and management decisions." FOM #6002 requires all PREA risk screening interviews shall be conducted in a private setting. There were no new arrivals processed during the site visit, but the Draft Sergeant provided a simulation of the processes used when new arrivals are processed, and this included a private, one-on-one interview in the Draft Sergeant's office for purposes of conducting the risk screening. Dissemination of the screening information is limited to the Watch Commander, ADS/PCM, PPP, ORCs, and Executive staff. Observation during the site visit and interviews with all concerned parties confirmed the risk screening forms are kept in the incarcerated individual's file in a locked file cabinet in a secured file room with only the identified persons listed above having access. Staff interviews confirmed their awareness that any sensitive information is to be kept confidential and shared only with those who have a need to know.

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

115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence Reviewed: DIR #4009; DIR #4021/Form 4021A; DIR #4027; DIR #4401; FOM #6002; SVPPM #115.42; Form#115.42 and #115.42TS, Report of Risk Screening Results; PREA Risk Screening Form Female/115.41F Male/115.41M; Gender Identity Interview Form 115.41GI; Shower Policy; Memorandum from ADS/PCM Housing High Risk; PC housing policy memo; Observations During Site Visit; Information Obtained from Interviews.

115.42(a): SVPPM #115.42 establishes that following 115.42/242, the Department shall use information from the risk screening, including any change of circumstances reassessment, outlined in the SVPPM 115.41, to inform housing, bed, work, education, and program assignments to keep separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. FOM #6002 requires that information from the risk screening will be used to inform housing, bed, work, education, and program assignments to keep separate incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. An incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive" shall be made available to staff only as necessary in furtherance of the goal to keep separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. ADS/PCM or PREA Point Person (if the ADS PREA Compliance Manager is away from the facility) shall complete Form 115.42 to notify appropriate staff of an incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive." A copy of Form 115.42 shall be provided to the Movement and Control Officer, who shall use the information to inform housing and bed assignments, and the Program Committee Chairperson, who shall use the information to determine appropriate work, education, and program assignments. Interviews with the ORCs, Watch Commanders, DS/S, DS/P, DS/A, and ADS/PCM confirmed this procedure and explained to the auditor how this information is used in making placement decisions. The PREA Coordinator's housing policy memo clearly states how the facility is required to house individuals that (1) are at high risk for victimization; (2) are at high risk for being sexually abusive and (3) are at high risk for being both at high risk for victimization and for being sexually abusive. The auditor reviewed one file of a transgender individual and found completed Form #115.42 in indicating individualized determinations for housing, work, education, and programming placements. Additionally, the Watch Commander documents risk screening information in a logbook when an individual is identified as being at risk for sexual victimization or being sexually abusive, and the following information is recorded: Date, Time, Name, DIN, Cell Location, and indicates the approval of the Watch Commander of the designated housing. The auditor reviewed the Watch Commander's logbook and found consistent entries documenting notifications by Screening Sergeants during the draft processing reporting incarcerated individuals that may need a housing assignment adjustment. In addition to the logbook, the auditor reviewed a roster that identified individuals identified as at-risk for victimization and abusiveness.

115.42(b): The ADS/PCM and PPP have the authority to recommend individualized

determinations to ensure individuals' safety based on information obtained from their risk screening instruments. Individuals determined to be at high risk for victimization are interviewed, followed by periodic spot checks by the ADS/PCM, and the individual's own views of safety are given serious consideration with regard to safety. Bed or housing moves and adjustments to programming/work/education assignments may be recommended to ensure the safety of the individual. Information from the Gender Identity Interview Form 115.41GI is also used to assist the Department in making an individualized assessment of the incarcerated individual's placement and program assignments to maximize the incarcerated individual's safety. The auditor reviewed four samples of Form #115.41GI and screening forms for six individuals referred to the Housing Committee for placement review. Documentation on the risk assessment forms and a review of documentation for individuals considered high risk for victimization confirmed this practice is well established. Interviews with the Draft Sergeant, ORCs, DS/S, DS/P, ADS/PCM and Superintendent further confirmed that individualized determinations about ensuring the safety of incarcerated individuals are made as routine practice.

115.42(c): DIR #4401 requires upon request from an individual who identifies as transgender or intersex for a transfer from a male-classified facility to a female classified facility, or vice versa, the assigned ORC shall complete an updated Form#115.41GI, documenting the individual's responses to questions regarding their gender identification, expression, and preferences, as well as their statement regarding their safety in connection with their housing and placement. The ORC shall notify the SORC upon completion of the updated Form #115.41GI, who will notify the DS/P and the facility's designated ADS/PCM. The DS/P notifies the Director of Classification and Movement of the individual's request via electronic mail, including the completed Form #115.41GI and the most recently completed gender-appropriate PREA Risk Screening Form #115.41M/F, which is used to assist the Department in making an individualized assessment of the individual's placement and program assignments, to maximize the individual's safety. The request is forwarded to the Central Office Transgender Placement Review Committee for a case-by-case assessment. Housing assignments by gender identity will be made when appropriate. The auditor interviewed the DS/P, ADS/PCM, and Superintendent and confirmed that one transgender female currently housed at Woodbourne CF had requested a transfer to a female facility within the audit period. A memo to the IP from Associate Commissioner Effman, dated 08/29/22, shows that consideration was given to the individual's request, and was notified of the request denial. However, the AC/PREA reported during his interview that the Department had approved the transfer from a male-classified facility to a female-classified facility for 17 incarcerated individuals since January 2019. Additionally, there has been 1 transgender male transfer from a female classified facility to a male-classified facility in February 2020.

115.42(d): DIR #4401, FOM #6002 establishes that for transgender or intersex individuals, the Gender Identity Interview Form 115.41GI will document the incarcerated individual's statement regarding their safety in connection with decisions regarding their housing and placement Information from the Gender Identity Interview Form 115.41GI will be used to assist the Department in making an

individualized assessment of the incarcerated individual's placement and program assignments in order to maximize the incarcerated individual's safety. Following DIR #4803, for all individuals, a job assignment and programming review and update are conducted by the Classification Committee Chairperson every six months, who then recommends appropriate changes to the DS/P. This is documented in the individual's case notes within the computer database and was confirmed during interviews with the DS/P and ORCs.

115.42(e): DIR #4021 establishes that a transgender or intersex individual's own views with respect to his or her own safety shall be given serious consideration. DIR# 4009 establishes statewide authorization for transgender and intersex individuals to be allowed to shower separately from other incarcerated individuals. FOM #6002 establishes local directive that the Gender Identity Interview Form 115.41GI provides the opportunity for an incarcerated individual who is transgender or has been diagnosed with Gender Dysphoria or an Intersex Medical Condition to request to shower separately from other incarcerated individuals as provided for in Directive #4009. Based on interviews with the ADS/PCM, PPP, and incarcerated individuals and the auditor's review of 115.41GI forms in place at the time of the site visit, there were no individuals who had requested any special shower arrangements.

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

Based on the review and evaluation of the stated evidence, Woodbourne CF and DOCCS have demonstrated compliance with all provisions of this standard; additionally, both have exceeded the requirements of this standard through the SAPEO's development and implementation of Forms 115.41GI and #115.42. Additionally, subsequent procedures, a memo from the PREA Coordinator's housing policy memo, clearly states how the facility is required to house individuals that are at high risk for victimization; are at high risk for being sexually abusive and are at high risk for being both at high risk for victimization and for being sexually abusive. These processes involve a consistent interdisciplinary approach to keeping individuals safe, evidenced by documentation and interviews with staff at Woodbourne CF.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: DIR #4948; Form #4948A, Sexual Victimization Involuntary

Protective Custody; Form #2170A, Protective Custody Review; Form #2168A, Sexual Victimization Involuntary Protective Custody Recommendation; Observations During Site Visit; Information Obtained from Interviews.

115.43(a): DIR #4948, sets forth minimum conditions of confinement for individuals in Protective Custody Status within the Department and directs that an individual's confinement to Sexual Victimization Involuntary Protective Custody solely because he/she is at high risk for sexual victimization or following a report that the individual was the victim of sexual abuse, must be done only after an assessment of all available alternatives has been made and determined that there are no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the individual in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A. The ADS/PCM must be notified of these assignments no later than the next business day, who will then notify the AC/PREA, in writing, of the date and time Form #2168A was completed and the date and time of the individual's removal from this status, if removed. The facility reports there were no individuals who were held in involuntary segregated housing in the past 12 months for up to 24 hours awaiting an assessment; this was confirmed through interviews with the ADS/PCM, PPP, and staff who are assigned to work the RRU/SHU.

115.43(b): In accordance with DIR #4948, individuals in Sexual Victimization Involuntary Protective Custody Status are afforded access to recreation, telephone calls, visiting, programs, exercise, religious counseling, counseling services, law library services, legal services, general library services, education, commissary/packages, Family Reunion Program, grievance program, laundry services, and personal property. To the extent possible, access to these services is the same as afforded to the general population. Administrative Segregation Plan, Attachment A, indicates incarcerated individuals are allowed group recreation, television, commissary, property, programming, and in-cell correspondence course materials. Any restrictions to an incarcerated individual's access to programs, privileges, education, or work opportunities must be documented on Form #4948A, Restriction of Inmate's Program-Participation, which includes the opportunities that have been limited; the duration of limitation; the reasons for such limitation.

115.43(c)(d)(e): In accordance with DIR #4948, Protective Custody Status, the facility assigns individuals at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Form #2168A includes the basis for the facility's concerns for the individual's safety and documentation of what alternatives were considered and assessed as unavailable. An assignment should ordinarily not exceed a period of 30 days. If this status extends beyond the 30 days, the status will be reviewed every seven days for the first two months and at least every 30 days thereafter by a three-member committee consisting of a representative of the facility's Executive Staff, a Security Supervisor, and a member of the Guidance and Counseling staff. In accordance with DIR #4948, Form #2170A must be clearly documented with the facility's concerns for the individual's safety and an explanation of what alternatives were considered and assessed to be unavailable when an individual is placed on

	<p>Involuntary Protective Custody for high-risk of victimization. Since no individual had been placed in segregated housing for this purpose, there were no cases to review. Interviews with the ADS/PCM, PPP, and staff who are assigned to work the RHU/SHU confirmed no individuals were held for this purpose in the prior 12 months. The auditor interviewed the AC/PREA, Superintendent, DS/S, ADS/PCM, SORC, and security staff who are assigned to the RRU/SHU and was able to confirm alternative arrangements are always made for keeping individuals who are at risk for sexual victimization safe in lieu of placing an individual on Involuntary Protective Custody Status.</p> <p>Based on analysis and evaluation of the evidence stated, Woodbourne CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; Employee Manual; Sexual Abuse Prevention and Response Training; OSI Poster - Phones 444; Prevention of Sexual Abuse in Prison English; ACOC Letter; Case Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.51(a): DIR #4027 establishes that the Department provides multiple internal ways for incarcerated individuals and releases to privately report sexual abuse and sexual harassment, retaliation by other incarcerated individuals, releases, or staff for reporting sexual abuse and sexual harassment, unauthorized relationships, and staff neglect or violation of responsibilities that may contribute to such incidents. Incarcerated individuals and releases may report to OSI. Reports may be made by writing to the DOCCS Office of Special Investigations, 1220 Washington Ave., Building 4, Albany, NY 12226-2050. Reports can also be made to the OSI Reporting Line by dialing 444 on the incarcerated individual telephone system during regular business hours. Calls to 444 are not monitored by facility staff. Releasees and family members may also contact the OSI reporting line at 1-844-OSI-4NYS, via email to OSIComplaint@doccs.ny.gov, or by submitting an online complaint at https://doccs.ny.gov/doccs-office-special-investigations-osi. Reports can be made directly to the facility's designated PCM or PREA Point Person, or any SORC or their ORC, Chaplain, security staff person, medical staff, or any other employee. The interviews with incarcerated individuals, both targeted and random, confirmed widespread awareness of the multiple options to report any incident or concern regarding PREA. These Individuals were aware of the availability of the reporting information on the posters throughout the facility being easily accessible. The PPP performs weekly PREA phone line checks to identify any deficiencies, reports the findings to the ADS/PCM. The auditor, with the assistance of the PPP completed a successful test call from a randomly selected housing unit phone.</p>

	<p>115.51(b): DIR #4027 establishes that incarcerated individuals and releases may also report to the State Commission of Correction (SCOC), a separate State office that is not part of the Department, by writing to State Commission of Correction, Alfred E. Smith State Office Building, 80 South Swan Street, 12th Floor, Albany, New York 12210. Incarcerated individuals may use privileged correspondence for this purpose. The SCOC will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized relationships to OSI. An incarcerated individual or release may request that the SCOC allow them to remain anonymous, and the SCOC will not include their name in the report. This method is further confirmed by the Letter of Agreement from SCOC Chairman Beileinm to Acting Commissioner Annucci, dated May 24, 2017, provided for the auditor's review.</p> <p>115.51(c): DIR #4027 and Employees' Manual, Section 2.20 require staff to accept reports of sexual abuse, sexual harassment, and unauthorized relationships made verbally, in writing, anonymously, and from third parties. Any verbal reports are to be promptly documented and forwarded for investigation. This information is also covered in the Sexual Abuse Prevention and Response Training that is mandated for all staff prior to assuming any duties for the DOCCS. The auditor's review of the case files found that reports received by staff were handled promptly and put in writing to the Watch Commander for further response.</p> <p>115.51(d): The Sexual Abuse Prevention and Response Training for staff inform all employees that reports may be made privately by calling DOCCS OSI/SCD at 518-457-2653 or by email at specialinvestigations@doccs.ny.gov. This information is also listed on the Pocket Card distributed to all staff for quick reference. Staff interviews confirmed that they are aware they may go outside of their chain of command and report misconduct privately through this method.</p> <p>Based on analysis and evaluation of the evidence listed, the facility and DOCCS have demonstrated compliance with all provisions of this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4040; Memorandum/Grievances Alleging Sexual Abuse or Sexual Harassment; Case Files; Information Obtained from Interviews.</p> <p>115.52 (a-g): Based on the auditor's review of DIR #4040, DOCCS is exempt from this standard. A memorandum issued on May 15, 2019, from Deputy Commissioner McGrath outlines the specific steps that are to be taken in response to receiving a grievance alleging sexual abuse or sexual harassment. The auditor interviewed the Grievance Program Supervisor, who confirmed that a report of sexual abuse/harassment received on a grievance form would be documented according to the instructions in the memorandum and then forwarded immediately to the Watch</p>

	<p>Commander, ADS/PCM, and the DS/S. The Watch Commander would further process the allegation as a written report following the guidance directives in 115.65. There were no allegations of sexual abuse or harassment reported through the grievance process within the audit period.</p> <p>Based on a review of the stated evidence, the facility and DOCCS are compliant with this standard through exemption.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: DIR #4423; DIR #4404; DIR #4421; Implementation of Statewide Rape Crisis Hotline; Help for Victims of Sexual Abuse Notices (English/Spanish); Victim Support brochure, DC132 English/Spanish; NYSCASA Contract with OVS; Unity House Hotline Contract; OVS-OPDV MOU; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.53(a): SVPPM #115.53 establishes that the DOCCS, in partnership with State and non-governmental partners, makes available emotional support and victim advocacy services for incarcerated survivors of sexual victimization. The services are provided by community-based Rape Crisis Programs, including, but not limited to, a network of partner PREA centers. The DOCCS Rape Crisis Hotline is intended to provide crisis counseling and referrals for emotional support and victim advocacy services for incarcerated survivors of sexual victimization, regardless of where and when the victimization occurred. The PREA Rape Crisis Hotline is not a reporting hotline, and an incarcerated individual does not need to make a report to use the service. Ongoing emotional support and advocacy services are available through partner PREA Centers. PREA Centers are community-based rape crisis programs that, through a series of contractual agreements, employ rape crisis counselors, therapists, and advocates to provide services to incarcerated clients. These services include confidential support, trauma-informed counseling, victim advocacy via telephone, privileged correspondence, and in-person services. Incarcerated individuals can contact the statewide hotline for rape crisis services, trauma-informed counseling, emotional support, or victim advocacy by dialing 777 on incarcerated individual self-dial phones and static tablets unless they have a sanction imposed as a result of a disciplinary hearing, Superintendent's hearing or other restriction. Calls to 777 or a PREA Center for the purpose of seeking or receiving services, counseling, or assistance concerning any sexual offenses, sexual abuse, incest, or attempts to commit sexual offenses, sexual abuse, or incest, as defined in the Penal Law are confidential under CPLR 4510. Hotline staff must report if the caller reveals the intent to commit a crime or harmful act, or in the case of suspected child abuse or maltreatment. If the incarcerated individual requests ongoing emotional support or advocacy services, the hotline provider will make a referral to the rape-crisis program</p>

identified for the caller's facility pursuant to the relevant contract. An incarcerated individual can request ongoing rape crisis services, emotional support, or advocacy via the hotline, writing to the PREA Center, or requesting that the ADS/PCM or PREA Point Person at their facility facilitate contact with the PREA Center. If a request is made for communication with a Rape Crisis Program that is not a PREA Center, additional verification of appropriate certification may be required and, therefore, shall be forwarded to the AC/PREA for approval. An incarcerated individual subject to a disciplinary sanction restricting telephone access may contact a Rape Crisis Program through privileged correspondence or may make a request through the facility's ADS/PCM, designated PREA Point Person, or other designated staff person for assistance arranging a Rape Crisis Program Legal Call. Emotional support/advocacy calls should generally be limited to 30-45 minutes. If the incarcerated client requires more intensive counseling services, the PREA Center/Rape Crisis Program shall work with the facility designee to identify the most appropriate call length to balance the needs of the individual and the needs of the facility. Rape Crisis Program Legal Calls with PREA Centers may be arranged on a recurring basis in keeping with the PREA Center's protocols. DIR #4423 allows an individual to add an approved Rape Crisis Program to his/her telephone list at any time by submitting a request to his/her assigned ORC. Although the PREA Rape Crisis Hotline 777 is accessible without making an addition to the telephone list. DIR #4404 allows a visit with a representative, including an employee or registered volunteer, of a rape crisis program. This directive defines a Rape Crisis Program as any Local, State, or National organization authorized to provide rape crisis services, victim advocacy services, and emotional support services, including, but not limited to, organizations approved to provide such services in New York State by the Department of Health pursuant to Public Health Law §206(15). DIR #4421 defines Privileged Correspondence as correspondence addressed by an individual to including any local, State, or National organization authorized to provide rape crisis services, victim advocacy services, and emotional support services, including but not limited to organizations approved to provide such services in New York State by the Department of Health under Public Health Law §206(15). The DOCCS publishes a Victim Support brochure in English and Spanish that describes the services available, lists the centers with addresses and phone numbers, and provides instructions on accessing these services. The auditor observed the Help for Victims of Sexual Abuse Notices (English/Spanish) posted throughout the facility and the brochures available in the library, intake area, ORC offices, and programming areas.

115.53(b): Incarcerated individuals receive the emotional support/advocacy call at one of the following locations as determined by the correctional facility a) a phone booth that was constructed to accommodate legal calls; b) a disciplinary hearing room; c) any other location where the telephone monitored or recorded and where there exists auditory confidentiality. Reasonable steps shall be taken to protect the confidentiality of the incarcerated individual. Calls to 777, PREA Centers, and staff assisted calls with Rape Crisis Program providers are not monitored by facility staff; however, calls placed on the incarcerated individual telephone system, including 777 calls and calls to PREA Centers, are recorded and available to OSI Investigators in the event of misuse, and may be used in any resulting disciplinary or criminal

proceeding. Incarcerated individuals are advised of the limits to confidentiality on communications using the 777 or with a designated PREA Center through policy SVPPM #4027, postings near the self-dial telephones, and the Victim Support brochure. DIR #4423 provides guidelines for monitoring notices and instructs each facility to post the monitoring notice in English and Spanish adjacent to any telephone used by incarcerated individuals. DIR #4404 provides guidance on visits between an incarcerated individual and a representative, including an employee or registered volunteer, or a rape crisis program, and provides an area designated for such visits that will ensure the confidentiality of all communications during the visit. Crime Victims Treatment Center (CVTC) is the local area advocacy group for this facility. DIR #4421 describes definitions and procedures governing correspondence with a Rape Crisis Program. This procedure directs outgoing privileged correspondence may be sealed by an incarcerated individual, and such correspondence shall not be opened, inspected, or read without express written authorization from the facility Superintendent unless there is a reason to believe that the provisions of this or any directive or rule or regulation have been violated, that any applicable State or Federal law has been violated, or that the content of such correspondence threatens the safety, security, or good order of a facility or the safety or well-being of any person. Incoming privileged correspondence shall not be opened outside the presence of the individual to whom it is addressed and shall not be read without express written authorization from the facility Superintendent, which can only be authorized for the same reasons stated for outgoing privileged correspondence above. The auditor interviewed the mailroom staff, who confirmed the procedures at Woodbourne Correctional Facility to be consistent with the procedures outlined in DIR #4421. During the site visit, the auditor observed the "Telephone Monitoring Notices" posted near the self-dial telephones on the housing units.

115.53(c): DOCCS is a recipient of benefits of the Memorandum of Agreement between the NYS Office of Victim Services (OVS) and NYS Office for the Prevention of Domestic Violence (OPDV) for the OPDVPREA Hotline Expansion Project that began on October 1, 2018, and, based on the 2021 OVS Grant Renewal Notice for the NYSCASA contract, extends through 09/30/2022. Correspondence between the DOCCS, CVTCNYSCASA, and OVS confirming a continuation of the Scope of Services beyond the 09/30/2022 contract expiration. The Scope of Services includes the provision to provide services for incarcerated individuals according to the Prison Rape Elimination Act (PREA) as administered by the DOCCS and OVS. Administration of the Hotline for calls received through the 777 speed-dial number, with operation hours between 8:00 AM and 11:00 PM, is in effect through 09/30/2024. This MOA allows calls to be responded to and/or referred per DOCCS and OVS protocols. This contract provides incarcerated victims of sexual abuse with rape crisis counseling, advocacy, and emotional support services; follow-up with individuals who made direct contact seeking rape crisis services via telephone or email, or as requested by DOCCS (services as outlined in provision (a) narrative above); maintain active confidential communication with New York State Department of Corrections and Community Supervision staff to facilitate treatment for incarcerated victims' rights to confidentiality; complete; and participate in training provided by NYSCASA. The facility provided a copy of the Unity House Hotline Contract, secured to replace the

	<p>existing contract for hotline services upon expiration later this year.</p> <p>Based on analysis and evaluation of the stated evidence, the DOCCS and Woodbourne CF have demonstrated compliance with this standard; additionally, the Department, through extensive efforts and participation with the OVS and OPDV to provide consistent, accessible, quality service to the incarcerated population exceeds this standard.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; DOCCS Website Review; Case Files; Information Obtained from Interviews.</p> <p>115.54(a): DIR #4027 provides that the DOCCS has established a method to receive third-party reports on behalf of anyone under the Department's custody or supervision. These third-party reports can be made to any employee. The receiving employee shall immediately forward such reports to the facility Superintendent or Bureau Chief. Immediate after-hours reports concerning an incarcerated individual may be made to the facility Watch Commander. Anyone may report an incident of sexual victimization involving an incarcerated individual or a release to the OSI through the reporting line at 1-844-OSI-4NYS, via email to OSIComplaint@doccs.ny.gov, or by submitting an online complaint at https://doccs.ny.gov/doccs-office-special-investigations-osi. All reports, including third-party and anonymous reports, are confidential and will be thoroughly investigated. This information is published on the Department's public website, which also contains an online form for complaint submission.</p> <p>Based on the review and evaluation of the evidence stated, the facility CF and DOCCS have demonstrated compliance with this standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #0700; DIR #4027; Case Files; Employee Manual; Memorandum of Understanding (MOU) between The New York State Office of Mental Health (OMH) and DOCCS; Form #4027RC, Watch Commander Quick Reference Chart; Form #4027CS, Community Supervision Supervisor/Reentry Manager Quick Reference Chart; HSPM #1.01; Form #3102, Health Services Orientation; Observations During</p>

Site Visit; Information Obtained from Interviews.

115.61(a): DIR #4027 establishes that all staff shall report to a supervisor immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the DOCCS and any unauthorized relationship. This duty to report includes any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of a release, whether in a community-based residential program or while under Community Supervision or any unauthorized relationship with a releasee. Additionally, staff must report any acts of retaliation against an incarcerated individual, release, or staff for reporting such an incident or for participating in an investigation of an incident of sexual abuse, sexual harassment, or an unauthorized relationship; or any staff neglect or violation of responsibility that may have contributed to an incident of retaliation. The duty to report includes verbal, written, third-party, and anonymous reports, regardless of whether staff personally believe the information to be true or reliable.

115.61(b): Following DIR #4027, apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary, as specified in DOCCS policy including but not limited to SVPPM 115.61, to make treatment, investigation, and other security and management decisions. This is further reinforced by DOCCS's Employee Manual, Rule 2.20, prohibiting the release of information outside those needed to make treatment, investigation, and other security and management decisions. Random staff interviews and interviews with the Executive Team indicated everyone had a thorough knowledge of the expectations outlined in the employee standards of conduct, as well as the importance of enforcement.

115.61(c): The MOU between DOCCS and OMH acknowledges that medical and mental health practitioners, unless otherwise precluded by Federal, State, or local law, are required to report sexual abuse or sexual harassment that occurs in any facility, whether or not that facility is part of DOCCS. Disclosures of sexual abuse or sexual harassment will be reported and referred for an investigation under agency policy and the limitations of confidentiality at the initiation of services. The consent of an incarcerated patient is not required in these cases. HSPM #1.01 establishes that at the time of admission/intake, health staff at each correctional facility provides all incarcerated individuals with a written and oral orientation to the health services available at the facility, the procedure for requesting such services, and the method by which complaints regarding services can be made; this orientation is documented through signature on Form 3102. This information is available to incarcerated individuals with limited English proficiency in a language they can understand.

115.61(d): Per New York Consolidated Laws, Social Services Law - SOS § 488.492, Vulnerable persons' central register, DOCCS is exempt from the vulnerable persons' central register requirements to receive reportable incidents involving covered persons. Woodbourne CF houses no individuals under the age of 18.

	<p>115.61(e): DIR #0700 establishes OSI/SCD as the authorized agent to investigate allegations of sexual abuse/harassment within the DOCCS. Following DIR #4027 and pursuant to DIR #0700 and DIR#2111, under no circumstances shall a facility or Community Supervision bureau investigation involving sexual abuse, sexual harassment, or an unauthorized relationship be initiated unless and until OSI has been consulted. All allegations of sexual abuse, sexual harassment, or retaliation against staff, an incarcerated individual, or a releasee for reporting such an incident or participating in an investigation shall be immediately reported to the OSI, who will assign the appropriate investigator and ensure the allegation is thoroughly investigated.</p> <p>Based on analysis and evaluation of the evidence, Woodbourne CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4948; Form #2158A, Case Files; Sexual Victimization - Involuntary Protective Custody Recommendation; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.62(a): In accordance with DIR #4948, an individual may be placed in either Voluntary or Involuntary Protective Custody, as deemed necessary if it is determined that they are at substantial risk of imminent sexual abuse. Involuntary Protective Custody will only occur if it is determined that there are no available alternative means of separation from likely abusers and who do not voluntarily accept admission into Protective Custody Status. The facility reports that there have been no incidents where an individual has been subject to a substantial risk of imminent sexual abuse at the facility during the audit period. Interviews with the AC/PREA, Superintendent, ADS/PCM, DS/A, DS/P, DS/S, and Watch Commanders confirmed the facility observes the process as directed in DIR #4948 and that no individual has been placed in Protective Custody for this purpose.</p> <p>Based on the review and evaluation of the stated evidence, the Woodbourne CF and DOCCS have demonstrated compliance with the requirements of this standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: DIR #4027; Jail Administrators Contact Information; Form #115.63, PREA Allegation Notification Form; Case Files; Information Obtained from Interviews.

115.63(a)(b)(c): DIR #4027 and SVPPM 115.63 collectively establish that upon receiving an allegation of sexual abuse that an incarcerated individual was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred, as soon as possible, but no later than within 72 hours, by electronic mail utilizing Form #115.63 with a copy to OSI. When staff becomes aware of an allegation of prior victimization at another jail or prison, the ADS/PCM and PPP are to be notified immediately. If the facility where the abuse allegedly occurred is a DOCCS facility, the email will be addressed to the Superintendent of the facility with a copy of the DS/S, ADS/PCM, and PPP in addition to OSI. For notification to the NYC (New York City) DOC, the email shall be addressed to the Deputy Director of Investigation and the NYC DOC PREA Coordinator. Notifications to state correctional facilities or jails outside of New York State should be addressed to the agency head, facility head, PREA Coordinator, or Investigative Unit of the agency where the incident is reported to have occurred. The SAPEO maintains a current listing of Jail Administrators in New York State and distributes it as needed for notification purposes. As deemed appropriate, the Superintendent should make a follow-up phone call to the head of the facility or the appropriate office of the agency or facility where the abuse allegedly occurred to confirm receipt of Form #115.63. The DS/S of the facility that received the allegation will record the Report of Sexual Victimization log number (if applicable) provided by the facility where the sexual abuse is reported to have occurred, including all pertinent information as specified in DIR #4027. The facility advised there were 16 allegations received by an individual of an incident that occurred at another facility and provided documentation for the auditor's review. Woodbourne CF Superintendent sent a report of the incident to the other facility's Superintendent, with copy to OSI and the facility's ADS/PCM, using Form #115.63, within the 72 hours required for each case. The facility also provided documentation for mental health referrals and advisement of the community advocate services as a demonstration of the facility's response to these reports. Additionally, there were 4 allegations received from other facilities of incidents that were to have occurred and Woodbourne CF and which were promptly referred for review and investigation. Interviews with the Acting Commissioner, DC/PREA, OSI Investigators, Superintendent, ADS/PCM, PPP, and DS/S confirm a thorough understanding of the procedures. The ADS/PCM provided an instruction sheet created for and used by the Screening Sergeants with step-by-step instructions on what to do if they received a report of an allegation that occurred at another facility. These instructions include timely notifications so the information can be reported promptly to the facility where the alleged incident occurred.

Based on the analysis and evaluation of the stated evidence, Woodbourne CF and DOCCS have demonstrated compliance with this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; Coordinated Response Operations Manual template; Memo Coordinated Response FOM; Watch Commander Sexual Abuse Tracking Sheet; Watch Commander Quick Reference Chart; Sexual Abuse Prevention and Response Training; PREA Pocket Card; FOM #6001, Woodbourne CF Coordinated Response Plan; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.64 (a)(b): The DOCCS SAPEO issued a Coordinated Response to Reports of Sexual Victimization template for facilities' use in developing their local coordinated response. This template is mandatory and establishes clear facility-specific guidelines to coordinate actions taken among facility leadership, staff first responders, investigators, and facility medical and mental health practitioners in response to reports of sexual victimization of an incarcerated individual, including sexual abuse, sexual harassment, unauthorized relationships, and related complaints. FOM #6001 establishes that first responders are required to take the following steps: Staff, regardless of title, shall direct the participants to cease the act, separate and maintain direct supervision over the participants; assess the situation; initiate emergency medical response if necessary; request that the reported victim not to take any action to destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; take reasonable steps to ensure that the alleged abuser does not destroy physical evidence; take steps to prevent access to any possible crime scene in the area; immediately notify security supervisor who shall notify the Watch Commander; if a security supervisor is not available, the employee shall immediately notify the Watch Commander directly; ensure that the details are reported in a signed written memorandum to the Watch Commander no later than the end of the shift. The responding security supervisor is then required to take the following steps: request that the reported victim takes no action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; ensure that the alleged abuser(s) does not destroy physical evidence; arrange to have all reported participants separately escorted to medical immediately regardless of when the incident is alleged to have occurred; update the Watch Commander with relevant information as needed and ensure that the details are reported in a signed written memorandum to the Watch Commander no later than the end of the shift. The auditor reviewed the Watch Commander's logbook and found a consistent practice of making these entries to document when allegations are received by the Watch Commander. The Sexual Abuse Prevention and Response training is mandatory for all staff and includes specific training in first responder duties. Some staff interviewed mentioned they carry a PREA First Responder Pocket Card issued by the facility, which provides step-by-step instructions for a First Responder to take just in case they need it; however, all staff interviewed, both security and non-security, were very proficient in explaining their first responder duties without the aid of the card. The DOCCS makes no differentiation between security and non-security employees with regard to first</p>

	<p>responder actions to an incident of sexual abuse, and all are trained in the same procedures. Training records confirmed that all staff received this training during their initial orientation; refreshers are provided during in-service and through training bulletins. There were 10 sexual abuse allegations reported within the audit period; of these allegations, none were reported within a time period that allowed for the collection of evidence.</p> <p>Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with the provisions of this standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #4027; DIR #4301; SVPPM #115.65; FOM #6001, Woodbourne Correctional Facility Coordinated Response Plan; Case Files; HSPM #1.60; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.65(a): Through DIR #4027 and SVPPM #115.65, each facility must maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, agency investigators, and facility leadership. The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Woodbourne Correctional Facility Coordinated Response Plan, FOM #6001, was reviewed by the auditor and found to be thorough and comprehensive; and based on the guidance provided by the DOCCS SAPEO template directive. This local directive provides steps required of first responders and responding supervisors and steps to take upon receipt of a third-party and anonymous report. The plan outlines the specific duties of the Watch Commander, including a Watch Commander Quick Reference Chart. OSI must be notified on Form 4027RC for allegations of staff on incarcerated individual sexual abuse, unauthorized relationship, and incarcerated individual on incarcerated individual sexual abuse prior to initiating any investigative steps beyond assessment interviews; and in these cases, Form 4027WC, Watch Commander's Sexual Abuse Response Sheet is to be completed. If the incident is deemed sexual abuse or a sexual assault and has occurred within a time period that still allows for the collection of physical evidence (within 120 hours), the Health Services Staff or the on-duty Physician shall initiate the proper procedures as outlined in HSPM#1.60. This medical evaluation will assist in determining if referral to an outside hospital emergency department is medically indicated on the basis of evidence collection or physical trauma. If an outside medical trip is required, the incarcerated individual will be transported to one of the following SAFE/SANE hospitals unless medical staff determines the incarcerated individual's priority medical needs require transportation</p>

to a more appropriate hospital emergency department or medical staff determines that another hospital is more appropriate and upon Health Services' confirmation that a SANE/SAFE and a Victim Advocate are available to provide services:1) Garnet Health Medical Center 2) St. Luke's Cornwall Hospital and 3) Albany Medical Center. FOM #6001 includes names, phone numbers, and email addresses for the points of contact at each of these hospitals. Every incarcerated individual involved in an incident of sexual contact must be seen for emergency medical services, regardless of when the incident is reported to have occurred. Medical staff will determine whether the incident is a significant exposure case and provide bloodborne pathogen counseling as medically indicated. Medical staff will also assess the situation to determine if treatment in accordance with HSPM 1.60 is warranted. The medical staff shall complete a Mental Health Referral Form #3150 and provide counseling, as appropriate, regarding post-exposure prophylactic treatment, the need for a forensic medical examination, the availability of a victim advocate during such examination pregnancy-related services, and the availability of crisis intervention services. If an incarcerated individual is identified as being in need of an immediate referral to OMH, staff shall notify their supervisor and the Watch Commander; otherwise, a regular referral to OMH will be made through medical following the procedures in DIR #4301 and the incarcerated individual will be scheduled for an appointment at the catchment unit. If the Medical Department directs transport to an outside hospital for a SAFE/SANE examination, pursuant to HSPM #1.60 and #7.10, the incarcerated individual will be returned directly to an appropriate facility for off-site infirmary care. The incarcerated individual shall be returned to the infirmary location specified in HSPM 7.10. The Watch Commander will ensure the alleged incarcerated individual/victim and additional participant(s) are physically separated by appropriate, effective means pending investigation. The ADS/PCM (or other staff designated by the Superintendent) will initiate monitoring for possible retaliation. Interviews with the Superintendent and ADS/PCM confirmed that the Coordinated Response Plan was developed collaboratively with medical and mental health practitioners, investigators, and facility leadership and that the plan is updated as needed to ensure the information is current. FOM #6001 is disseminated to all affected staff, and a copy is retained in the Watch Commander's office and the medical department for quick reference.

Based on analysis and evaluation of the evidence, Woodbourne CF and DOCCS have demonstrated compliance with the requirement of this standard; additionally, the Department has exceeded this standard by implementing the Coordinated Response to Reports of Sexual Victimization Template, supported by the SVPPM #115.65 providing detailed instructions for facilities to follow, and ensuring consistency throughout the Department.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: DIR #2110; DIR #2114; Union Contracts Continuation; NYS Governor's Office of Employee Relations; Security Supervisors Unit; Professional Scientific Technical Unit; Administrative Services Unit; Institutional Services Unit; Operational Services Unit; NYSCOPBA; Information Obtained from Interviews.

115.66(a): DIR #2110 allows for employees to be suspended from duty pending the outcome of sexual abuse or sexual harassment investigation; When OSI receives a report of staff sexual misconduct, they evaluate the facts and circumstances of the report together with any other available information and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including removal of the employee from contact with any incarcerated individual pending the outcome of the investigation. The interviews with OSI/SCD Investigators and the Superintendent identified various methods that may be used to separate staff from alleged victims during the investigation, including suspension when appropriate. The process of suspending or separating an employee from employment as a function of a negative sexual abuse or sexual harassment investigation was explained. The agency has a proven record of terminating employees for engaging in sexual abuse and unauthorized relationships. DIR #2114 establishes that employees of the DOCCS are subject to administrative discipline consistent with Section 75 of the New York Civil Service Law or through procedures established in collective bargaining agreements; employees may be suspended from duty consistent with this law or the agreements. The auditor was provided labor contracts with the DOCCS for review; all contracts permit the DOCCS to take appropriate action when warranted to remove alleged staff sexual abusers from contact with any incarcerated individual pending the outcome of an investigation or a final determination of whether and to what extent discipline is warranted. The contracts permit the agency to suspend an employee without pay or temporarily reassign an employee when a determination is made that there is probable cause that such employee's continued presence on the job represents a potential danger to persons or property or would severely interfere with operations. Based on an interview with the AC/PREA/Commissioner's Designee, the current collective bargaining agreement between the State of New York and the Public Employees Federation, AFL-CIO (PEF) is for the period of 2019-2023. The current collective bargaining agreement was recently ratified between the State of New York and The Civil Service Employees Association, Inc. (CSEA) and covers 2022-2026. In addition, the collective bargaining agreement between the State of New York and the New York State Correctional Officers and Police Benevolent Association, Inc. (NYSCOPBA) is for the period April 1, 2016 - March 31, 2023. The collective bargaining agreement between the State of New York and the New York State Law Enforcement Employees Union, Council 82 (Council 82) is for the period of 2009-2016, with a new agreement pending ratification. Expired contracts are controlling by operation of law until a new contract is executed. The applicable contracts permit the agency to take appropriate action when warranted to remove alleged staff sexual abusers from contact with any incarcerated individual pending the outcome of an investigation or a final determination of whether and to what extent discipline is warranted. The contracts permit the agency to suspend an employee without pay or

	<p>temporarily reassign an employee when a determination is made that there is probable cause that such employee's continued presence on the job represents a potential danger to persons or property or would severely interfere with operations.</p> <p>Based on analysis and evaluation of the evidence, Woodbourne CF and DOCCS have demonstrated compliance with this standard.</p>
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115.67 Agency protection against retaliation	
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #4027; SVPPM #115.67; Case Files; Employee's Manual; Protection Against Retaliation Memo; Protection Against Retaliation Tracking Sheet; Retaliation Monitoring Forms (Incarcerated Individuals/Staff); Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.67(a): SVPPM #115.67, combined with the Employee's Manual, establishes the policy of the Department to protect all incarcerated individuals, releases, and staff who report sexual abuse, sexual harassment, unauthorized relationships, or who cooperate with an investigation into such incidents from retaliation by other incarcerated individuals or staff. Further, it is the policy of the Department to protect any other individual who cooperates with an investigation of sexual abuse, sexual harassment, or unauthorized relationships and who expresses fear of retaliation for doing so.</p> <p>115.67(b): SVPPM #115.67 further establishes that each facility shall employ multiple protection measures that may include monitoring staff to protect against unwarranted reassignments, negative evaluations, or retaliation, and as appropriate, may include providing a referral to EAP or an appropriate organization for emotional support services. Measures to protect incarcerated individuals may include housing changes or transfers for incarcerated victims, removal of alleged staff or incarcerated abusers from contact with victims, and facilitation of emotional support services. As confirmed by the Acting Commissioner and AC/PREA, all incarcerated individuals, releasees, and staff who report sexual abuse or sexual harassment or cooperate with the investigation are protected from retaliation by other incarcerated individuals or staff. This protection includes housing changes or transfers for incarcerated individual victims or abusers (as necessary), removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Decisions on protective measures are made on a case-by-case basis by both the facility administration and the OSI. If current housing is not appropriate, consideration will be given to moving to a different housing unit or facility as appropriate. Any complaint or evidence of retaliation is referred to the OSI/SCD for investigation and to be promptly remedied.</p>

115.67(c)(d)(e): SVPPM #115.67 directs monitoring to continue for a minimum of 120 days following a report of sexual abuse or sexual harassment; the facility shall monitor the conduct and treatment of 1) an incarcerated individual who reported an incident of sexual abuse or sexual harassment (including a third-party reporter); 2) an incarcerated individual who was reported to have suffered sexual abuse or sexual harassment; 3) an employee who reported an incident of sexual abuse or sexual harassment of an incarcerated individual. Additionally, if any other individual (staff, volunteer, contractor, incarcerated individual, etc.) who cooperates with an investigation of sexual abuse, sexual harassment, or unauthorized relationships expresses a fear of retaliation, the facility and Department shall take appropriate measures to protect that individual against retaliation as well. The facility's ADS/PCM will coordinate monitoring to prevent retaliation. The procedures set forth for monitoring have the intent to identify changes that may suggest possible retaliation by incarcerated individuals or staff and include 1) for incarcerated individuals, review of any disciplinary reports, housing or program changes approximately every 30 days within-person status checks; 2) for staff, review of any negative performance evaluations or reassignments with in-person status checks recommended. The PPP will assist and serve as the backup for monitoring, which shall include seeing incarcerated individuals and staff during rounds and reporting any complaints of retaliatory conduct. This monitoring is only required for sexual abuse; therefore, the agency exceeds by including monitoring for sexual harassment allegations. The OSI/SCD is notified promptly of any complaint or evidence of retaliation, and upon consultation with OSI, the facility is required to act promptly to remedy any such retaliation. If the previous period of monitoring indicates a continuing need, the monitoring shall continue for an additional period of 120 days. Monitoring activities are to be documented on Form #115.67-S for staff and Form #115.67-I for incarcerated individuals. The auditor reviewed the Protection from Retaliation Monitoring Log, indicating monitoring of individuals as required, with documentation if the individual transferred or was released and if the monitoring was extended. The facility provided samples of the Retaliation Monitoring Forms completed for individuals involved in a PREA allegation and monitored for retaliation during the audit period. The auditor reviewed 7 files and found retaliation forms completed. The auditor's review of these documents and interviews with the PPP, ADS/PCM, and Superintendent confirmed these processes are well-implemented at Woodbourne CF.

Based on analysis and evaluation of the evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard; additionally, the DOCCS has exceeded the requirements of provision (c) by requiring a minimum of 120 days of monitoring where the standard requires a minimum of 90 days and by conducting monitoring when sexual harassment is alleged.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence Reviewed: DIR #4948; Form #2168A; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.68(a): DIR #4948, Protective Custody Status sets forth the minimum conditions of confinement for incarcerated individuals in Protective Custody Status. Use of segregated housing to protect an individual alleged to have suffered sexual abuse is subject to the same requirement of 115.43. Individuals may be placed in involuntary segregation after a report of sexual abuse has been made only after an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the individual in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A, Sexual Victimization - Involuntary Protective Custody Recommendation. The referenced policy clearly outlines requirements that are compliant with this standard. No individuals have been placed in segregated housing in the past 12 months for allegedly having suffered sexual abuse. For additional narrative, reference 115.43 of this report. No individuals have been placed in involuntary segregated housing in the past 12 months for any length of time after having alleged to have suffered sexual abuse. This was confirmed during interviews with the Superintendent, ADS/PCM, PPP, Watch Commanders, and security staff assigned to work in the RRU/Segregated Housing areas, and incarcerated individuals who had reported sexual abuse at the facility.</p> <p>Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with this standard.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #0700; DIR #4027; Notice to Auditor, Criminal and Administrative Investigations; NYSP Superintendent D'Amico PREA Investigations; Criminal Procedures Law, 160.45 Polygraph Tests; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.71(a): Through the power granted under Section 112 of the Correction Law, the DOCCS Commissioner has designated the OSI and its members to assist with the implementation of statutory authority to prevent, detect, identify, expose, and eliminate criminal activity, misconduct, fraud, waste, abuse, corruption, and other improper behavior within the Department. DIR #0700 outlines the general functions of OSI and establishes five major Divisions, one of which is Sex Crimes (SCD). The SCD conducts investigations involving unauthorized relationships and sexual misconduct between incarcerated individuals or releasees and Departmental staff, as well as incarcerated individual-on-incarcerated individual sexual abuse. The SCD</p>

coordinates with outside law enforcement and prosecutors in developing these cases for criminal prosecution and collaborates with others within the Department to ensure compliance with the PREA. Within the OSI Policy and Procedure Manual reviewed by the auditor, all reports of sexual abuse, sexual harassment, and retaliation against an incarcerated individual or staff member for reporting or taking part in an investigation of possible sexual abuse or harassment will be thoroughly investigated. All investigations into allegations of sexual abuse and sexual harassment shall be completed promptly, thoroughly, and objectively, including investigations of third party and anonymous reports. The auditor interviewed two OSI/SCD investigators assigned to Woodbourne CF and an investigative supervisor. The investigators explained the steps to initiate an investigation and stated that the nature of the allegation would dictate the response time, although all reports are investigated promptly; they explained the investigative steps, which were aligned with policy requirements and training received; and the procedure for collection of circumstantial and direct evidence protocols. All were experienced and knowledgeable in protocols for investigating sexual abuse in correctional settings.

115.71(b): Following OSI Policy Manual and DIR #0700, the DOCCS uses Investigators who have been specially trained in sexual abuse investigations to conduct all allegations of sexual abuse as detailed in the 115.34 narrative of this audit report. The auditor's review of case files indicated all were investigated by trained investigators.

115.71(c): Based on the auditor's interviews with the OSI/SCD Investigators, review of investigative case files, and requirements of DIR #0700 and the OSI Policy Manual, there is a standard practice for Investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71(d): Per the OSI Policy Manual, when the quality of the evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews as set forth in DIR #0102 only after consulting with the Deputy Chief Investigator or Assistant Deputy Chief Investigator and prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. This procedure was confirmed as practice during interviews with the OSI Investigators and in the review of the investigative case files.

115.71(e): The OSI Policy Manual requires the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. The credibility of an incarcerated individual or staff is based on an assessment of the individual's history of institutional behavior, prior allegations, any disciplinary history, and any other factors relevant to the investigation according to the interviews conducted. New York State Criminal Procedure Law, Section 160.45, Polygraph tests, prohibits the DOCCS or any law enforcement agency from requesting or requiring a victim of a sexual assault crime to submit to any polygraph test or psychological stress evaluator

examination. The auditor's review of the facility's investigations indicated no truth-telling device was used during the investigation. Interviews with the OSI/SCD Investigators confirmed that credibility assessments are based solely on the individual and not on their status as incarcerated individuals/releasees or staff.

115.71(f)(g): The OSI Policy Manual indicates the OSI Investigator will include information in the investigative report regarding staff action or inaction that may have contributed to the alleged abuse. An evaluation is also made at the facility level as part of the Administrative Review conducted by the Superintendent or designee. The auditor's review of related investigative policies requires a written report which includes the investigative findings for every allegation reported for both criminal and administrative investigations, is required. The report is required to contain the name of the person involved, a thorough summary of the incident, a description of physical evidence and testimonial evidence collected, the reasoning behind credibility assessments, and investigative facts and findings. OSI investigative reports are also entered and tracked in the OSI's electronic case tracking system. Copies of all investigative evidence, where available, are attached in both written and electronic files.

115.71(h): DIR #0700 sets forth a policy that ensures substantiated allegations of conduct are referred to the appropriate person(s) for administrative, disciplinary, and prosecutorial action. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The OSI/SCD has the authority and responsibility to refer matters for further civil, criminal, and administrative action to appropriate administrative and prosecutorial agencies. The auditor's interview with OSI/SCD Investigators confirmed their procedures as outlined in the policy and that cases with sufficient evidence to substantiate criminal charges are presented to the District Attorney for prosecution. There were 3 cases referred for criminal prosecution since the last audit, none within the last 12 months.

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

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

115.71(l): The DOCCS OSI/SCD is responsible for investigating allegations of sexual abuse; however, Investigators work cooperatively with the Office of the Inspector General Sex Crimes Unit (IG/SCU) and the NYSP/BCI to investigate sexual abuse that may involve criminal conduct. A memorandum to the Superintendent of the New York State Police from the Associate Commissioner of the New York State Department of Corrections and Community Supervision regarding the implementation of the PREA Standards serves to confirm that the NYSDOCCS OSI/SCU and the New York State

	<p>Police (NYSP), Bureau of Criminal Investigation (BCI) shall continue to work cooperatively in the investigation of reported incidents of staff on incarcerated individual and incarcerated individual on incarcerated individual sexual abuse that may involve criminal conduct. DOCCS OSI, including Certified Evidence Technicians, will work cooperatively with NYSP concerning gathering physical evidence from the crime scene. Based on an interview with the AC/PREA/Commissioner's Designee, the Acting Commissioner of the DOCCS has delegated the authority to conduct administrative and criminal investigations to the OSI per Corrections Law § 112 and DIR #0700. DIR #0700 authorizes and designates the OSI as the official investigative body for all administrative and criminal investigations. The OSI is further charged with ensuring that substantiated allegations are referred to the appropriate person(s) for administrative, disciplinary, and prosecutorial action. OSI works cooperatively with the NYSP/BCI in the investigations of reported incidents of sexual abuse that may involve criminal conduct; however, DOCCS has not relinquished this authority to any separate activity. A separate entity is not responsible for conducting investigations. All complaints and information received by OSI relative to possible investigations are documented, reviewed, and processed. OSI/SCD has the authority to refer cases to NYSP/BCI when appropriate and works in conjunction with the local District Attorney's Office for prosecutions. Interviews with the OSI/SCD Investigators confirmed investigative procedures are well-established and compliant with all standard requirements.</p> <p>Based on analysis and evaluation of the evidence stated, Woodbourne CF and DOCCS have demonstrated compliance with all provisions of this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: OSI Policy Manual, Chapter 21; Case Files; Information Obtained from Interviews.</p> <p>115.72(a): The auditor's review of OSI Policy Manual, Chapter 21, found evidentiary standards for substantiating an allegation of sexual abuse or sexual harassment shall be a preponderance of the evidence. A review of the specialized training received by all OSI/SCD Investigators includes instruction on how to use the preponderance of the evidence for substantiating a sexual abuse or sexual harassment case. The auditor's review of a sample of closed cases and interviews with OSI/SCD Investigators confirmed that sexual abuse and harassment allegations are substantiated using the standard of preponderance of the evidence.</p> <p>Based on the review and evaluation of the stated evidence, Woodbourne CF and DOCCS have demonstrated compliance with the requirement of this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Notification of Investigative Determination; Case Files; OSI Policy Manual; Information Obtained from Interviews.</p> <p>115.73(a): According to OSI Policy Manual, following an investigation into an incarcerated individual's allegation that he or she suffered sexual abuse in a DOCCS facility, the Department shall inform the individual as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The OSI/SCD will assign an investigator to provide this notification when the case is ready to be closed upon the conclusion of the investigation and notify the individual in person of the result when substantiated. If there were multiple allegations with mixed outcomes, the individual should be advised what allegations were substantiated, what allegations were unsubstantiated, and what allegations were unfounded. If the investigation is pushed back by OSI for the facility to complete, then the DSS or higher authority will provide the outcome of the case to the incarcerated individual once the case is closed and maintain documentation of this notification. The auditor reviewed documented notifications for the 4 investigations that were closed during the last 12 months.</p> <p>115.73(b): Based on an interview with the AC/PREA Coordinator/Commissioner's Designee, the Acting Commissioner of the DOCCS has delegated the authority to conduct administrative and criminal investigations to the OSI in accordance with Corrections Law § 112 and DIR #0700. DIR #0700 authorizes and designates the OSI as the official investigative body for all administrative and criminal investigations. The OSI is further charged with ensuring that substantiated allegations are referred to the appropriate person(s) for administrative, disciplinary, and/or prosecutorial action. OSI works cooperatively with NYSP/BCI in the investigations of reported incidents of sexual abuse that may involve criminal conduct; however, DOCCS has not relinquished this authority to any separate activity. A separate entity is not responsible for conducting investigations. All complaints and information received by OSI relative to possible investigations are documented, reviewed, and processed. OSI/SCD has the authority to refer cases to NYSP/BCI when appropriate and works in conjunction with the local District Attorney's Office for prosecutions. Interviews with the OSI/SCD Investigators confirmed procedures are well established and followed in accordance with the OSI Policy Manual and Directives.</p> <p>115.73(c): According to OSI Policy Manual, in substantiated or unsubstantiated staff-on-incarcerated individual sexual abuse cases, the individual will be informed if the staff member is no longer posted within the individual's unit; if the staff member is no longer employed at the facility; if the staff member has been indicted on a charge related to sexual abuse within the facility or the staff member has been convicted on a charge related to sexual abuse within the facility. No cases closed within the audit period were applicable to this provision, although interviews with the ADS/PCM, PPP,</p>

	<p>and OSI Investigators confirmed these procedures are in place if and when applicable.</p> <p>115.73(d)(e): According to OSI Policy Manual, in substantiated or unsubstantiated incarcerated individual-on-incarcerated individual sexual abuse cases, the individual will be informed when the alleged abuser has been indicted or convicted on a charge related to the sexual abuse within the facility, or the alleged abuser has been convicted on a charge related to sexual abuse within the facility. These notifications are documented by the Investigator in the case file. The auditor's interview with the OSI/SCD Investigators confirmed these procedures. There were no substantiated cases during the audit period that qualified for this notification, although interviews with the ADS/PCM, PPP, and OSI Investigators confirmed these procedures are in place if and when applicable.</p> <p>Based on analysis and evaluation of the evidence, Woodbourne CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: DIR #2110; DIR #2111; DIR #4027; Employee Manual; Presumptive Disciplinary Sanctions; Notice to Auditor #115.76 Disciplinary Sanctions for Staff; Information Obtained from Interviews.</p> <p>115.76(a): DIR #4027 establishes that any perpetrator of sexual abuse or sexual harassment, any unauthorized relationship, or retaliation related to such an incident or investigation will be dealt with severely through discipline or prosecution to the fullest extent permitted by law. Supporting directives include DIR#2110, and DIR #2111, both indicating that OSI will evaluate the facts and circumstances of a report of staff sexual misconduct and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including removal of the employee from contact with any incarcerated individuals pending the outcome of an investigation. In addition, each employee receives and signs for the DOCCS Employee Manual, which includes the same language, consistent with elements of this standard.</p> <p>115.76(b): Under § 130.05 of NYS Penal Law, an incarcerated individual or parolee cannot legally consent to any sexual act with an employee, contract employee, or volunteer. It is a crime for staff to engage in a sexual act with an incarcerated individual] or parolee. A staff person who engages in sexual conduct, including sexual contact with an [incarcerated individual] or parolee, is guilty of a sex offense even if the incarcerated individual or parolee “willingly” participates or manipulates the staff member. Sexual conduct with a person committed to the custody of the Department is a crime whether it occurs inside a correctional facility, during transportation, outside a correctional facility, or while the person is a participant in a temporary release program. Any sexual abuse of an incarcerated individual or releasee by a staff</p>

member will be prosecuted to the fullest extent of the law. Based on a Memorandum dated February 5, 2016, Deputy Commissioner for Administrative Services Martuscello, "termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an incarcerated individual." The facility indicates there were no substantiated cases of staff sexual harassment or staff sexual abuse within the audit period.

115.76(c): DIR #2111 provides guidance for reporting employee misconduct, recommending appropriate disciplinary action, and the disciplinary process. When the Office of Special Investigations receives a report of staff sexual misconduct, they shall evaluate the facts and circumstances of the report together with any other available information and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including removal of the employee from contact with any incarcerated individuals pending the outcome of an investigation. In Reports of Employee Misconduct, the Bureau of Labor Relations gives consideration to when and where the incident occurred; the facts and circumstances of the incident; who was present at the incident, and the extent of their involvement; an evaluation of the seriousness of the incident; and a complete assessment of the employee's performance, with particular reference to conduct similar to that which causes the present concern. When OSI conducts an investigation into the misconduct, a copy of the OSI investigative file or investigative report shall be submitted to the Bureau of Labor Relations in lieu of a Report of Employee Misconduct. The Director of Labor Relations will work to set up any contractual disciplinary arbitrations or hearings in accordance with applicable Collective Bargaining Agreements and any applicable State laws and regulations. Based on a Memorandum dated February 5, 2016, Deputy Commissioner for Administrative Services Martuscello, "disciplinary sanctions for violations of agency policy relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall continue to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

115.76(d): The OSI Policy Manual establishes that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. Interviews with the OSI/SCD Investigators confirmed that OSI would be responsible for making these notifications and that no staff violations of this nature occurred within the audit period to be reported.

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

115.77	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #4750; Standards of Conduct for Volunteers; Form #MFVS3087, Acknowledgement of Standards of Conduct for Volunteers; Notice to Auditor 115.77; Memorandum from Acting Commissioner Annucci, Subject: Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (Revised).</p> <p>115.77(a)(b): The OSI Policy Manual establishes that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. Also, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Memorandum dated September 4, 2018, from Acting Commissioner Annucci regarding Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (Revised) reminds contractors and volunteers, and interns that the DOCCS has a zero-tolerance for sexual abuse and sexual harassment and that all allegations of sexual abuse, sexual harassment, or retaliation against staff, an incarcerated individual or releasee for reporting such an incident or participating in an investigation will be thoroughly investigated and perpetrators will be dealt with severely through discipline or prosecution to the fullest extent permitted by law. DIR #4750 explains that volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an incarcerated individual, which is a violation of state law. Each volunteer, upon receiving orientation training, is required to sign Form #MFVS3087 acknowledging receipt of the standards and policies for volunteers and understanding that they will be held accountable for and act in accordance with these standards and policies; furthermore, any violation may result in termination as an approved volunteer. Any sexual abuse of an incarcerated individual by a volunteer or intern will be prosecuted to the fullest extent of the law, even if the individual “willingly” participates in the act. Interviews with the Superintendent and OSI/SCD Investigators confirmed that there were no substantiated violations of sexual abuse policies by a contractor, volunteer, or intern at the facility during the audit period.</p> <p>Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with the provisions of this standard.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: DIR #4401; SVPPM #115.6; DIR #4932; Hearing Officer

Reference Book; Information Obtained from Interviews.

115.78(a): DIR #4932 outlines the procedures and standards for all incarcerated individual disciplinary hearings. The Hearing Officer Reference Book is utilized to guide the Hearing Officer on the imposition of appropriate discipline for misbehavior and emphasizes the importance of fairness and consistency in disciplinary dispositions imposed. DOCCS philosophy on incarcerated individual discipline includes that when imposed properly, disciplinary sanctions keep staff and incarcerated individuals safe and correctional facilities secure and may assist in the agency's mission by returning releases to the community less likely to engage in negative behaviors. Disciplinary charge 101.10 covers sex acts or attempts at sex acts perpetrated by an incarcerated individual toward another incarcerated individual. There were no substantiated allegations of sexual abuse or sexual harassment perpetrated by an incarcerated individual during the audit period.

115.78(b): The Hearing Officer Reference Book sets forth in Appendix B aggravating and mitigating factors that should be considered in reaching a just and fair disposition. The absence or presence of these factors should be viewed within the context of the totality of the evidence presented when the Hearing Officer is considering sanctions. A substantial list of factors to consider is delineated in the Reference Book to ensure a fair sanction. A table grid with recommended graduated sanctions is utilized by the Hearing Officer after a review of the entire situation and circumstances of the case and consideration of mitigating factors of the individual, such as past behavior. This table includes a checklist for Tier III Disciplinary Sanctions, labeled Appendix C. These guidelines clearly support fair and objective considerations in all disciplinary cases.

115.78(c): DIR #4932 provides guidance to Hearing Officers when an incarcerated individual's mental state or intellectual capacity is at issue and states that the evidence shall be considered regarding the individual's mental; condition or intellectual capacity at the time of the incident and at the time of the Hearing. To the extent it is known by the hearing officer, an individual's diminished intellectual capacity should be considered a mitigating factor in accordance with established procedures.

115.78(d): DIR #4401 outlines the requirements of the Sex Offender Counseling and Treatment Program (SOCTP), which is a comprehensive program of counseling and treatment for convicted sex offenders and other incarcerated individuals whom the DOCCS identifies as likely to benefit from sex offender counseling and treatment based upon a review of their background. The SOCTP is offered at maximum and medium-security correctional facilities in the state prison system and provides comprehensive sex offender treatment for convicted sex offenders, incarcerated individuals convicted of sexually motivated offenses, and incarcerated individuals whose histories (including behavior while incarcerated) indicate that they are likely to benefit from sex offender counseling and treatment. An incarcerated individual may be referred for admission to the program based on a guilty finding at a tier hearing for any sexually abusive or assaultive act.

	<p>115.78(e)(f)(g): SVPPM 115.6 defines sexual abuse and other related terms and are with those found in 28 C.F.R. Part 115, Definitions related to sexual abuse. There were no disciplinary reports issued on any individual for contact with staff, falsely reporting, or lying about a sexual abuse/harassment incident during the audit period. Interviews with the Director of PREA Compliance confirmed that incarcerated individuals are not disciplined for sexual contact with staff unless it is determined that the staff member did not consent to the contact, and consistent with the definitions found in SVPPM 115.6.I.C.2.c; neither are individuals disciplined for falsely reporting an incident or lying if made in good faith and upon a reasonable belief that the incident occurred.</p> <p>115.78(g): The DOCCS prohibits any form of sexual contact between incarcerated individuals; those who are found to have participated in consensual sexual contact after an investigation are sanctioned through the disciplinary process. Interviews with the Disciplinary Supervisor confirmed that zero-tolerance for sexual activity is enforced, and individuals are held accountable.</p> <p>Based on analysis and evaluation of the evidence, Woodbourne CF and DOCCS have demonstrated compliance with the provisions of this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: HSPM #1.44; Form #3278-PREA; DIR #4301; FOM #6002; Form #3150; HSPM 1.12B; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.81(a): PREA Risk Screening, DIR #4301, and Woodbourne Correctional Facility FOM #6002 work collectively to ensure incarcerated individuals who report prior victimization of sexual abuse will be offered a referral to medical or mental health services. And DIR #4301 OMH ensures regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days. Division of Health Services Policy #1.44 guides medical and mental healthcare procedures and directs that upon arrival at a DOCCS facility, every newly received or transferred individual, including individuals being moved from an owning correctional facility to the same correctional facility Special Housing Unit (SHU), receive a health screening by a Registered Nurse (RN) using Form #3278-PREA. This screening includes an inquiry into the individual's current and past health, mental health, and PREA history and immediate referral of any individual to a health provider if indicated. The auditor reviewed a blank Form #3278-PREA. Completed health screening forms are filed in the incarcerated individual's Ambulatory Health Record and accompany the individual during transfer. Additionally, OMH maintains documentation of information obtained during interviews in their case records. The HSA explained there</p>

had been no referrals for individuals who report prior sexual victimization within the last 12 months. Interviews with health services staff, staff who conduct risk screenings, and Watch Commanders confirmed these procedures are well-understood by affected staff and well-implemented.

115.81(b): As per PREA Risk Screening, DIR #4301, and Woodbourne Correctional Facility FOM #6002, individuals who report prior perpetration of sexual abuse will be offered a referral to medical or mental health services. If the incarcerated individual accepts the referral to OMH, the Sergeant makes a written referral to the OMH using Form #3150 and includes a brief description of the incident and any other relevant information. The Sergeant then notifies the Watch Commander of the referral. This offer of referral is documented on the individual's Risk Screening Form #115.41M. Additionally, if prior perpetration of sexual abuse is disclosed but not previously reported when the ORC conducts the reassessment, the ORC will follow the same procedures. Interviews with staff who conduct risk screenings and Watch Commanders confirmed these procedures are well understood by affected staff and implemented. The Auditor reviewed (4) examples of counseling referrals for individuals with sexually abusive histories and found that these procedures are in place and implemented well.

115.81(d): HSPM #1.44, Health Screen of Inmates, directs any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Completed health screening forms are filed in the incarcerated individual's Ambulatory Health Record and accompany the individual during transfer. These forms are available for review by the health screening staff of each arrival facility involved in the incarcerated individual's transfer and serve as a reference tool for the completion of subsequent health screening forms. Additionally, FOM #6002 identifies PREA Intake Screening Forms 115.41M/F as confidential documents. These completed forms are filed in the Guidance Folders, and distribution is limited to the ADS/PCM and PPP. Access to the completed forms is limited to the Executive Team and Guidance Staff with a business necessity to review the completed forms. Interviews with the ADS/PCM, PPP, guidance staff, and health services staff confirm that the information collected about sexual victimization or abusiveness is confidential.

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

	<p>individual's healthcare record is highly restricted to medical and mental health practitioners.</p> <p>Based on analysis and evaluation of the evidence, the facility and DOCCS have demonstrated compliance with all requirements of this standard.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: HSPM #1.12B; HSPM #1.44; HSPM #1.60; Mental Health Referral Form #3150; SAFE-SANE Updated; FOM #6001; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.82(a)(b): Per Health Services Policy #1.60, immediate notification of the Watch Commander and the Facility Health Service Director for alleged assaults that occurred within the past 120 hours. The incarcerated victim of an alleged sexual assault will be medically evaluated regardless of whether the allegation has been independently verified prior to the victim's presentation for treatment. Assaults that occurred within the past 120 hours will be expeditiously transported to an appropriate outside hospital emergency department. Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. In accordance with the National PREA Standards 115.21 and 115.82, all victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. When medically appropriate, HIV prophylactic medications will be offered prior to transportation to the emergency department. Healthcare staff must communicate with the emergency department triage nurse by phone to notify them of victim transport to their facility. Documentation relative to whether or not PEP (post-exposure prophylactic) has been administered must be sent with the incarcerated victim. The incarcerated individual may be transported to a closer or more appropriate hospital if health staff determine the individual's priority medical needs are such that require immediate or specialized care (e.g., the individual victim is suffering from traumatic injuries that require a level of care beyond what the certified SAFE/SANE hospital can provide). Admission to the facility infirmary and expedited follow-up assessment by a primary care provider are required upon the incarcerated victim's return from an outside hospital emergency department. The primary care provider will continue any appropriate PEP medications initiated at the outside hospital or the facility. For all involved individuals, immediate completion/submission of a Mental Health Referral Form #3150 is required. Based on the interviews with healthcare staff, OMH, ADS/PCM, PPP, OSI Investigators, and the auditor's review of investigative files, all incarcerated individuals involved in allegations of sexual abuse receive a referral to Medical and OMH, and individuals</p>

have unimpeded access to emergency medical treatment and crisis intervention services. No incidents occurred during the audit period requiring a forensic medical examination.

115.82(c): HSPM #1.12B provides information provided to individuals after sexual contact on care and prophylaxis. After a sexual encounter, all incarcerated participants require an assessment of whether participation involved force, coercion, or consensual contact. Medical and mental health services are consistent with the community level of care. Interviews with healthcare practitioners confirmed that the facility is prepared to provide these services upon the individual's return to the facility after the forensic examination in accordance with the provider's orders. Instructions are provided for medical assessments, which are required regardless of when the incident occurred, and counseling/treatment regarding post-exposure prophylactic treatment.

115.82(d): Per HSPM #1.60, all victims of sexual abuse will be afforded access to forensic medical examinations at an outside facility and any other medical treatment, without financial cost, where evidentially or medically appropriate. Incarcerated victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. New York Public Health Law, Chapter 45 of the Consolidated Laws, Article 28, Hospitals, enacts that no general hospital shall refuse to provide hospital services to a person presented or proposed to be presented for admission to such general hospital by a representative of a correctional facility. If the incident is deemed sexual abuse or a sexual assault and has occurred within a time period that still allows for the collection of physical evidence (within 120 hours), the Health Services Staff or the on-duty Physician shall initiate the proper procedures as outlined in HSPM #1.60. This medical evaluation will assist in determining if referral to an outside hospital emergency department is medically indicated on the basis of evidence collection or physical trauma. If an outside medical trip is required, the incarcerated individual will be transported to one of the following SAFE/SANE hospitals unless medical staff determines the incarcerated individual's priority medical needs require transportation to a more appropriate hospital emergency department or medical staff determines that another hospital is more appropriate and upon Health Services confirmation that a SANE/SAFE and a Victim Advocate are available to provide services: 1) Garnet Health Medical Center 2) St. Luke's Cornwall Hospital and 3) Albany Medical Center. FOM #6001 includes names, phone numbers, and email addresses for the points of contact at each of these hospitals.

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

115.83

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed: HSPM #1.60; HSPM 1.12B; DIR #4301; DIR #4401; OMH MOU; Mental Health Referral Form 3150; Observations During Site Visit; Information Obtained from Interviews.

115.83(a)(b)(c): HSPM #1.60 states all allegations of sexual assault will be evaluated immediately by the facility health staff. The incarcerated victim of an alleged sexual assault will be medically evaluated regardless of whether the allegation has been independently verified prior to the victim's presentation for treatment. If referred to an outside hospital emergency department, admission to an infirmary and an expedited follow-up assessment by a primary care provider is required upon the victim's return. The primary care provider will continue any appropriate post-exposure prophylactic medications initiated at the outside hospital or the facility. DIR #4301 provides guidelines related to services provided to under-custody individuals. The OMH, through its Division of Forensic Services, provides services to the DOCCS under custody incarcerated population. These services are provided as follows: At designated DOCCS facilities by OMH Personnel, at "Satellite Units" operated by OMH located at certain DOCCS facilities, and/or at OMH's Central New York Psychiatric Center (CNYPC). By mutual agreement between DOCCS and OMH, this directive provides guidelines for determining the appropriate facility or unit for providing OMH services, outlines procedures to be followed when it is necessary to transport individuals from one facility or unit to another to receive mental health services, and assigns responsibility to appropriate DOCCS and OMH personnel for taking necessary action to ensure delivery of appropriate services. This policy states regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days. DOCCS Mental Health Referral Form 3150 includes a place to identify in a regular referral that the individual is a possible victim of sexual abuse. OMH further acknowledges that, in accordance with 28 C.F.R. § 115.83, mental health evaluation and treatment, as appropriate, shall be offered to all individuals who have been identified as victims of sexual abuse in any prison, jail, lockup, or juvenile facility and are willing to undergo such evaluation and/or treatment. HSPM #1.60 further directs ongoing medical and mental health care for incarcerated individuals as appropriate and includes follow-up services, treatment plans, and referrals for continued care following their transfer to or placement in other units or their release from custody. DIR #4301 states the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Further, the facility shall provide such victims with mental health services consistent with the community level of care. Interviews with healthcare staff indicated services are at least consistent with community levels of service.

115.83(d)(e): Woodbourne CF is a male facility. These provisions are not applicable to this facility, although HSPM #1.60 provides a Departmental policy that pregnant incarcerated sexual assault victims will receive pregnancy tests and timely and

	<p>comprehensive information about and timely access to all appropriate pregnancy-related services. 115.83(f): In accordance with HSPM #1.60, when medically appropriate, HIV prophylactic medications will be offered prior to transportation to the emergency department. Application of the Department’s Incarcerated Individual Bloodborne Pathogen Post Exposure Protocol will be followed if appropriate. Health Services Policy#1.12B provides individuals who experience significant exposure to bloodborne pathogens (i.e., human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV)] will receive appropriate medical care and treatment. PEP, if needed, will be initiated before transport to an outside hospital. In order not to delay the transfer, completion of all forms and other documentation in the post-exposure packet may be completed upon the individual’s return from the hospital. Incarcerated individuals involved in sexual encounters involving force, coercion, or mutually agreed-upon contact will be assessed by medical. An interview with the HSA confirms this procedure is in place; There were no individuals transported out for an FME.</p> <p>115.83(g): Per HSPM #1.60, all treatment, including outside hospital services, will be provided to victims without financial liability and regardless of whether the victim cooperates in any investigation arising from the incident.</p> <p>115.83(h): Per HSPM #1.60, immediate completion and submission of a Mental Health Referral Form #3150, is required for all involved individuals.</p> <p>Based on analysis and evaluation of the evidence, the facility and DOCCS have demonstrated compliance with the provisions of this standard.</p>
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115.86 Sexual abuse incident reviews	
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: DIR #4027; SVPPM #115.86; PREA Standard 115.86/286 Sexual Abuse Incident Review Checklist; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.86(a)(b): DIR #4027 and SVPPM #115.86 together establish policy and procedures for the requirement of each facility to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. In furtherance of that mandate, OSI develops the necessary investigative documentation in order to facilitate the completion of those incident reviews. At the conclusion of any PREA reportable substantiated or unsubstantiated investigation, OSI submits the Sexual Abuse Incident Review Information (SAIRI) to SAPEO. SAPEO forwards an incident review packet to the Superintendent, ADS/PCM, and the designated PPP with instructions to conduct the incident review and report back to SAPEO with any findings and recommendations.</p>

Additionally, the review team is required by SVPPM #115.86 to conduct reviews of Unauthorized Relationships, which are not required by federal standards but considered paramount by the SAPEO to the DOCCS zero-tolerance culture. This is above the requirement of this provision.

115.86(c): SVPPM #115.86 requires the review team to include upper-level facility management officials, with input from the OSI/SCD Investigator, the area sergeant, the Crisis Intervention Unit, Health Services, OMH, and others deemed appropriate by the review team. The review team will be chaired by the ADS/PCM, the PPP will be the security representative, and the third member of the multi-disciplinary review team, salary grade 22 or equivalent or higher, shall be designated by the Superintendent for each review.

115.86(d): SVPPM #115.86 directs the use of the PREA Standard 115.86/286 Sexual Abuse Incident Review Checklist by the review team when conducting a review. This robust and comprehensive 6-page form includes an extensive review of each incident and captures information such as 1) circumstances of the incident; 2) events leading up to and following the incident; 3) consideration of whether actions taken were consistent with policies and procedures; 4) whether alternative means of managing the situation were available; 5) identification of actions that could be taken to avoid future incidents of a similar nature and identification of training needs; 6) determination of whether Incident Command System levels or response levels were used during the incident; 7) whether employee action or inaction was a factor in the incident; 8) any corrective action taken. The Administrative Review Form includes consideration as to whether the incident was motivated by race or ethnicity; gender identity; LGBTI status; gang affiliation; or other group dynamics at the facility, and whether an indication of a need to change policy or practice to better prevent, detect, or respond to sexual abuse is present. Additional information evaluated includes whether the victim had disabilities or was LEP and whether the victim or perpetrator had been previously identified as being at high risk for either sexual victimization or being sexually abusive. An inspection of the area where the incident occurred to assess any physical barriers that enable abuse will be conducted and an assessment of the adequacy of staffing levels during different shifts will be made. Consideration is given as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. A written report is prepared of these findings with recommendations for improvements, where indicated. Considerations required by SVPPM #115.86 through the Incident Review Checklist include all elements required in provision (d) of this standard and go beyond these minimum requirements. The auditor reviewed samples of (4) Incident Reviews and found them to be thorough, complete, and well-documented using the checklist. Interviews with Review Team Members confirmed a thorough working knowledge of the process and details of their experience as active participants on the Review Team. These reviews were completed within 30 days after the investigation was closed.

115.86(e): SVPPM #115.86 requires the completed Sexual Abuse Incident Review Checklist and any recommendations for improvements to the Superintendent and the SAPEO. The facility is required to implement the recommendations for improvement or shall document its reasons for not doing so. An interview with the ADS/PCM

	<p>confirmed that the Incident Review Tracking Sheet is maintained on a shared drive so the PPP can access and update it as needed. The Logs are saved by calendar year and document all corrective actions recommended and completed. The Incident Reviews contain recommendations for improvements were provided for review by the auditor, and in each case, the facility documented corrective action/implementation of the measures recommended by the Review Team. An interview with the Superintendent and ADS/PCM confirmed that the recommendations made by the review team are always given serious consideration and are implemented if feasible.</p> <p>Based on the analysis and evaluation of the evidence, Woodbourne CF and DOCCS have demonstrated compliance with this standard. Additionally, the DOCCS has exceeded through the implementation of the Department-wide Sexual Abuse Incident Review Checklist, which considers relevant information above what is required; and the requirement for incident reviews to be conducted on Unauthorized Relationships.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: SVPPM #115.87; DOCCS Public Website; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.87(a)(b): SVPPM #115.87 outlines the basic procedures for data collection, review, storage, and reporting of sexual abuse data. Following this standard, the DOCCS collects uniform confidential incident-based data for all allegations of sexual abuse. The Office of Program Planning Research and Evaluation, in cooperation with the OSI, reviews allegations reported to the SCD in order to collect uniform data for every allegation of sexual abuse. The PREA Analyst conducts a preliminary review of allegations reported to OSI/SCD on a weekly basis and disaggregates these data into five categories of sexual victimizations. The Analyst utilizes the definition of sexual abuse and sexual harassment consistent with 28 C.F.R. §115.6 in the National Standards to Prevent, Detect, and Respond to Prison Rape. In coordination with the OSI/SCD and SAPEO, these data are reviewed and amended throughout the year to reflect a complete and comprehensive classification of PREA allegations and to identify individuals associated with each case.</p> <p>115.87(c)(d): Confidential incident-based data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Bureau of Justice Statistics. This data includes OSI/SCD data, sexual abuse incident review information, unusual incidents, personnel records, confidential security information, incarcerated individual records, disciplinary data, and the incarcerated individual locator system.</p> <p>115.87(e): The DOCCS does not contract for the confinement of incarcerated individuals (reference standard 115.12 of this audit report).</p>

	<p>115.87(f): On an annual basis, upon request by the U.S. Department of Justice (DOJ), DOCCS shall provide all data requested from the previous calendar year in the proscribed format and by the deadline specified by the DOJ.</p> <p>Based on the review and evaluation of the evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: SVPPM #115.88; DOCCS Public Website; Annual Report on Sexual Victimization, 2015-2019; Information Obtained from Interviews.</p> <p>115.88(a): SVPPM #115.88 establishes a policy requiring the Department to review data collected and aggregated as indicated in SVPPM 115.87, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. OSI/SCD data are extracted, reviewed, classified, coded, and stored by the PREA Research Analyst. Allegations of sexual abuse are based on the most recent definitions provided by the BJS and reporting requirements as specified in the National Standards to Prevent, Detect and Respond to Prison Rape under § 28 CFR Part 115. These initial classifications are preliminary and subject to further review. The allegation categories are not final until a final resolution of the investigation is provided by the OSI, and a final review is made by the PREA Analyst. These reconciled data are aggregated for an annual review of substantiated PREA allegations that include substantiated incidents of sexual abuse or sexual harassment reported in the calendar year. The annual review team consisting of the AC/PREA, the Deputy Chief of Investigations/SCD, the Director of PREA Compliance, and the PREA Analyst meet annually to review substantiated PREA allegations prior to submission of data to the BJS. All investigative files are securely retained by OSI. The PREA Analyst securely retains the electronic PREA data collection.</p> <p>115.88(b)(c)(d): SVPPM #115.88 establishes the PREA Analyst prepares and aggregates the PREA data collected annually for use in an Annual Report on Sexual Victimization. This report includes a comparison of allegations of sexual abuse and sexual harassment over a five-year period. includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. The report provides the identification of problem areas and corrective actions taken for each facility and the agency as a whole prepared by SAPEO. The report is prepared to avoid the disclosure of personal identifying information or material which would present a clear and specific threat to the safety and security of any facility or Department. The report is prepared by the AC/PREA for approval by the Commissioner, which is published and made available through the Department's website upon approval. The Annual Report</p>

	<p>on Sexual Victimization, 2015-2019, was published in April 2022 and is posted to the Department's public website.</p> <p>Based on the review and evaluation of the evidence, the facility and DOCCS have demonstrated compliance with all provisions of this standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: SVPPM 115.89; Office of Program Planning Research and Evaluation, PREA Data Collection, Review, Retention and Publication Manual, Revised 05/21/2021; Public Website Review; Annual Report on Sexual Victimization, 2015-2019; Information Obtained from Interviews.</p> <p>115.89(a)(b)(c)(d): SVPPM 115.89 establishes that data collected pursuant to SVPPM 115.87 is securely retained by the Office of Special Investigations and the Office of Program Planning, Research and Evaluation. The Annual Report of Sexual Victimization includes the most recently available annual aggregated sexual abuse data from the Department's facilities and any facilities with which the Department contacts. The Annual Report of Sexual Victimization is readily available on the DOCCS website at https://doccs.ny.gov/about-prea#annual-reports. This annual report and aggregated sexual abuse data are prepared and published in a manner to avoid the disclosure of personal identifying information or material which would present a clear and specific threat to the safety and security of any facility of the Department. Before making sexual abuse data publicly available, the agency removes all personal identifiers. The Department maintains the sexual abuse data collected pursuant to SVPPM 115.87 for at least 10 years after the date of the initial collection. The auditor's interview with AC Effman and review of the 2022 Annual Report on Sexual Victimization posted to the public website analyzing sexual abuse and sexual harassment data for 2015-2019 confirmed compliance with the provisions of this standard.</p> <p>Based on the review and evaluation of the evidence stated, the facility and DOCCS have demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: DOCCS Public Website; PREA Audit Reports; Projected Audit

Schedule; Observations During Site Visit; Information Obtained from interviews.

115.401(a): All facilities operated by the DOCCS were not audited within the first cycle. No future action can change the response to this provision; however, the agency has met the requirements of this standard in the previous and current cycle and has a proven history of maintaining said course. During the prior three-year audit period, the DOCCS SAPEO ensured that each facility operated by the Department was audited at least once. Based on the current status of the Department's audit history, projected schedule, and interview with AC Effman, the auditor finds this standard overall met.

115.401(b): DOCCS PREA Final Reports are posted at http://www.doccs.ny.gov/PREA/PREA_Final_Audit_Reports.html. The auditor reviewed the Department's web page and found PREA final reports posted in accordance with requirements. NYS Correction Law § 121 provides that the private ownership or operation of a facility for housing state or local individuals or the private ownership or operation of a facility for the incarceration of other states' individuals is prohibited. No private prisons are operated on behalf of the Agency. Reference the narrative found in standard 115.12 of this report for more information.

115.401(h): The auditor was permitted to observe and have full access to all areas of the facility.

115.401(i): The auditor was permitted to request and receive copies of relevant documents (including electronically stored information). Some documents were locally obtained, and others were requested from headquarters. All documents requested were provided either in printed or electronic format.

115.401(h): The auditor was provided with appropriate private areas to conduct all interviews.

115.401(n): Audit notifications, which were provided by ACA on behalf of the auditor, were posted throughout the facility in both English and Spanish; these notices provided an opportunity for individuals to send confidential letters to the auditor. The auditor received one letter from an incarcerated individual prior to the site visit, and three during the post-audit period. Interviews with mailroom staff and interviews with incarcerated individuals indicated a procedure and practice for outgoing mail correspondence without inspection; sealed envelopes are dropped into the mailbox by the individual, which allows for confidential correspondence.

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

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Reviewed: DOCCS Public Website; Information Obtained from Interviews.

115.403(f): All DOCCS PREA final reports are posted on the Department's public website at <https://doccs.ny.gov/final-audit-reports>. Based on an interview with AC/PREA Coordinator Effman, the agency posts all final PREA audit reports on the agency website within 90 days of issuance by the auditor. The auditor's review of the updated website found all final reports for PREA audits posted since 2015. The website is comprehensive and provides the user to search reports by keyword and by date range. The site was easily navigated and intuitive.

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

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

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

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

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

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	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