

PREA Facility Audit Report: Final

Name of Facility: Cayuga Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/18/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Lori M. Fadorick	Date of Signature: 01/18/ 2024

AUDITOR INFORMATION	
Auditor name:	Fadorick, Lori
Email:	lfadorick@gmail.com
Start Date of On-Site Audit:	12/06/2023
End Date of On-Site Audit:	12/08/2023

FACILITY INFORMATION	
Facility name:	Cayuga Correctional Facility
Facility physical address:	2202 NY-38A, Moravia, New York - 13118
Facility mailing address:	

Primary Contact	
Name:	Erin O'Brien
Email Address:	Erin.O'Brien@doccs.ny.gov
Telephone Number:	(315) 497-1110

Warden/Jail Administrator/Sheriff/Director	
Name:	Gerard Jones
Email Address:	Gerard.Jones@doccs.ny.gov
Telephone Number:	(315) 497-1110 Ext.

Facility PREA Compliance Manager	
Name:	Erin O'Brien
Email Address:	Erin.Obrien@doccs.ny.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Ann Kennedy
Email Address:	Ann.Kennedy@doccs.ny.gov
Telephone Number:	(315) 497-1110

Facility Characteristics	
Designed facility capacity:	932
Current population of facility:	707
Average daily population for the past 12 months:	703
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	20-78
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:	379
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	29
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	32

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:	Daniel F. Martuscello III
Email Address:	commissioner@doccs.ny.gov
Telephone Number:	518.457.8134

Agency-Wide PREA Coordinator Information

Name:	Jason Effman	Email Address:	jason.effman@doccs.ny.gov
--------------	--------------	-----------------------	---------------------------

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:

11	<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 • 115.31 - Employee training • 115.33 - Inmate education • 115.34 - Specialized training: Investigations • 115.51 - Inmate reporting • 115.53 - Inmate access to outside confidential support services • 115.71 - Criminal and administrative agency investigations • 115.87 - Data collection • 115.88 - Data review for corrective action
----	---

Number of standards met:	
34	
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:	2023-12-06
2. End date of the onsite portion of the audit:	2023-12-08

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:	CVTC

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	932
15. Average daily population for the past 12 months:	703
16. Number of inmate/resident/detainee housing units:	10
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:	750
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:	12
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:	9
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:	7
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:	2
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:	27
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:	2

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</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>3</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>379</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>32</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>29</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>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>17</p>
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input 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 type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>Auditor reviewed roster and selected based upon the above factors. Incarcerated Individuals were randomly selected by choosing Incarcerated Individuals from each housing unit, as well as ensuring a representative sample based on gender, race, ethnicity and length of time in the facility.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<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:	1

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other Incarcerated Individuals.</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>Based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other Incarcerated Individuals.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</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):	24
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:	Training, Mailroom, Grievance , Disciplinary
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:	3
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:	2
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 checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
---	-------------------

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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

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

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

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

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of Incarcerated Individuals, security rounds, interaction between staff and Incarcerated Individuals, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the Incarcerated Individual housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room.</p>
<p>Documentation Sampling</p>	
<p>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.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

The Auditor conducted a document review of employee and Incarcerated Individual files, and a spot check of documents that were previously provided to the auditor along with the PAQ, including log books and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff. The auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training.

Random incarcerated individual case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify incarcerated individual PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private.

The Auditor requested additional supporting documentation to include: training records, randomly chosen Incarcerated Individual medical records, randomly chosen Incarcerated Individual classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions. Investigative files for the previous 12 months were reviewed for compliance to applicable standards.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	3	0	0	3
Total	3	0	0	3

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	3	0	0	0	0
Total	3	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	3	0	0	0
Total	3	0	0	0

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	00
Total	0	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

<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>0</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 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>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>3</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>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>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>No sexual harassment allegations</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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<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>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

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.

Yes

No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

ACA

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 Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Directive #4027 Sexual Victimization Prevention & Response-07/21/22 2. Sexual Victimization Prevention Policy Manual (SVPPM) 02/15/22 3. Employees’ Manual (2019) 4. Memorandums/Emails 5. DOCCS Organizational Chart 6. SAPEO Organizational Chart 7. Cayuga Correctional Facility Organization Chart 8. Interview with the PREA Coordinator 9. Interview with the ADS PREA 10. Interview with the PREA Point Person 11. Interview with Cayuga Correctional Facility Superintendent 12. Incarcerated Individual Interviews 13. Cayuga Correctional Facility Completed PAQ

Findings:

The Auditor reviewed the NYDOCCS Policies. The Department has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency's overall approach to preventing, detecting, and responding to sexual abuse and harassment. The culture of "zero tolerance" is apparent throughout Cayuga Correctional Facility as evidenced by informational posters prominent in all areas of the facility, continually available to both incarcerated individuals and staff. Interactions and interviews with both Incarcerated Individuals and staff also reflect that both are aware of the zero-tolerance mandate and is taken seriously by the staff at all levels.

The Commissioner has designated an Associate Commissioner as the statewide PREA Coordinator as a member of the Commissioner's Executive Team in the Central Office with sufficient time and authority to develop, implement, and oversee NYDOCCS efforts to comply with the Prison Rape Elimination Act standards in all DOC facilities. The NYDOCCS has designated an upper-level staff as the Associate Commissioner of the Sexual Abuse Prevention and Education Office (SAPEO) as the agency-wide PREA Coordinator. The Auditor reviewed the memo of this appointment. By virtue of his position, the Associate Commissioner has the authority to develop, implement and oversee the Department's efforts to comply with PREA standards. This position is reflected in the agency-wide organizational chart and indicates that that the position reports to the Acting Commissioner.

An interview with the Associate Commissioner reveals that his time is almost exclusively devoted to PREA compliance and the prevention of sexual victimization, as well as work on policy matters concerning transgender, gender nonconforming and gender nonbinary population and workforce. He states that with the invaluable assistance of the Director of PREA Compliance, the creation within the SAPEO office of an Assistant Deputy Superintendent for LGBTIQ+ Inclusivity, and the recent addition of eight Assistant Deputy Superintendent PREA Compliance Manager items, he is able to manage agency PREA-related responsibilities, and to advance the Agency's work to mitigate all forms of sexual victimization within the Department.

The Associate Commissioner has appointed a Director of PREA Compliance. The Director of PREA Compliance reports directly to the Associate Commissioner and serves as the assistant agency-wide PREA Coordinator and is responsible for administering the PREA Audit program; provides direct oversight of agency-wide PREA implementation activities; and assists in the development and implementation of programs and policies in areas relating to compliance with PREA and the reduction of sexual abuse, sexual harassment, and unauthorized relationships within the Department. This position is reflected in the SAPEO organizational chart. Together, these two positions are responsible for the supervision of the 24 Assistant Deputy Superintendents (ADS), who serve as Regional PREA Compliance Managers (PCM)

throughout the State of New York. The agency-wide PREA Coordinator and Assistant Agency-Wide PREA Coordinator, in coordination with the Regional PCMs and facility Superintendents, oversee the implementation of PREA standards by the facility-based PREA Point Person at the facility level.

In addition, there are two Correctional Facility Operations Specialist (CFOS) items in the SAPEO Office in Albany who work with the ADS PREA Compliance Managers daily, 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 Associate Commissioner.

The PREA Compliance Manager/ADS for Cayuga is knowledgeable about the facility and requirements of the Prison Rape Elimination Act. She works closely with the PREA Point Person for Cayuga and facility staff and acts as a liaison on PREA related matters. There appears to be an open line of communication between the ADS and all levels of staff at the facility level. The ADS/PCM and PREA Point Person are directly involved in the implementation efforts, as well as handling and reviewing specific incarcerated individual issues for the agency. The PREA Compliance Manager appears to understand the role and importance of the position and ensures that all facets of the Cayuga Correctional Facility PREA program are completed per policy and the PREA standards.

In accordance with Directive #4027, which states, "Each Superintendent shall designate a Security Supervisor, not to fall below the rank of Lieutenant, as the PREA Point Person (PPP) for the correctional facility. The designated PPP will liaison with the facility's designated ADS PCM in a joint effort to implement the PREA Standards within the facility." Cayuga Correctional Facility has designated an upper-level staff member as the PREA Point Person (PPP). His position is Acting Captain and reports to the Superintendent and ADS/PCM on PREA related matters. A review of the Cayuga organizational chart reflects this position in organizational structure. The PPP reports that, in conjunction with the ADS/PCM he has sufficient time and by virtue of the position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the facility. The PCM and PPP are involved in the implementation efforts, as well as handling and reviewing individual allegations at the facility level.

The established chain of command allows each staff member in a PREA related role to take steps to improve and/or address PREA related compliance efforts and/or responses.

Interviews with facility staff indicated that they were trained in and understood the zero-tolerance policy established by the Cayuga Correctional Facility and NYDOCCS. They understand their role regarding prevention, detection, and response procedures for PREA allegations. The agency trains all staff on an annual basis.

In a targeted interview with the Superintendent, he stated that every allegation is investigated immediately and each case is looked at on its own merits. He stated

	<p>that they were dedicated to executing the law and policies to the best of their ability. The Superintendent feels as though the staff's ability to communicate is their key to success and that the staff respond very well and follow thru with any allegations. He stated that he is proud of the team effort and everyone does their part. He stated he feels as though the staff have a good rapport with the Incarcerated Individuals. The Superintendent stated that it's important to meet people face to face and safety is their top priority. He feels like they have a great team at Cayuga.</p> <p>The Director of PREA Compliance was on site during the week of the audit. She was able to address any questions the Auditor had related to agency processes, as well as specifically discussed training initiatives and goals the Department had established with respect to PREA for the coming year. The Auditor was incredibly impressed with the efforts of the SAPEO office to ensure that their focus for training and targeted practices were relevant to the needs of the Department.</p> <p>After review of the policies, memos, organizational charts, observations, and interviews with the Superintendent, PREA Compliance Manager, PREA Point Person, Cayuga staff, and the PREA Coordinator, the auditor concluded that the agency and the facility are committed to the prevention, detection and response to sexual abuse and sexual harassment.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Request for Application for Community Based Residential Programs (CBRP) 3. Statement of compliance PREA Coordinator 4. NY CLS § Corrections 121 5. CBRP PREA Schedule <p>Findings:</p> <p>NY State Correction Law § 121 states, "...the private ownership or operation of a facility for housing state or local incarcerated individuals or the private ownership or operation of a facility for the incarceration of other state's incarcerated individuals is prohibited."</p> <p>NYDOCCS maintains no contracts for confinement of incarcerated individuals as they</p>

	<p>are not permitted to enter into contracts for the confinement of incarcerated individuals; therefore, no private prisons are operated on behalf of the Agency.</p> <p>However, New York State Department of Corrections and Community Supervision holds 14 contracts for confinement of Parolees in Community Based Residential Programs. Per the Cayuga PAQ, DOCCS does not contract for the confinement of incarcerated individuals. DOCCS contracts for supportive housing for certain releasees. New contracts are effective 10/1/22. All contracts require compliance with the PREA Standards. As evidenced by the Community Based Residential Programs PREA Audit Schedule, all CBRP programs are routinely audited for their compliance with the PREA standards.</p> <p>Based on a review of the documentation provided, NYDOCCS is ensuring that contracts for community facilities require full PREA compliance and include quarterly goals to ensure that each program is able to achieve full compliance with the PREA Community Confinement Facilities Standards and comply with reporting requirements as specified by the Department.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. DIR #4001 October 5, 2022, Facility Administrative Coverage & Supervisory Rounds 2. SVPPM Section: Prevention Planning February 15, 2022 3. Staffing Plan – Security and Chart Staffing Review Report 4. Annual Supervision and Monitoring Plan Review June 13, 2022 and September 15, 2023 5. Post Closure Key 6. Post Closure Report and Tracking Sheet 7. Unannounced Rounds/Weekly Activity Report 8. Daily Security Supervisor Report 9. Logbook entries 10. Employees’ Manual 11. Post Assignment Rosters 12. Cayuga Correctional Facility Completed PAQ <p>Interviews with the following:</p>

- PREA ADS
- PREA Point Person
- Superintendent
- Random Staff
- Supervisors Responsible for Conducting Unannounced Rounds
- Staffing Lieutenant

Observation of the following:

- Observation of unannounced rounds by supervisors as well as auditors during the site review
- Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review

Findings:

NYDOCCS policy states that on an annual basis, or when a change in circumstance requires reassessment, the Superintendent shall conduct an Annual Supervision and Monitoring Plan Review and submit to Central Office for Review and Consideration. Policy further states that the Annual Supervision and Review Memorandum shall follow a prescribed template and be forwarded to the Director of Security Staffing, with a copy to the Associate Commissioner for PREA and the Deputy Commissioner of Correctional Facilities.

The Cayuga Correctional Facility staffing plan addresses all required elements of the standard. The staffing plan addresses generally accepted correctional practices when determining staffing needs and the need for video monitoring. If present, the staffing plan considers any judicial, federal investigative agencies, internal, and external oversight bodies' findings of inadequacy. The Staffing Plan Annual Review template requires that the facility considers components of the facility's physical plant, including any blind spots or areas where staff or incarcerated individuals may be isolated; composition of the incarcerated population; number and placement of supervisory staff; institutional programming needs; applicable state and local laws; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; as well as any other relevant factors when determining staffing needs and the need for video monitoring.

The Auditor reviewed Cayuga's Chart and Staffing Review, the purpose of which is to evaluate overtime, staff utilization, post closures, additional services usage, pre-planning practices, leave policies and schedules, local agreements, supervisor charts, and post descriptions. Cayuga Correctional Facility has 304 security staffing positions. Staffing levels are determined by the facility physical layout and the daily operational needs. Supervisors and administrative staff ensure that a sufficient number of staff is present throughout the facility. Cayuga has a minimum staff requirement before acquiring additional staff through the draft procedure. A targeted interview with the staffing Lieutenant revealed that he completes officer charts for a two-week period and inputs training and vacation days. He indicated that mandatory posts were always staffed and that they never close posts that supervise incarcerated individuals. Some posts can be closed if needed. If a post is closed, this is charted

and coded. If additional staffing is needed, voluntary overtime is utilized first. The facility uses a “stick list” for mandated overtime if all mandatory posts are not filled with volunteers. If an officer gets “stuck” for a shift, they move to the bottom of the list. Officers bid on vacant posts by seniority and the senior officer would be assigned to the position.

The staffing review indicated that vacancies and other indicated absences do not allow every approved post to be filled on each shift on each day. Daily Roster staffing decisions are made to ensure that all posts impacting Incarcerated Individual supervision are manned in accordance with the approved staffing plan. The following reasons have been identified as the six most common reasons for deviations from the Staffing Plan: staff shortages and emergency trips/cancellation of trips.

At the time of the onsite review, Cayuga Correctional Facility was actively recruiting to fill the roughly 30 security vacancies. The staffing Lieutenant stated that they were utilizing overtime and that everyone was partaking. The Superintendent stated that they have a “good blend of staff” and he makes an effort to spend time with them. It was noted that the staffing team that met and discussed the staffing plan feels that the current staffing plan for Cayuga Correctional Facility is appropriate for the facility and adequate to ensure a safely operating institution.

The average daily population since the last PREA Audit is 659. Per the PAQ, the staffing plan is predicated on a population of 932. The auditor reviewed the facility’s current staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all the elements from standard 115.13 (a) (1-15) as part of the review. During a targeted interview with the Superintendent, the auditor verified that they review the annual staffing plan and are a part of the review meeting. The administration closely monitors staffing and any post closures. The Superintendent verified that if there were an instance where the facility did not comply with their staffing plan, that instance would be notated, including the reason for the shortage and the actions taken. According to staff and the PAQ, there were instances where they were out of compliance with the staffing plan due to staffing shortages. The auditor reviewed documentation confirming that Post Closure Reports are completed when a post is closed, explaining the reason.

Cayuga does not have a video monitoring system with the exception of the Residential Rehabilitation Unit (RRU); however, appropriate staffing levels are maintained in areas that the incarcerated population has access to. The Auditor observed that all incarcerated individual housing areas contain at least one security staff post that is continuously monitored by staff. In addition, all areas of incarcerated individual traffic are assigned permanent staffing positions while in operation. During the site review, the auditor observed both officers and supervisory staff making routine and frequent rounds throughout the facility. All random staff interviewed stated that supervisory staff were available to them as needed and did routinely conduct unannounced rounds within the facility.

Cayuga has a system in place, where supervisors sign a log in each area where Incarcerated Individuals and staff may be alone to ensure supervisors make

unannounced rounds. The Auditor was provided and reviewed examples of the Weekly Administrative Activity Report, log entries, and Daily Security Supervisor Report.

In accordance with the provisions of the staffing plan, Cayuga CF reviewed the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The most recent review of the staffing analysis for Cayuga Correctional Facility was completed on September 15, 2023. The Auditor reviewed the staffing plan review for both 2022 and 2023 and found them to be in compliance with the provisions of the standard.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current and potential population. The facility noted that Cayuga Correctional Facility utilizes both direct and indirect supervision. Officers make regular rounds and each incarcerated individual is viewed by staff. Cayuga Correctional Facility is a medium security general population facility with 12 active dormitory units with 50 open bay cubicles each; a Special Housing Unit with 16 single celled active beds; a Protective Custody Unit with 6 single celled active beds; a Residential Rehabilitation Unit with 200 beds that are double celled; and an Infirmary with 8 ward beds and 2 isolation beds. The staff are all properly trained to supervise the population at Cayuga. There are 16 supervisory positions across 3 Tours. The supervisory levels have been determined to be appropriate for the current demographics and staffing. The supervisors routinely make unannounced rounds across all tours to deter any form of sexual abuse and misconduct.

There appears to be open communication between staff and Incarcerated Individuals. The Auditor observed formal and informal interactions between staff and the incarcerated population during the onsite review.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the NYDOCCS policies indicated that Directive #4001 requires that intermediate-level or higher-level supervisors will conduct and document unannounced rounds each shift, both day and night hours, and that there is a prohibition against staff alerting other staff of the rounds. During the pre-audit phase, the facility provided the auditor a sample of documentation of unannounced rounds for each shift. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded daily and documented by the supervisors.

The Auditor conducted formal interviews with staff and supervisors from various shifts. Staff verified that supervisors do regularly conduct unannounced rounds throughout the facility. In order to prevent staff from alerting other staff when they are making unannounced rounds, the Auditor was informed during supervisor interviews that they do not conduct their rounds by any specific pattern. Supervisors

	<p>stated they conduct their rounds at different times and do not take the same route when touring the facility. It is clear through observation that supervisors and administrators are conducting unannounced rounds. Interviews with supervisors, as well as line staff indicate that the rounds are unannounced and random.</p> <p>A targeted interview with the Superintendent revealed that as with other facilities, they are short-staffed. However, the Superintendent stated that they ensure that all critical posts are covered and staff work voluntary and draft overtime if needed to supplement the shift strength.</p> <p>The PREA Coordinator stated that he is consulted regarding assessments of, or adjustments to, facility staffing plans. He confirmed that in accordance with SVPPM 115.13, 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. In addition, he is notified of all facility staffing plan adjustments through the Security Staffing Information Unit.</p> <p>Based on the interviews, Directive, Employee Manual, documentation of the annual staffing review, requested documentation and observations made during the tour, the auditor finds there is substantial evidence to support that this facility is utilizing the staffing plan augmented by monitoring technology to ensure that the sexual safety of the incarcerated population at Cayuga.</p> <p>After a review, the Auditor determined that the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. NYS CLS §80 3. Cayuga Correctional Facility Directive 0058 <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Facility Staff • PREA Coordinator <p>Observation of the following:</p> <ul style="list-style-type: none"> • Site Review

	<p>Findings:</p> <p>The State of New York has passed legislation prohibiting the placement of any incarcerated individual less than 18 years of age in an adult court system, and by extension, in adult correctional institutions. NYS Corrections Law states 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, 2020.</p> <p>The Cayuga Correctional Facility does not house youthful Incarcerated Individuals.</p> <p>The PREA Coordinator stated that as of August 6, 2020, DOCCS no longer houses any individuals under the age of 18. Further, DOCCS is not included within the statutory jurisdiction of the State entity that investigates allegations concerning vulnerable adults.</p> <p>The Auditor interviewed random and specialized staff which indicated no staff had knowledge that a youthful incarcerated individual had been housed at the facility during this audit cycle. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful Incarcerated Individuals housed at the Cayuga Correctional Facility within the audit period.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #2230 Guidelines for Assignment of Male and Female Correction Officers 3/28/23 3. Directive #4910 Control and Search for Contraband 08/02/2022 4. Directive #4001 Facility Administrative Coverage & Supervisory Rounds 10/05/2022 5. Employee Manual 2019 6. HSPM 1.37 Body Cavity Search 9/23/2021 7. HSPM 1.19 Health Appraisal 09/03/2021 8. Form #1140 Report of Strip Search or Strip Frisk- 06/2021 9. Form #1140C Report of Cross Gender Pat Frisk-Female Incarcerated individual - 06/2021

10. Training Academy Contraband and Frisk 01/31/2023

11. Cayuga Training Rosters

Interviews with the following:

- Training staff
- Random Staff
- Medical Staff
- Random Incarcerated Individuals

Observation of the following:

- Observation of Incarcerated Individual housing areas
- Observation of staff announcing the presence of opposite gender staff during site review

Findings:

The NYDOCCS policies are written in accordance with the standards. Directive #4910 prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical professional. When body cavity searches are performed by DOCCS primary care providers (PCP) (i.e., physicians, nurse practitioners, physician assistants, dentists) they may be authorized only by the Superintendent, Acting Superintendent or Facility Officer of the Day upon receiving approval from the Deputy Commissioner/Chief Medical Officer, or designee, when there is imminent danger to an incarcerated individual's health or facility safety. The body cavity search will only be considered for authorization if there is the ability to see inside the cavity. Rectal cavity searches will not be authorized. A correction officer the same sex as the incarcerated individual will be present during the exam. Documentation of the body cavity search is done in the incarcerated individual's Ambulatory Health Record Progress Note Form 3105. The PCP must document the authorization from the Deputy Commissioner/Chief Medical Officer, or designee, the length of time of the search, the individuals present during the search and the outcome of the search.

The agency does not conduct cross-gender strip or cross-gender visual body cavity searches of Incarcerated Individuals. Directive #4910 Control and Search for Contraband states that strip searches shall be conducted by an officer or employee of the same sex as the incarcerated individual being searched. It additionally states that any incarcerated individual who has Gender Dysphoria, is intersex, or transgender with a permit to wear gender affirming/transgender clothing may request that a Correction Officer of the incarcerated individual's preferred gender conduct the pat frisk, when the request can be honored.

Staff are required to conduct cross gender frisk searches and searches of transgender and intersex Incarcerated Individuals in a professional and respectful manner and in the least intrusive manner possible consistent with security needs.

The Cayuga Correctional Facility holds male Incarcerated Individuals.

Interviews with facility staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff

interviews that no cross-gender strip searches or visual body cavity exams have occurred. The auditor observed the areas where strip searches occur and found them to be adequate in providing privacy from viewing by female staff or incidental viewing by anyone not performing the strip search.

NYDOCCS Operating Procedures ensure that Incarcerated Individuals are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The Employee Manual states that staff of the opposite gender shall 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 incarcerated individuals of the opposite gender, unless emergency circumstances dictate otherwise. The announcement(s) by staff must be accomplished in a manner that is easily heard and/or understood by all incarcerated individuals on the unit. This

announcement shall be recorded in the unit logbook. In addition, Directive #2230 Guidelines for Assignment of Male and Female Correction Officers states that staff of the opposite gender shall verbally announce their arrival on a housing unit to avoid unnecessary invasion of privacy. It emphasizes the incarcerated individuals' privacy will be protected to the extent the Department is able to do so. It requires the use of and directions for the use of department-approved shower curtains. Directive #4001 Facility Administrative Coverage & Supervisory Rounds also states that staff of the opposite gender shall verbally announce their arrival on a housing unit to avoid unnecessarily invading the privacy of incarcerated individuals of the opposite gender. It clarifies when the announcement is to be made (i.e. when gender supervision changes) and that it is to be logged in the housing unit logbook.

There are multiple safeguards in place to ensure that this is occurring. There are announcements made regularly, and this is logged. Incarcerated Individuals stated that announcements are being made on a consistent basis when female staff enter the housing units. Staff interviews also indicate the Incarcerated Individuals' privacy from being viewed by opposite gender staff is protected. Current procedures in place at Cayuga Correctional Facility afford Incarcerated Individuals appropriate privacy while still affording staff the ability to appropriately monitor safety and security. The auditor observed all areas in the facility where Incarcerated Individuals may be in a state of undress and concluded that these areas are sufficiently private to prevent viewing by female staff. In addition, during the site review the Auditor observed announcements being made.

The Auditor reviewed all areas accessible to incarcerated individuals during the site review. The toilet and shower areas are adequately private. Incarcerated Individual interviews revealed that they felt as if they have sufficient privacy to change and shower without female staff being able to view them undressed. Cayuga Correctional Facility follows the provisions of the standard.

NYDOCCS policy prohibits searching or physically examining a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated

individual's genital status. HSPM 1.19 Health Appraisal supports that a facility shall not engage in this practice. If the incarcerated individual's genital status is unknown, it may be determined during conversations with the incarcerated individual or by reviewing medical records. A medical practitioner may conduct a full physical examination of an incarcerated individual, including a transgender incarcerated individual, when relevant to the treatment of the patient. Such an exam is to be conducted in private and with the patient's consent. Findings are to be recorded in the Ambulatory Health Record.

According to targeted interviews with medical staff and review of logs during the on-site portion of the audit, no Incarcerated Individual has been examined for the purpose of determining gender status. During staff interviews, staff were clear in their understanding and were able to articulate that they could determine this information other ways, including asking the incarcerated individual. Staff are typically aware when they are receiving a transgender incarcerated individual. Per the facility there have been no transgender or intersex searches performed for the sole purpose of determining genital status by the facility at Cayuga CF.

Per NYDOCCS policy, security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex Incarcerated Individuals in a professional and respectful manner, in the least intrusive manner possible. This course is given at the Training Academy.

The search procedure training outline indicates the following: In accordance with Standard 115.15 (f)-1 (f) of the Prison Rape Elimination Act (PREA), all staff shall conduct cross-gender pat frisks and searches of transgender and intersex incarcerated individuals in a professional, respectful manner; and, in the least intrusive manner possible which is consistent with security needs. Officers must always be alert to the perceived sensitive nature of the cross-gender pat frisk. For male Incarcerated individuals, pat frisks can be performed by all corrections officers: regardless of gender. However, a female officer shall not perform a non-emergency cross-gender pat frisk of any male Muslim incarcerated individual over their objection if a male officer is present at the location where the search is to be conducted and available to perform the search. Any incarcerated individual who is to be pat frisked who has gender dysphoria, is intersex, or who is transgender and has a permit to possess and wear gender affirming/transgender clothing may request that a correction officer of the incarcerated individual's preferred gender conduct the pat frisk. It is the policy of the Department to honor that request whenever possible, as determined by the area supervisor. The training outline further states that an officer shall not perform a non-emergency pat frisk of an incarcerated individual who has been issued a permit to possess and wear gender affirming/transgender clothing over their objection when: the incarcerated individual presents their permit to possess and wear gender affirming/transgender clothing and requests to be pat frisked by an officer of a specified gender; and an officer of the specified gender is present at the location where the pat frisk is to be conducted and is available to perform the pat frisk. An officer may pat frisk an incarcerated individual who has been issued a permit to possess and wear gender affirming/transgender clothing over their objection where exigent circumstances exist, or an officer of the specified gender is not present at the

	<p>location where the pat frisk is to be conducted. When an officer conducts a frisk of an incarcerated individual who has been issued a permit to possess and wear gender affirming/transgender clothing over their objection, the officer shall record the date, time, place, and the reason for the pat frisk on Form 1140CGPF-T, Report of Cross Gender Pat Frisk - Transgender Incarcerated individual.</p> <p>During the pre-audit portion of the audit, the auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex Incarcerated Individuals in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Training staff also provided training rosters for facility staff. During the on-site document review of employee files, the auditor verified the documents in the employee files provided during the pre-audit phase. Staff interviews indicated that they are trained to do cross-gender searches at the academy and were able to articulate to the Auditor how they would accomplish a search of a transgender Incarcerated Individual. A targeted interview with the training coordinator indicates officers are trained on how to do searches of transgender and intersex Incarcerated Individuals during their initial training, as well as a refresher during in-service. The Auditor reviewed the training outline and found it to follow the standard. The auditor was provided with a print out of all completed in-service for the year (2023).</p> <p>At the time of the onsite review, there were no incarcerated individuals identified as transgender, gender non-conforming, or nonbinary. The Auditor interviewed one incarcerated individual that identified as gay and one that identified as bisexual. Neither individual stated that there were any issues with searches or privacy. There are no cells or bathrooms monitored by camera at Cayuga CF.</p> <p>Based on a review of the policies, training files and interviews, the Auditor determined that Cayuga CF is ensuring that searches are performed appropriately in accordance with DOCCS policies. Appropriate cross-gender announcements are being made and staff are trained in accordance with the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. Directive #2612 Incarcerated individuals with Sensorial Disabilities 2/15/23
3. Directive #4490 Cultural and Language Access Services 10/26/22
4. SVPPM 115.33 Incarcerated Individual Education 07/11/2022
5. Language Line Services, INC.
6. New York DOCCS Facilitators Guide
7. Incarcerated individual Education Facilitator Training NY DOCCS
8. Prevention of Sexual Victimization in Prisons (English, Spanish, Bengali, Chinese, Haitian Creole, Korean, Arabic, Italian, Polish, Yiddish, and Russian)
9. Form 4021A - 04-2022

Interviews with the following:

- PREA Compliance Manager
- Random Staff
- Classification Staff
- Intake Staff
- Incarcerated Individuals who have limited English proficiency

Observation of the following:

- Observation of posted information in facility

Findings:

Cayuga CF, in accordance with NYDOCCS Operating Procedures takes appropriate steps to ensure that Incarcerated Individuals with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment.

Directive #2612 Incarcerated individuals with Sensorial Disabilities references the Americans with Disabilities Act, noting that programs and services provided cannot discriminate against individuals with a disability who are qualified to receive them. It further states, "Qualified Sign Language Interpreting Services: 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. The qualifications of an interpreter are determined by the actual ability of the interpreter in a particular interpreting context to facilitate effective communication. Except as otherwise indicated below, qualified interpreters may include incarcerated individuals and correctional staff, including Correction Officers and volunteers, when their skills meet the above definition and factors such as emotional or personal involvement and considerations of confidentiality will not adversely affect their ability to interpret effectively, accurately, and impartially; or jeopardize the safety and security of the incarcerated individual."

In addition, Directive #4490 Cultural and Language Access Services ensures incarcerated individuals with limited English skills will have meaningful access to

programs, services and benefits.

NYDOCCS Operating Procedures are written in accordance with the standard and indicates that when received in Draft (Intake), Incarcerated Individuals determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication.

Interviews with the PCM and Intake staff indicate that Cayuga Correctional Facility ensures that any Incarcerated Individuals with significant disabilities that required any special accommodations would be identified at intake and referred to the PCM/ADA Coordinator. Staff would ensure the incarcerated individual was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment. Staff are typically aware if they are receiving an Incarcerated Individual with special needs and will make accommodations as necessary. The agency's Zero Tolerance for Sexual Abuse and Sexual Harassment information is distributed to each Incarcerated Individual upon arrival at the facility. The PREA Sexual Abuse Brochures are available in multiple languages. Upon arrival at each facility, it is documented on the Draft Receipt which language an incarcerated individual receives the brochure.

Interviews with staff, including supervisory staff and Draft officers confirm that they have a process in place to ensure that all Incarcerated Individuals, regardless of disability would have equal access to PREA information. The Auditor observed PREA informational posters throughout the facility, in visible locations in both English and Spanish. Spanish is the prevalent non-English language in the area. During interviews with staff responsible for intake and classification, they ensured that Incarcerated Individuals with disabilities were provided access to the PREA program. Staff indicated that any situations requiring accommodations would be handled on a case-by-case basis.

The staff are generally aware of the availability of interpretive services for LEP Incarcerated Individuals. Per the SVPPM, upon arrival at any facility for intake reception or transfer, each incarcerated individual will be provided a copy of the brochure, "Sexual Victimization in Prison: What You Need to Know" in their dominant language. The SVPPM requires that each facility will ensure that incarcerated individual education is accessible to all individuals.

Per the SVPPM, each incarcerated individual identified as having a sight or hearing impairment is housed in an appropriate facility that is able to provide reasonable accommodations. For individuals with limited reading skills, efforts need to be made for appropriate staff to review the brochure with the individual in order to enhance comprehension of the materials presented. Per the PCM, Cayuga Correctional Facility maintains a list of incarcerated individuals who are physically, visually, or hearing impaired, or with a cognitive impairment. The auditor interviewed the following incarcerated individuals identified as having disabilities: one physical disability, one hearing impaired, two low vision and one cognitive disability. All of the inmates remember being given PREA related information, understand the zero tolerance policy and how to report incidents of sexual abuse and harassment.

The PREA video is both audible and closed captioned. If Cayuga Correctional Facility were to receive an Incarcerated Individual with a disability that required accommodation, this is handled on a case-by-case basis. A staff member conducts an individual session with the Incarcerated Individual to ensure the Incarcerated Individual receives and understands the agency's PREA information and will make a referral if necessary. The NYDOCCS has sign language interpretation services available if needed.

NYDOCCS Procedures indicates that Incarcerated Individuals who are limited English proficient have access to all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor determined through staff interviews and a review of the contract that the Cayuga Correctional Facility has interpreters available for limited English proficient Incarcerated Individuals using a telephone-based interpreter service, Language Line Services, Inc. There are also bilingual staff that can assist with translation.

During the on-site portion of the audit, the Auditor was able to speak with four Incarcerated Individuals identified as limited English proficient. During the targeted interviews, the Incarcerated Individuals were able to answer the auditor's questions and were aware of PREA. The use of the interpretive service was not used for the LEP Incarcerated Individuals. They could speak and understand some English, and understand the questions. The auditor was able to complete the interview without any barriers or issues. The Incarcerated Individuals indicated they had been provided PREA education and knew how to report instances of sexual abuse and harassment. They reported that they had received PREA information in Spanish upon arrival to Cayuga.

The NYDOCCS refrains from use of incarcerated individual interpreters, incarcerated individual readers, or incarcerated individual assistance barring exigent circumstances such as when a delay could compromise an incarcerated individual's safety, performance of first-response duties, or the investigation of the incarcerated individual's allegation. In the past 12 months, there were zero (0) instances at Cayuga CF where incarcerated individual interpreters, readers, or other types of incarcerated individual assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the incarcerated individual's safety, the performance of first-response duties under §115.64, or the investigation of the incarcerated individual's allegations. Interviews with staff indicate that Incarcerated Individuals are not and would not be used as interpreters for PREA related matters. During the random staff interviews, no staff member said it was appropriate to use an Incarcerated Individual interpreter when responding to allegations of Incarcerated Individual sexual abuse due to confidentiality issues.

During a targeted interview with the information in the PAQ was verified, and there were no instances of the use of an Incarcerated Individual interpreter even in exigent circumstances.

The facility has the PREA related information and handouts in a multitude of formats. The Auditor reviewed examples of these resources in both English and Spanish, as well as other languages. Based upon the review of policies, documentation and staff

	<p>interviews, the auditor determined that NYDOCCS and Cayuga CF make significant efforts to ensure all incarcerated individuals have access to the PREA program and information.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.17	Hiring and promotion decisions
---------------	---------------------------------------

	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #2216, Fingerprinting/Criminal History Inquiry - New Employees and Contractors 11/1/18 3. Directive #2216 - Attachment A 4. Directive #2232 Non-Competitive and Labor Class Appointments 11/5/20 5. Directive #2112 Report of Criminal Charges 01/03/2023 6. Personnel Procedure Manual #407, Civilian Promotions 7. Personnel Procedure Manual #407A, Security Promotions 8. Personnel Procedure Manual #406A, Recruitment Process 9. DIR #2012, Release of Employee Personnel and Payroll Information 10/07/2019 10. Fair Chance Hiring Application Form 11. Memo from John Czajka, Deputy Commissioner and Counsel dated August 18, 2015 12. NYCRR§6051.1 Security, privacy, and limitations on access 13. NY CLS Exec § 835.Definitions 14. Review of recently promoted employee files from the past 12 months 15. Reviews of randomly selected employee files 16. Review of randomly selected volunteer files 17. Background Information on Contract Employees hired within the last 12 months 18. Interviews with PCM, Superintendent and Human Resources <p>Findings:</p> <p>The NYDOCCS has developed extensive agency-wide policies and procedures (DIR #2216, DIR #2112, DIR #2012, Personnel Manual #406A, Personnel Procedure #407) that prohibit the hiring or promotion of employees and contracted workers, as well as the use of volunteers, who have engaged in sexual abuse, been convicted of engaging or attempting to engage in a sexual activity with incarcerated individuals, or been civilly or administratively adjudicated to have engaged in a sexual activity with incarcerated individuals while in a prison, jail, lockup, community confinement</p>

facility, juvenile facility, or other institution. The NYDOCCS also has policies that stipulate prior to all hiring and promotional decisions of employees and contract workers, any incidents of sexual harassment will be considered. Prior to hiring any new employee or contract worker at the facility level, Cayuga CF Human Resource staff ensure that criminal background checks have been conducted on the prospective employee. As well, as required by policy, Human Resource staff ensure that all previous institutions of employment are contacted to determine if candidates have any previously substantiated claims of sexual abuse or resigned during a pending investigation of such claims. Policy also requires that the Cayuga CF staff cooperate with other correctional and law enforcement agencies to ensure that accurate information regarding PREA related employment laws are effectively shared between agencies.

The Cayuga Correctional Facility does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The Auditor reviewed the background packet and interview questions used by the NYDOCCS and Cayuga Correctional Facility and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Per the Human Resources Manager, all backgrounds for security positions and promotions are done thru Central Office. The Employee Investigative Unit will complete the criminal history and background investigation. The document review conducted by the auditor during the pre-audit phase and on-site, as well as interviews with the PREA Compliance Manager, Superintendent and Human Resources Manager confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

Cayuga Correctional Facility will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with Incarcerated Individuals. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered.

There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Personnel Procedure Manual #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). Documentation reviewed supports compliance with the standard in accordance with agency policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers

were verified by a background investigation. The auditor also reviewed files of employees who were promoted in the last 12 months. Per Human Resources, the same process is followed for promotions, including completion of the background investigation.

NYDOCCS Operating Procedure requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background record check prior to employment. In accordance with DIR# 2216, Fingerprinting/Criminal History Inquiry - New Employees and Contractors, all employees and contractors of the NYDOCCS will be subjected to a criminal history inquiry in order to obtain background information pertinent to the security of operations, to verify data on employment applications, and to receive notification when Department employees are arrested. Criminal history inquiries are conducted by the Department's Employee Investigation Unit (EIU) and must be completed prior to the first date of employment. An interview with the Human Resources Manager confirms that staff at the EIU office at the Central Office complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Verification of the background check is sent to the Human Resource staff at Cayuga Correctional Facility when completed. The auditor reviewed examples both during the pre-audit phase and during the onsite file review. A review of personnel records by the Auditor found that all contractors and volunteers have had a background investigation and answered the PREA related questions as required by the standard.

Per the PAQ, criminal background record checks were conducted on 72 staff hired in the previous 12 months who might have contact with Incarcerated Individuals. In the past 12 months, there were 29 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with incarcerated individuals. The auditor reviewed documentation of background checks for security and contract staff.

Human Resources stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. This is done by the background investigative unit and this information would be included in the background report.

Criminal background records checks are not conducted after an employee's initial hire as the Agency has a system in place to capture this information on an ongoing basis. DIR #2112, Report of Criminal Charges requires employees to report when they are charged with the commission of a felony or misdemeanor. Once employed or otherwise contracted to work with the DOCCS, agency policy requires that their fingerprints are kept on file so that the agency receives automated notifications of any subsequent arrests. This allows that the agency is immediately notified if any persons employed or otherwise contracted to work with the DOCCS are suspected of having engaged in sexual abuse in a prison, jail, lockup, community confinement

facility, juvenile facility, or other institution. In addition, employees have an affirmative duty to report any contact they may have had with other law enforcement agencies and to report any sexual misconduct they may have been found guilty of at any other institution. Employees are made aware at the time of hire that failing to provide this information, or providing false information regarding sexual misconduct, is grounds for employee discipline, to include termination of employment. This process was confirmed by the Human Resources Manager. She stated that once hired, the employee is in the system and anytime they receive a ticket or are arrested, DCJS reports this to Central Office and the facility would be notified.

All applicants, as well as current employees, are required to submit a Personal History Questionnaire form, Form EIU23. The document directly asks employees who may have contact with incarcerated individuals to disclose any previous sexual misconduct that may have occurred in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. This questionnaire requires yes/no responses to the following questions: 1) "Have you ever been the subject of disciplinary action in connection with any employment? This would include, but is not limited to: suspension, termination, written warning, verbal warning, or formal counseling."; 2) Have you ever been named in any allegations of sexual abuse (i.e., engaging in or attempting to engage in any form of sexual activity with a person by force, overt or implied threats of force, or coercion; without the person's consent, or when the victim was unable to consent) or sexual harassment?"; 3) Have you ever been asked to resign from any employment in lieu of termination or resigned during a pending investigation?"; 4) Have you ever been convicted of a crime where you engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or if the victim did not consent; or if the victim was unable to consent?"; 5) Have you ever been civilly or administratively adjudicated to have engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or if the victim did not consent, or if the victim was unable to consent?"; 6) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

The Cayuga Correctional Facility asks applicants and contractors directly about misconduct as described in the standard using a Personal History Questionnaire form during the application process. These forms are maintained in their respective personnel files. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy. NYDOCCS Operating Procedure stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor.

In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the Cayuga Correctional Facility would terminate employees for engaging in inappropriate behavior with Incarcerated

	<p>Individuals, upon learning of such misconduct.</p> <p>Agency policy, as a function of state law (Personal Privacy Protection Law), does not allow the DOCCS to release information concerning any employment record to private employers without the employee's written consent. This information may, however, be provided to State agencies without the former employee's authorization. The hiring process includes requiring the investigator to make his/her 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.</p> <p>Based on a review of policies and directives, employee files, interviews with staff, the auditor determined that the NYDOCCS consider the sexual safety of incarcerated individuals in all hiring and promotion decisions within the agency and Cayuga CF is adhering to these processes.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #3053, Alterations and Construction Request 4/22/2019 3. Form 1612 4. Interviews with staff 5. Observation of camera placement and footage 6. Interviews with Superintendent and PCM <p>Findings:</p> <p>Directive #3053, Alterations and Construction Request 4/22/2019 specifically notes that prior to submitting a request to alter or construct a building, the ability to protect incarcerated individuals from sexual abuse must be reviewed. In addition, it states, when designing or acquiring any new facility or planned any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect incarcerated individuals from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall</p>

	<p>consider how such technology may enhance the agency’s ability to protect incarcerated individuals from sexual abuse. Form 1612 Part IV addresses these requirements, specifically requiring that the ability to enhance safety and protect the incarcerated individual from sexual abuse is addressed prior to approval of the plans.</p> <p>The facility indicated on the PAQ that they have acquired a new facility or made a substantial expansion/modification to existing facilities since the last PREA audit. The auditor reviewed an example of a completed Form 1612 for the installation of 5 data lines and phone lines in November 2022. Part IV lists the “Alteration/Modification impact on ability to protect incarcerated individuals from sexual abuse” as Neutral. While this would not be considered a substantial modification, any modification is reviewed to ascertain the impact on the facility’s ability to protect the incarcerated individuals from sexual abuse.</p> <p>Currently at Cayuga, video surveillance is used only for the perimeter at the facility and in the Residential Rehabilitation Unit (RRU). Video surveillance is used to assist in monitoring activities in the RRU. Per the annual monitoring review, this is accomplished through the Watch Commander’s office, which is staffed 24/7, as well as review of recorded video when an allegation is received. Random spot checks are also completed. Per the PAQ and Cayuga staff, cameras were installed/added during the last 12 months in the RRU basement classrooms and stairways.</p> <p>Per interview with the Superintendent and PCM, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Cayuga Correctional Facility considers how such technology may enhance Cayuga’s ability to protect Incarcerated Individuals from sexual abuse. The auditor reviewed camera placement during the on-site review, which covers perimeter areas and most of RRU. The auditor determined that the camera coverage is sufficient at this time to protect incarcerated individuals from sexual abuse due to the facility having a staff presence and post assignments for any areas that incarcerated individuals have access to for housing, work or program purposes.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ

2. Directive #4027 Sexual Victimization Prevention & Response (07/21/22)
3. Directive #0700 Office of Special Investigations (OSI) 9/20/2022
4. SVPPM 115.65-Title: Coordinated Response (02/15/2022)
5. Facility Operations Manual Title Coordinated Response to Reports of Sexual Victimization PREA #1 (01/20/2023)
6. New York State DOCCS Division of Health Services Policy #1.60 (07/22/2022)
7. New York State Sexual Assault Victim Bill of Rights
8. Notice to Auditor

Interviews with the following:

- PCM
- PREA Point Person
- OSI Investigators
- Superintendent
- Medical personnel

Findings:

NYDOCCS is responsible for both administrative and criminal investigations. The agency follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence for administrative proceeds and criminal prosecutions. If needed, the New York State Police, Bureau of Criminal Investigations may also assist in criminal investigations as necessary. A review of the agency's policies and procedures on evidence protocol indicated the agency has included the elements of this standard in its policies and procedures.

As noted in the SVPPM, in most cases where physical evidence may exist, evidence collection and preservation will be conducted by the Office of Special Investigations or the State Police. If, however, the State Police or the Office of Special Investigations is unable to respond promptly, it may be necessary for facility staff to collect evidence required from the victim and the suspected perpetrator as directed by the Superintendent or designee and only after consultation with the Office of Special Investigations. The procedures for evidence collection and preservation may apply for reported or known victims of sexual abuse and are only to be used by facility staff in connection with an incarcerated individual-on-incarcerated individual sexual abuse investigation and only with proper authorization from the Office of Special Investigations. The Superintendent or designee shall ensure that trained, uniformed personnel are designated to perform as Facility Evidence Collectors in the rare event that facility personnel are required to perform such duties. A current list of the Facility Evidence Collectors will be maintained in the Facility's RED Book.

Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

In accordance with DIR #4027, Sexual Abuse Prevention & Response, an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, and unauthorized relationships. Pursuant to Directive #700, "Office of Special Investigations (OSI)," the Commissioner has designated OSI to conduct these investigations. The Directive addresses the role of the Office of

Special Investigations (OSI) Sex Crimes Division (SCD) who conduct investigations involving sexual misconduct.

OSI investigators for Cayuga and SAFE/SANE examiners in New York State hospitals utilize the U.S. Department of Justice's Office on Violence Against Women publications; namely, A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents as the evidence collection protocol manual.

All supervisors at Cayuga Correctional Facility are trained as investigators to conduct administrative investigations. All allegations of sexual abuse and sexual harassment are reported to the Office of Special Investigations Unit (OSI) for investigation. Facility staff are required to preserve any crime scene until the OSI Investigator arrives to collect or process physical evidence from the scene. According to interviews with random staff, there are multiple investigators trained to conduct sexual assault investigations. In addition, the PREA Compliance Manager would be notified. Interviews with the PREA Compliance Manager and OSI Investigators reveal that all allegations of sexual harassment and sexual abuse are immediately referred for investigation.

For any allegations that are criminal in nature and referred outside the agency, the NYDOCCS, Office of Special Investigations (OSI), Sex Crimes Division (SCD) and the New York State Police (NYSP), Bureau of Criminal Investigation (BCI) would work cooperatively in the investigation of incarcerated individuals' sexual abuse as reflected in Directive #0700 Office of Special Investigations (OSI).

The Cayuga Correctional Facility does not hold youthful Incarcerated Individuals. However, the Department of Health protocol is appropriate for adults and adolescents.

NYDOCCS Division of Health Services Policy #1.60 directs that all incarcerated individual allegations of sexual assault be addressed consistent with community standards for handling allegations of sexual assault and outlines specific procedures to be followed and that are 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 evidentially or medically appropriate. Incarcerated individual 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. Expedious transportation will be coordinated with the Watch Commander to take the incarcerated individual victim to an outside hospital emergency department staffed with a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE) List of SAFE/SANE Hospitals or any other hospital upon confirmation that a SANE/SAFE and a Victim Advocate are available to provide services. Interviews with the Facility Nurse Administrator, Facility Investigators, and PREA Facility Point Person confirmed incarcerated individuals would quickly be provided victim's advocate and/or rape crisis center services.

NYDOCCS Operating Procedure stipulates that all victims of sexual abuse shall be

offered a forensic medical exam, without financial cost. NYDOCCS does not conduct on-site forensic medical examinations. As noted in the Coordinated Response Plan for Cayuga CF, these exams would be performed off-site at one of the three closest SANE certified hospitals: University Hospital SUNY Health Science Center, St. Joseph's Hospital Health Center, or Strong Memorial Hospital. The OSI will be contacted prior to initiating any outside medical trip for a SANE/SAFE examination in order to ensure the appropriate investigative response. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. The availability of these services was confirmed by the Auditor with the Medical staff, as well as the PCM and OSI Investigators. They indicated that there was a SANE/SAFE nurse available 24 hours per day and 7 days per week and there would be no charge to the victim for this exam. Medical staff at the facility do not conduct forensic examinations. This was confirmed by the Nurse Administrator.

Further written authority confirming the compliance with this standard is located in the confidential OSI Policy Manual Sex Crimes Division, provided to and reviewed by the auditor.

The Cayuga Correctional Facility reported on the PAQ that there no forensic exams conducted during the past 12 months. The auditor verified this information with facility staff and the PCM.

NYDOCCS Operating Procedure indicates they will make a victim advocate from a rape crisis center available to an Incarcerated Individual victim of sexual assault upon request. The agency does attempt to make a victim's advocate available for incarcerated individual support. Once Cayuga staff notifies the outside hospital that an incarcerated individual is in route for a forensic exam, the medical center provides a victim advocate for support services as needed. In accordance with policy, and as requested by the victim, the advocate may remain with the incarcerated individual through the forensic medical examination process and investigatory interviews. As requested, this person may provide emotional support, crisis intervention, information, and referrals.

Per the PCM, DOCCS ensures that a victim advocate from a community-based rape crisis center is available through the community hospital and does not utilize agency staff for such responsibilities.

There have been no requests for an advocate at Cayuga Correctional Facility during this review period.

The NYDOCCS has standardized this process across the state. All suspected criminal PREA allegations are referred to OSI. Based on a review of policies and interviews with multiple staff, the Auditor determined that NYDOCCS is responsible for both administrative and criminal investigations. Cayuga CF is in adherence to agency policies.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
--	-------------------------

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4027 Sexual Victimization Prevention & Response 07/21/22 3. Directive #0700 Office of Special Investigations 9/20/22 4. SV Summary Monthly Report 5. Website <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator • PCM • Investigative Staff • Random Incarcerated Individuals <p>Findings:</p> <p>The NYDOCCS Operating Procedure is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. In accordance with DIR #4027, Sexual Abuse Prevention & Response, an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, and unauthorized relationships. Pursuant to Directive #0700, "Office of Special Investigations (OSI)," the Commissioner has designated OSI to conduct these investigations. DIR #0700 authorizes and designates the Office of Special Investigations as the official investigative body for all administrative and criminal investigations for the NYDOCCS under Section 112 of the Correction Law. Policy also dictates that allegations are referred for a criminal investigation, if warranted. The Office of Special Investigations is further charged with ensuring that substantiated allegations are referred to the appropriate person(s) for administrative, disciplinary, and/or prosecutorial action. All complaints and information received by Office of Special Investigations relative to possible investigations are documented, reviewed, and processed. Office of Special Investigation Sex Crime Unit has the authority to refer them to New York Bureau of Criminal Investigations (BCI) and would work in conjunction with the local District Attorney's Office.</p> <p>Interviews with the Senior Investigator of the Sex Crimes Division confirmed procedures are well established and followed. They indicate they are notified promptly of any allegations and are available to respond anytime.</p> <p>The PREA Compliance Manager, supervisors and Investigators work very closely</p>

together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an incarcerated individual alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to the Watch Commander for further action. The PREA Point Person, PCM and Superintendent would all be notified. The PPP coordinates with the PCM and supervisors to determine the course of action. The OSI conducts all allegations of sexual abuse and harassment for the Cayuga Correctional Facility and the NYDOCCS and will be notified by the Watch Commander in accordance with Cayuga's Coordinated Response Plan to An Incident of Incarcerated individual Sexual Abuse. The DOCCS Sex Crimes Division, Office of Special Investigations (OSI), is an internal law enforcement agency with legal authority to conduct criminal investigations. All referrals to the OSI are documented by the agency.

During a targeted interview with the OSI Investigators, they explained the investigative process and indicated that they coordinate with the facility. The OSI investigators were very detailed and thorough in their explanation of the investigative process and the teamwork approach that they take in when reviewing and investigating allegations of sexual harassment and sexual abuse.

If the OSI Investigator determines there may be sufficient evidence for prosecution, the OSI will consult with the District Attorney's office on prosecutorial efforts. The OSI investigator stated that they will look at each case on its own merits and decide what action to take.

The NYDOCCS Operating Procedure has published this policy and it is posted on the website under the PREA section. The criminal investigation process is also posted on the agency website. The auditor reviewed the NYDOCCS website and the agency policy is posted and publicly available.

Targeted interviews with OSI Investigators, PREA Compliance Manager and Superintendent verified that all allegations of sexual abuse or harassment are investigated promptly and thoroughly. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor would brief the Watch Commander who would initiate a call to the OSI to begin an investigation. All reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM. Allegations of sexual harassment are reviewed by OSI and may either be investigated by OSI or by the facility subject to OSI's review. In any potentially criminal case, OSI coordinates with the New York State Police Bureau of Criminal Investigation and the pertinent District Attorney's Office to ensure that any appropriate criminal charges are pursued.

All allegations are documented on the Form 2103SAll and Form 2103 SASI. Documentation was reviewed by the Auditor supporting compliance with this

	<p>protocol.</p> <p>Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Point Person and PREA Compliance Manager of all allegations. The NYDOCCS PREA Compliance Manager maintains oversight of facility investigations at Cayuga CF.</p> <p>The Cayuga Correctional Facility reports there have been 3 allegations of sexual abuse or harassment in the past 12 months. A review of the investigative files indicates that the allegation was promptly and thoroughly investigated in accordance with both NYDOCCS policy and the provisions of the standards.</p> <p>NYDOCCS Operating Procedure requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. Documentation of such is contained in the investigative reports.</p> <p>Based on a review of policy and protocols, interviews and document review, the auditor determined that Cayuga CF is referring all allegations of sexual abuse and sexual harassment to OSI for further processing. These investigations are initiated promptly with OSI investigators being contacted immediately in accordance with the facility's coordinated response. It was established that OSI has legal investigative authority within the State of New York and also collaborates with the State Police on any matters that may appear to be criminal as established by the confidential manual.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Training Manual Section: 0.100 - Frequency Training Chart and Training Bulletins - 04/15/2022 3. Training Manual Subject 8.300A - Recruit Training Catalog of Courses - 04/15/2022 4. Sexual Abuse Prevention and Response Training Memo - 04/8/15 5. Training Manual Subject #7.000 - Initial Employee Training/40-hour Orientation 08/19/2022 6. Training Manual Section #7.100 Employee Familiarization In-Service Training Program 02/28/2022

7. Memo - Deputy Commissioner/Associate Commissioner (PREA Coordinator) 08/19/2022 RE: Sexual Abuse Prevention and Response Training
8. Sexual Abuse Prevention and Response Introduction - Transfer Lesson Plan 17093 - 01/13/2020
9. Annual Training Bulletin 07/20/2022
10. Memo - Commissioner 07/06/2022 RE: Policies and Standards Generally Applicable to all Employees
11. Sexual Abuse Prevention and Response Refresher Training Lesson Plan - 03/09/2022
12. Report of Training Form (17093): Sexual Abuse Prevention and Response
13. Introduction - Transfer (PREA) RTF - PREA 02/2022
14. KHRT Report Course and Completion #17078 and #35029
15. Interviews with Random Staff, PREA Coordinator, PCM, Human Resources Manager, OSI, and Training Coordinator

Findings:

The NYDOCCS Operating Procedure is written in accordance with the standard and includes all required topics and elements of the standard. Policy (DIR #4027) requires all employees to be fully trained on the agency's zero-tolerance policy for sexual abuse and sexual harassment. As verified by Human Resource staff and the Training Coordinator, such training is initially performed as part of the hiring process. This Sexual Abuse Prevention and Response training is a comprehensive analysis of state laws and PREA standards. In accordance with the standard the NYDOCCS will train all employees who may have contact with Incarcerated Individuals on:

- a. Its zero-tolerance policy for sexual abuse and sexual harassment, (Sexual Abuse Prevention and Response Training)
- b. How to fulfill their responsibilities under DOC sexual abuse and sexual harassment prevention, detection, reporting, and response procedures (Sexual Abuse Prevention and Response Training, Pg 52-53, 59-74, 78-79)
- c. The Incarcerated Individuals' right to be free from sexual abuse and sexual harassment (Sexual Abuse Prevention and Response Training, Pg 56-57)
- d. The right of Incarcerated Individuals and employees to be free from retaliation for reporting sexual abuse and sexual harassment (Sexual Abuse Prevention and Response Training, Pg 56-57, 76)
- e. The dynamics of sexual abuse and sexual harassment in confinement (Sexual Abuse Prevention and Response Training, Pg 31-33)
- f. The common reactions of sexual abuse and sexual harassment victims (Sexual Abuse Prevention and Response Training, Pg 36-42)
- g. How to detect and respond to signs of threatened and actual sexual abuse (Sexual Abuse Prevention and Response Training, Pg 59-69)
- h. How to avoid inappropriate relationships with Incarcerated Individuals (Sexual Abuse Prevention and Response Training, Pg 43-51)
- i. How to communicate effectively and professionally with Incarcerated Individuals, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming Incarcerated Individuals (Sexual Abuse Prevention and Response Training, Pg 20-29)

j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities (Sexual Abuse Prevention and Response Training, Pg 80)

Policy requires that all employees, contractors, and volunteers who have contact with Incarcerated Individuals receive training. According to the policy, mental health and medical personnel receive specialized training. The training is tailored for both male and female Incarcerated Individuals. Employees who are reassigned from facilities housing the opposite gender are given additional training. Agency policy (Employee Training Manual, Subject 7.100, Employee Familiarization) requires that "All transferees shall receive familiarization on compliance with PREA and the Department's Sexual Abuse Prevention and Response procedures. Such familiarization training shall be tailored to the gender of the incarcerated individuals at the facility, including addressing gender dynamics for staff who are transferring from a facility that houses only male incarcerated individuals to a facility that houses only female incarcerated individuals, or vice versa."

The training at Cayuga CF provides dynamics of abuse between male incarcerated individuals. The PREA Introduction/Transfer Training for male classified facilities reinforces key terms, zero tolerance, communicating effectively and professionally with LGBTIQ+ and GNC incarcerated individuals, and five actions an employee takes as a first responder and three categories of sexual abuse and misconduct all employees have a duty to report. Personnel files were reviewed by the Auditor, which confirmed orientation training received upon arrival at Cayuga CF as required by NYSDOCCS, which did include PREA refresher training.

The facility provides PREA training every two years, and a module on Professional Boundaries is provided annually. Training Manual Section #7.000, 40 Hour Orientation/Initial Employee Training confirms that all civilian new employees receive mandatory training which includes 3-hour module on Sexual Abuse Prevention and Response. Recruit Training Program ensures that sexual abuse prevention and response training is addressed in recruit training. It is a 3-hour training. Training Bulletin ensures that PREA refresher is addressed at line-up training annually for uniformed line staff, and as a written refresher for non-uniformed and supervisory staff. Per the Cayuga PAQ, each year all staff are provided with the Annual Training Bulletins including the most recent version of Training Bulletin #7 "Sexual Victimization Prevention and Response" and the Commissioner issues his "Annual Policies and Standards Generally Applicable to All Employees" which incorporates the most recent "Policy on the Prevention of Sexual Victimization. Refresher training is provided every other year. Refresher information is provided annually.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters to verify and ensure all employees are receiving the training. During the pre-audit period, the Auditor reviewed the training documentation submitted by the facility. In addition, during the on-site portion of the audit, the auditor verified the training of staff, which includes contractors, by reviewing the training logs for all employees who had received training for the previous and current year, as well as

individual training files. Each employee also signs a PREA Acknowledgment indicating their receipt of and understanding of the PREA training, which is maintained in their file. The training form signed by staff after completion of training states, "By signing below you confirm that you participated in the Prevention of Sexual Abuse - PREA training program and that you understand the training that you have received." The Auditor reviewed examples of these forms.

New staff are given PREA training during their orientation, before assuming their duties. This information is on Day 1 of their institutional orientation. During interviews with the PCM, Human Resources and Training staff, they confirmed to the Auditor that no employee is permitted to have contact with Incarcerated Individuals prior to receiving PREA training during orientation.

The Auditor reviewed the course completed rosters for #35029 - PRV Sexual Abuse and #17078 - PREA Refresher for Cayuga CF. The facility reported that there are 240 staff currently employed at the facility who may have contact with Incarcerated Individuals. The Auditor reviewed Cayuga Correctional Facility training records for the last 12 months to verify all staff had been provided annual refresher training and a signed PREA Training Acknowledgement form was on file for each staff member.

Based upon an interview with the training coordinator, all active employees at Cayuga Correctional Facility have completed the required training. The auditor was provided with and reviewed copies of the agency's PREA curriculum, training logs, and training acknowledgement forms. The training curriculum meets all requirements of the standard. Random staff interviews indicate staff have received and understand the training received.

The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all employees recalled having annual PREA training. Many staff also stated that PREA related topics are often discussed in roll-call and they will frequently get PREA informational emails from the PCM. Staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly.

During the onsite review, the Auditor had the opportunity to discuss the employee training program with the Director of PREA Compliance. The Department recently updated the PREA Refresher Training for Staff, which uses a unique for PREA bystander intervention approach. The presentation is in PowerPoint Show format and the slides that are facilitated by a live instructor lack any narration. This format is an effective way to capture the flow of the training, which relies on several powerful video vignettes and interviews with staff, currently incarcerated individuals, formerly incarcerated individuals, and other stakeholders. The Auditor reviewed the video, which is available for viewing on YouTube, as well as the PDF with the instructor notes for reference. NYDOCCS worked with the Moss Group on this project, although the agency team exerted significant creative control to ensure the product was consistent with their vision. The Auditor found the training to be an excellent example of the

	<p>agency's commitment to the PREA program and standards.</p> <p>The Auditor spoke with the Director of PREA Compliance regarding the vision and direction for the employee PREA training. They are very dedicated to ensuring the training is relevant for the staff based upon the types of allegations the Department is experiencing. Based on a review of training materials, training rosters, and staff interviews, the Auditor found that training is being provided to NYDOCCS staff at an exemplary level.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4027 Sexual Abuse Prevention & Response (07/21/22) 3. Directive #4750 Volunteer Services Program (7/21/20) 4. Directive # 4071 Guidelines for Construction Projects (03/23/2021) Section III D 3 5. Training Manual #7.150 Orientation Program for Per Diem and Non-Departmental Employees (08/19/2022) 6. Guidelines for Construction Projects FORM #4071A 01/2021 7. Standards of Conduct for Volunteers 12/2018 8. Application for Volunteer Status 06/20 Form MFVS 3080 <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Contract Staff • Volunteers • Training Coordinator <p>Findings:</p> <p>The NYDOCCS Operating Procedures are written in accordance with the standard and requires that all volunteers and contractors who have contact with Incarcerated Individuals have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>DIR #4027 states that all contractors and contract employees, volunteers, and interns shall receive orientation and periodic in-service training consistent with their</p>

level of incarcerated individual contact relating to the prevention, detection, and response to sexual abuse and sexual harassment.

DIR #4750 requires that during orientation, volunteers must be cautioned regarding the seriousness of personal/emotional involvement with incarcerated individuals, including visiting, corresponding, and accepting phone calls and that volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an incarcerated individual. For purposes of applicability, Penal Law section 130.05 states an employee also includes any person, including a volunteer, providing direct services to individuals in a state correctional facility pursuant to a contractual arrangement or written agreement with the Agency, thereby inclusive of volunteers providing services to individuals. 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 #MFVS3087.

DIR #4071 includes procedures for required contractor training on PREA and directs each contract worker to be issued a copy of Form #4071A which is a handout that includes the zero-tolerance, definition of sexual abuse, definition of sexual harassment, the duty to report, confidentiality, and a requirement to sign the acknowledgment form. The Acknowledgement Statement includes the signature of both the contractor and the DOCCS employee who reviewed the procedures with the contractor.

Cayuga Correctional Facility ensures that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any Incarcerated Individuals. The facility provides annual PREA training to each contract employee to ensure they remain up to date on the NYDOCCS policies and procedures regarding sexual abuse and harassment.

The Auditor reviewed the training curriculums and verified they included all information required by the standard. An interview with the staff member responsible for maintaining the contractor files revealed that they maintain a tracking sheet to ensure the PREA forms have been signed. The Training Coordinator stated that within the first two days onsite and prior to contact with incarcerated individuals, the contract staff will watch the PREA video. Once they are in the system, they are included in the schedule with security for ongoing training.

The Auditor reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving training as required by the standard. New contractors and volunteers are given PREA training during their

orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files.

The Auditor conducted formal and informal interviews with contracted staff. During targeted interviews with contract staff members, each of the interviewees told the auditor that they recalled having the PREA training and knew of Cayuga's zero-tolerance policy against sexual abuse and harassment. In addition, they could articulate what to do if an Incarcerated Individual reported to them. When asked what would be the consequence if they violated the PREA policy, they stated they would be terminated and removed from the facility. The contract staff were knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. The Cayuga Correctional Facility is providing training in accordance with the standard. The documentation is maintained accordingly.

The auditor spoke with 3 volunteers for Cayuga. They stated that they had received PREA training and had received a refresher every year, as well as signed an acknowledgement. They indicated they were aware of the zero-tolerance policy and states they would immediately notify an officer if an Incarcerated Individual were to report a PREA incident to them. They also stated they were aware of the duty to report any PREA related information immediately.

The auditor reviewed the training curriculum for volunteers and found that the information provided meets the requirements of the standard. All volunteer files reviewed contained confirmation of PREA training and included the Application for Volunteer Status, as well as the Acknowledgement of Standards of Conduct for Volunteers and All Applicable Policies, verifying receipt and understanding of PREA training. The auditor interviewed the staff member responsible for the volunteer training and maintenance of the files. The staff member stated that the orientation process for volunteers included a review of the PREA information, and each volunteer signs an acknowledgement.

The facility reports on the PAQ that there are 61 volunteers and contractors, who may have contact with Incarcerated Individuals, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Based on a review of policies, training records and acknowledgments, interviews with facility staff, contractors and volunteers, the Auditor determined that Cayuga CF is providing volunteers and contractors staff with PREA training in accordance with the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.33 Inmate education

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. Directive #4021 Incarcerated individual Reception/Classification dated 01/23/2019
3. Directive #4490 Cultural and Language Access Services 07/29/2022
4. Directive #2612 Incarcerated Individuals with Sensorial Disabilities 10/01/2020
5. SVPPM 115.33-Incarcerated Individual Education/Training and Education (7/11/22)
6. Cayuga Orientation Manual Updated 11/2022
7. Memo Deputy Commissioner/Associate Commissioner 06/18/2015 RE: PREA Incarcerated individual Orientation Film Implementation
8. Memo Associate Commissioner - 05/05/2022 RE: New and Updated PREA Materials
9. Incarcerated individual Orientation Outline
10. Form 115.33L Report of Incarcerated individual Training Participation
11. Memo Deputy Commissioner 3/25/16 RE: Revised Transitional Services Phase I
12. Transitional Services Phase I Manual - Male Facilities Introduction and PREA Module 2021
13. Brochure Language Guide Poster - 06-2020
14. Prevention of Sexual Victimization in Prison (English and Spanish) 05/2020
15. Memo Associate Commissioner - 10/26/2015 RE: Ending Sexual Abuse Behind the Walls: An Orientation Memo Associate
16. Sampling of Incarcerated Individual files comparing intake date, the date of initial screenings, and the date of comprehensive screening
17. Incarcerated Individual Brochure and acknowledgement
18. Logs of Completion of Incarcerated Individuals provided Comprehensive Education

Interviews with the following:

- PREA Coordinator
- PCM
- Random Incarcerated Individuals
- Intake Staff

Observations of the Following:

- PREA informational Posters throughout the facility in Incarcerated Individual housing and common areas
- Incarcerated Individual Intake Process

Findings:

The NYDOCCS Operating Procedure is written in accordance with the standard. Policy (DIR #4027, Sexual Victimization Prevention Policy Manual) requires that upon receipt into the facility, incarcerated individuals shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Incarcerated individuals will also be informed of reporting mechanisms to expose

incidents or suspicions of sexual abuse and harassment. They will then be provided with, and must sign to receive, as copy of the Facility Incarcerated individual Orientation and a gender specific PREA Sexual Abuse Brochure. The PREA Brochure is available in thirteen different languages. In accordance with policy, Incarcerated Individuals at Cayuga receive information regarding the facility and agency's zero tolerance policy upon arrival. This information, in the form of a brochure, along with the Incarcerated Individual handbook and informal posters, provides Incarcerated Individuals with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment.

The Cayuga Correctional Facility PAQ reported that during the last year 1058 Incarcerated Individuals (100%) were committed to the facility and given PREA information at the time of intake, in accordance with the standard. Targeted interviews with multiple staff indicated that this information is communicated to the Incarcerated Individuals verbally and in writing upon arrival at the facility. Incarcerated Individuals will receive a PREA brochure upon intake that advises the Incarcerated Individual of their right to be free from sexual abuse and sexual harassment, and various ways to report. In accordance with policy (DIR #4021), at Intake, incarcerated individuals are provided with the PREA Brochure entitled: The Prevention of Sexual Abuse in a Prison. After discussing key points within the brochure, incarcerated individuals are required to document their receipt of such via the #4021A Draft Receipt form.

Staff verify that Incarcerated Individuals understand the information and would identify any Incarcerated Individuals that may need an accommodation to fully participate in the PREA program at Cayuga. Incarcerated Individuals will sign an acknowledgement of receipt that is maintained in their file. The brochure contains information about the zero-tolerance policy and reporting information.

The auditor observed PREA signage in all facility locations, and notification of the agency's zero tolerance policy. Draft (Intake) staff told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explain to the newly committed Incarcerated Individuals that they could report any instances of abuse or harassment to staff and/or use the Incarcerated Individual telephone system to report abuse to the listed hotline. The PREA brochure information is explained to the Incarcerated Individuals upon arrival at the facility. The auditor observed the intake process for a new arrival. The staff was thorough in explaining the PREA related information.

Interviews with intake staff verified that Incarcerated Individuals, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that Incarcerated Individuals who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff would be utilized, if available. Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in all incarcerated individual housing areas, draft (intake), and public areas. The posters were very prevalent in all areas of the facility.

Per the SVPPM, each incarcerated individual identified as having a sight or hearing impairment is housed in an appropriate facility that is able to provide reasonable accommodations. For individuals with limited reading skills, efforts need to be made for appropriate staff to review the brochure with the individual in order to enhance comprehension of the materials presented. Per the PCM, Cayuga Correctional Facility does have a limited population of incarcerated individuals who are physically, visually or hearing impaired. Accommodations are made on a case-by-case basis as determined by the staff based on the needs of the incarcerated individual.

The auditor spoke with four Incarcerated Individuals identified as LEP. The Incarcerated Individuals could speak some English, and the use of an interpreter was not used for the interviews. There were no barriers to completing the interviews and the individuals were able to answer the auditor's questions. The Incarcerated Individuals stated that they had been given the PREA information and understood the zero-tolerance policy and had an awareness of PREA.

Incarcerated Individual interviews revealed that most all Incarcerated Individuals remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. All Incarcerated Individuals interviewed stated they are aware of PREA and how to report.

There were 941 incarcerated individuals admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

Incarcerated individuals are immediately provided a summary of the PREA standards upon their initial arrival to the facility. Individuals are then provided a comprehensive seminar detailing key points of the process. This generally occurs within one week of intake, but no more than two weeks. Every incarcerated individual transferring into Cayuga CF will participate in facility orientation, including a comprehensive component on sexual abuse and sexual harassment prevention and response. If this is the incarcerated individual's first general confinement facility following admission to NYDOCCS, he will also participate in the Transitional Services Phase 1 Program that includes an extensive module on PREA and sexual safety. The information is given as both a video presentation and as an interactive session. Individuals are informed of their rights to be free from sexual abuse and sexual harassment, to be free of retaliation for reporting such actions, as well as the agency's responsibilities and procedures upon receiving notification of such allegations (DIR #4027). The Transitional Services Phase 1 module spends more time exploring these topics. The session is conducted by trained Incarcerated individual Program Associates (peer educators) in conjunction with a staff facilitator. The ADS/PCM usually facilitates this training and provides additional information, including how to use the PREA hotline for emotional support services. Participation in this orientation program is subsequently documented on Form #115.33, Report of Incarcerated individual Training Participation. The training video is tailored for either male or female incarcerated individuals and is available for public viewing on the NYDOCCS web site.

The class uses the orientation film, a series of scenarios, and a guided discussion with the stated objectives to gain awareness and understanding of sexual abuse and sexual harassment, to understand the dynamics and prevalence of sexual abuse, and to learn key facts about sexual abuse and sexual harassment.

The auditor reviewed the files for all 32 Incarcerated Individuals that were interviewed. Documentation reviewed showed that they had received the comprehensive education within the 30-day timeframe as required by the standard. During the pre-audit phase, the auditor also reviewed documentation of numerous Incarcerated Individual PREA acknowledgment forms for education provided.

The files contained documentation of the initial Incarcerated Individual PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education. This verified what the interviews revealed, what was required by policy and what was reported in the submitted PAQ. Interviews with staff and Incarcerated Individuals verified that Incarcerated Individuals are receiving the initial and comprehensive PREA training as required.

All current Incarcerated Individuals have received PREA training. Per agency memorandum (Incarcerated individual Orientation Film Implementation), beginning July 20, 2015, all incarcerated individuals incarcerated within the DOCCS were required to watch the newly released PREA training video entitled Ending Sexual Abuse Behind the Walls: An Orientation (2015). All incarcerated individuals received into the NYDOCCS have been required to watch the same, or subsequent versions of the film during reception. Upon any transfer to another facility with the NYDOCCS, incarcerated individuals are required to again watch a sexual abuse prevention video as part of the facility orientation program. NYDOCCS policies are standardized across the agency. This provides consistency and ensures that each facility within the agency reinforces its role in supporting the Agency's zero tolerance policy toward all forms of sexual victimization. The facility also provides facility specific information including identifying the PCM and PREA Point Person, and the designated local rape crisis program for emotional support and victim advocacy services. Incarcerated individual interviews indicate that the majority remember receiving information upon arrival and viewing the orientation video. They have an awareness of PREA information and how to report.

As required by the standard, policy provides for education in formats accessible to all Incarcerated Individuals. There are Spanish versions of all materials, which is the predominant non-English language at Cayuga. The comprehensive education video is available in eight different languages, as well as with closed captioning in any of these languages. Cayuga is a medium security general population facility. They do not have a large number of incarcerated individuals identified as needing accommodations. PREA informational posters are available in large print for the visually impaired. Translation services are available for incarcerated individuals whose language is not readily available. Per policy (DIR #2612, DIR #4490), the agency will provide reasonable accommodations to all incarcerated individuals in need of ADA accommodations, both physical and cognitive, to ensure said incarcerated individuals have equal opportunity to benefit from the PREA program.

	<p>Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in all incarcerated individual housing areas, intake, program areas and medical. The Incarcerated Individual handbook is available and provided to all Incarcerated Individuals. Incarcerated Individuals receive a PREA Brochure and reporting information upon arrival to Cayuga. There are also posters providing the names and contact information for Rape Crisis Centers that provide recovery support services to incarcerated individuals. Additional PREA related resources are available in the General Library and the Law Library. The Auditor viewed the PREA Resource Book available in the Law Library during the site review.</p> <p>Based on policy, training materials, documentation of training, staff and incarcerated individual interviews, and availability of a multitude of resources, the Auditor determined that NYDOCCS and Cayuga CF are providing education to incarcerated individuals in accordance with the standard. During the random incarcerated individual interviews, all stated that they are aware of PREA and how to report allegations. Most all stated that there were no PREA related issues at Cayuga. In speaking with the agency Director of PREA Compliance, it is evident that she and the SAPEO staff are constantly reevaluating the process of how they train and looking for ways to improve.</p> <p>After a review, the Auditor determined that the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Specialized Training Investigations 08/24/2022 3. PREA Specialized Training Investigations 4. Investigating Physical and Sexual Abuse in an Institutional Setting 11-14-2016 5. NIC Investigating Sexual Abuse in Confinement Overview 6. RTF Investigating Physical and Sexual Abuse 7. KHRT for Course 17072 OSI Investigators Trained 8. RTF Investigating Physical and Sexual Abuse 9. Interviews with PCM & Investigative Staff <p>Findings:</p> <p>Agency policy is written in accordance with the standard. NYDOCCS conducts both administrative and criminal investigations and requires all investigators receive</p>

specialized training. In accordance with Office of Special Investigations Policy Manual Chapter 5, Section III.2., 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. Office of Special Investigations Sex Crimes Division investigators receive specialized training. All new Office of Special Investigations Sex Crimes Division Investigators attend Basic Office of Special Investigations Investigator School which includes the following curricula: New York State Department of Corrections and Community Supervision Office of Special Investigations Overview Training, NIC PREA course "Investigating Sexual Abuse in a Confinement Setting" initial and advanced, and Communicating Effectively and Professionally with LGBTI Offenders. Office of Special Investigations specific training is documented utilizing the RTF-PREA submitted to and maintained by the Office of Special Investigations Training Coordinator.

The NYDOCCS has 28 staff members who has received the specialized training and who have been trained to conduct sexual abuse investigations in a confinement setting.

The Auditor reviewed the training curricula for the OSI Investigators. Among other courses, they have completed the National Institution of Corrections Training "Conducting Sexual Abuse Investigations in a Confinement Setting," which certifies them to conduct investigations for alleged sexual abuse and harassment. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. The Auditor verified the training for the investigators. NYDOCCS 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 Office of Special Investigations Training Coordinator.

The Auditor interviewed two OSI investigators assigned to Cayuga. They were able to articulate the aspects of the training received and appeared knowledgeable in the training, as well as conducting sexual assault investigations. They confirmed that they have all received advanced training in investigating sexual abuse in confinement, which is mandatory for all OSI Investigators. The Investigators also stated that they teach a class at the supervisors' training for the Department. This was confirmed by the PCM, who stated that PREA training on investigations was part of supervisors' school and was done jointly by the PCM's and OSI. The Auditor was very impressed with the credentials of the investigators and their commitment and drive to be subject matter experts and continue to learn and grow in their positions. They articulated how they integrate the training they receive into how they conduct investigations.

The Auditor reviewed the training records for the investigators and verified that they had received the specialized training. In addition, the investigators complete periodic refresher training for which the auditor viewed documentation.

	<p>Based on policies, training curricula, training documentation and interviews, the Auditor determined that OSI investigators are receiving training in accordance with the standard. This training is documented. Not only has OSI received the “required” training for PREA but they have gone above and beyond, showing excellence in their commitment to a trauma informed approach at interviewing victims and educating investigators in the most up to date practices for evidence collection and technology employed to be more receptive in the changing ways in which they are able to investigate sexual abuse and sexual harassment. By no means an exhaustive list, some of those trainings (aside from the required ones) include; Interview and Interrogation, Strangulation, NIC Investigating Sexual Abuse in a Confinement Setting-Advanced Investigations, Investigating Physical and Sexual Abuse in Institutional Settings, FETI (Forensic Experiential Trauma Interviewing, NIC Trauma Informed Treatment & Theory, Advocate training, Basic Investigative Photography Course, Police Crime Scene and Evidence Specialist Course, Certified Inspector General Investigator Institute, Reid Technique Interview and Interrogation-Advanced, and Cellebrite. For the investigators, these are not trainings they just took, but trainings they walked away with being an expert in the field and successfully applying what they learned.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Training Manual Subject - 7.000, 40 Hour Orientation/Initial Employee Training - 08/19/2022 3. Training Manual Subject - 7.150, Orientation Program for Per Diem and Non-Departmental Employees - 08/19/2022 4. Incarcerated individual Sexual Assault Post Exposure Protocol/PREA (17083) 5 Office of Mental Health Memorandum of Understanding - 9/14/2016 6. Review of Training Materials 7. Review of Training Documentation 8. Interviews with Training Coordinator and Medical Staff <p>Findings:</p> <p>NYDOCCS Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and</p>

full-time mental health and medical staff members receive additional specialized training. According to the MOU between the New York State Office of Mental Health (OMH) and NYDOCCS dated 9-14-16, New York State Department of Corrections and Community Supervision provides a standardized orientation to all new OMH employees working in correctional facilities. All full and part time OMH employees working in any NYDOCCS facility participate in this training as required by the Prison Rape Elimination Act (PREA). Additionally, all full and part time mental health care practitioners (a mental health professional who, by virtue of education, credentials, and experience is permitted by law to evaluate and care for patients within the scope of his or her professional practice) shall participate in specialized training provided by NYDOCCS as required by PREA, 28 C.F.R. § 115.35.

The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment. Per the Nurse Administrator and Training Coordinator, all medical and mental health employees are required to complete all training required by NYDOCCS in accordance with policy. The Auditor reviewed the specialized training curriculum and found it 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 so that he/she can adopt work practices which will maintain a high level of care for the incarcerated individual population.

All the medical and mental health staff received the specialized training as evidenced by documentation provided by the staff and reviewed by the auditor. The auditor reviewed the training logs provided by the staff and verified that all the current employees had received the required training. The auditor reviewed NYDOCCS Course Completion for Class 17083 PREA Training for Medical and Mental Health Providers for 17 staff. All full and part time medical and mental health staff (100%) received required training. Per the PAQ, there are 17 medical and mental health care practitioners who work regularly at this facility who received the training required by NYDOCCS Operating Procedure.

During targeted interviews with the medical and mental health staff, they stated they received PREA training upon orientation. In addition to the annual PREA training required by the NYDOCCS, all medical and mental health staff complete additional training related to healthcare and PREA. Training Manual, Subject: 7.000, 40 Hour Orientation/Initial Employee Training, dated 8-13-2018, dictates all full and part-time medical and mental health employees are required to attend the 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) Job Specific - Immediate Supervisor: Policy on the Prevention of Sexual Abuse of Offenders (August 19, 2022). All employees receive training on DOCCS Zero Tolerance Policy for sexual abuse and harassment, and how to fulfill responsibilities under the policies. Refresher training is provided every other year and each year

	<p>refresher information training is provided via training bulletin #7 and the Commissioner’s policy statement on the Prevention of Sexual Abuse of Incarcerated Individuals and Parolees.</p> <p>Targeted interviews with the training coordinator and Nurse Administrator verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training that covers all aspects of the standard. The auditor verified this training had been completed. The Training Coordinator maintains documentation of training for all medical and mental health staff.</p> <p>The medical staff at Cayuga Correctional Facility do not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted offsite at a local hospital. This was verified by agency policy and interviews with Facility Nurse Administrator and PCM.</p> <p>Based on a review of policy, training materials and documentation and interviews, the Auditor determined that medical and mental health staff are receiving training as required by the standard. This training is documented.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. SVPPM 115.41-Screening for Risk of Sexual Victimization and Abusiveness, (01/23/2023) 3. Directive #4021 Incarcerated individual Reception/Classification (1/23/2019) 4. Form 4021A Draft Receipt (rev. 05-15-20) 5. Facility Operations Manual (FOM) PREA Risk Screening (01/3/2023) 6. 115.41M PREA Risk Screening Form Male (04/2022) 7. 115.41GI Gender Identity Form (06/2020) 8. Sampling of Random Incarcerated Individual Files <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator • Staff Member Responsible for Completing Assessments • Random Incarcerated Individuals

- PCM
- Intake Staff

Observations of the Following:

- Incarcerated Individual Intake Process

Findings:

In accordance with the standard, all Incarcerated Individuals received at Cayuga shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. SVPPM 115.41, Screening for Risk of Sexual Victimization Abusiveness state that 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. Each Facility shall assess each incarcerated individual for their risk of being sexually abused by other incarcerated individuals or sexually abusive towards other incarcerated individuals in accordance with a procedure outlined in the Facility Operation Manual item entitled "PREA Risk Screening." This policy shall outline facility-specific procedures to assess an incarcerated individual's risk. Each Facility PREA Risk Screening policy shall be derived from the approved Risk Screening FOM Template. The PREA Risk Screening shall address the risk factors utilizing an objective screening instrument, Form 115.41M for male classified facilities and Form 115.41F for female classified facilities.

It is the policy of Cayuga Correctional Facility, that all incarcerated individuals received into the facility shall be screened by a Sergeant or above, within 24- hours of arrival at the facility, and reassessed by an assigned Offender Rehabilitation Coordinator (ORC) ordinarily within 14-days of arrival at the facility. The Assistant Deputy Superintendent PREA Compliance Manager shall make a final risk assessment determination ordinarily within 30 days of the incarcerated individual's arrival at the facility. When the Assistant Deputy Superintendent PREA Compliance Manager is absent from the facility, the PREA Point Person shall act in their place with respect to implementation of PREA Risk Screening procedures. Incarcerated individuals shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to the PREA Risk Screening process.

During the site review, the auditor was able to observe a portion of the admission and screening process for a new Incarcerated Individual. In addition, the auditor spoke with the Draft (Intake) staff who explained the initial intake process. Upon arrival at the facility, Incarcerated Individuals are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with various staff verified that within 72 hours of admission, all Incarcerated Individuals are screened for risk of sexual abuse victimization and the potential for predatory behavior. This is typically done by the Sergeant on the same day as arrival. The assessment is conducted using the PREA Risk Assessment Form during the Incarcerated Individuals' initial arrival at Cayuga. The Auditor observed this process

during the onsite review and found that the assessment was done within a very short time after arrival.

During interviews with random Incarcerated Individuals, most all remember being asked some PREA related questions during their admission process. The form states that the screening, "Must Be Conducted In a Private Setting." The Auditor observed this to be occurring and was also verified by staff. The PCM also verified this process, stating that the Draft Sergeant will complete the initial assessment and then the assessment goes to Guidance staff for review. They will complete the reassessment within 14 days, meeting with the incarcerated individual.

All Incarcerated Individuals are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other Incarcerated Individuals or sexually abusive toward other Incarcerated Individuals. Intake screenings take place within 72 hours of arrival at Cayuga. The facility uses an objective screening instrument that is standardized for NYDOCCS. The intake screening considers, at a minimum, the following criteria to assess Incarcerated Individuals for risk of sexual victimization: (1) Whether the Incarcerated Individual has a mental, physical, or developmental disability; (2) The age of the Incarcerated Individual; (3) The physical build of the Incarcerated Individual; (4) Whether the Incarcerated Individual has previously been incarcerated; (5) Whether the Incarcerated Individual's criminal history is exclusively nonviolent; (6) Whether the Incarcerated Individual has prior convictions for sex offenses against an adult or child; (7) Whether the Incarcerated Individual is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the Incarcerated Individual has previously experienced sexual victimization; and (9) The Incarcerated Individual's own perception of vulnerability. The NYDOCCS does not hold Incarcerated Individuals solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Cayuga, in assessing Incarcerated Individuals for risk of being sexually abusive. According to the PAQ and NYDOCCS Operating Procedure, the PREA screening instrument shall include the required elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all the required elements in accordance with the standard.

Per policy and as indicated on the form, if the total risk score is 10 or more, the incarcerated individual may be at "high risk of sexual victimization" and the Watch Commander must be notified promptly. If the total abusiveness score is 4 or more, the incarcerated individual may be at "high risk of being sexually abusive" and the Watch Commander must be notified promptly. The Auditor spoke with the Draft Sergeant and he verified the process is someone screens as high risk of either sexual victimization or sexual abusiveness. He stated he would contact the Watch Commander immediately.

According to the PAQ, 1054 Incarcerated Individuals entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual

victimization or risk of sexually abusing other Incarcerated Individuals within 72 hours of their entry into the facility.

An Incarcerated Individual's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the Incarcerated Individual's risk of sexual victimization or abusiveness. The PCM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member. Interviews with ORC staff also indicated that an Incarcerated Individual's risk level is reassessed based upon a request, referral or incident of sexual assault. A notice would be sent to the incarcerated individual's assigned ORC to meet with and complete the reassessment.

Within 30 days from the Incarcerated Individual's arrival at Cayuga, staff reassesses all Incarcerated Individuals' risk of victimization or abusiveness based upon any additional, relevant information received by Cayuga Correctional Facility since the intake screening. Per Cayuga policy, the Supervising Offender Rehabilitation Counselor (SORC) shall distribute the initial assessment screening form to the incarcerated individual's assigned Offender Rehabilitation Counselor (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. The ORC shall meet with the I/I and ask them questions. The reassessment will be documented by completing the Reassess (ORC) column on form 115.41M and creating a chronological entry in the guidance unit file. After the final risk assessment is completed by the PREA Compliance Manager or PREA Point Person, the completed form will be filed in the guidance unit file. These practices were confirmed by targeted interviews with the PCM, SORC and ORC.

Incarcerated Individuals are asked their sexual orientation, in addition to the reviewing staff's perception. A Gender Identity Interview process has been developed (form 115.41GI) dated 6/2020 with specific interview questions completed by the ORC. One question is specifically dedicated to asking the individual for any information they may wish to provide with respect to their safety in connections with decisions regarding housing and placement. An example was provided to the auditor with the documentation received prior to the on-site audit.

According to the PAQ, 941 Incarcerated Individuals entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Cayuga Correctional Facility has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the Incarcerated Individual's detriment by staff or other Incarcerated Individuals. Per the PREA Coordinator, this is addressed in Sexual Victimization Prevention Policy Manual (SVPPM) item 115.41 and the approved risk screening Facility Operations Manual template. During the risk screening process, the screening form is routed to the ADS

PREA Compliance Manager and the designated PREA Point Person at the respective facility. Policy dictates that the PREA Intake Screening Forms are confidential. The completed forms are filed in each incarcerated individual's Guidance Folder with other sensitive and protected assessments. Access to completed forms is limited to the Executive Team and Guidance Staff with a business necessity to review the completed forms. Completed PREA Risk Screening forms are part of the document package that will be reviewed when a transgender incarcerated individual requests placement in a correctional facility consistent with their gender identity. In such an instance, review is limited to the Executive level and legal staff who are involved in making the case-by-case placement determination. An incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive" is 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. An incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive" is provided to the facility Movement and Control Office, who use the information to inform housing and bed assignments, and to the Program Committee Chairperson, who uses the information to inform work, education, and program assignments. Limited data indicated an incarcerated individual's risk of sexual victimization, sexually abusiveness, or combination thereof is in the process of being included on our population management system to further facilitate proper steps to protect those at high risk of sexual victimization from those at high risk of being sexually abusive.

The Auditor confirmed these practices and the limitation on distribution of this information with multiple staff, including the PCM, SORC and Movement Office Staff. There is limited access to the PREA risk assessment. This screening is used for housing and program decisions and referrals.

Targeted interviews with staff, as well as the PCM verified that risk assessments are performed within 72 hours of intake. The questions are asked and the answers are recorded by the staff on the risk assessment form. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

The auditor reviewed the Incarcerated Individual files for all Incarcerated Individuals interviewed, and looked at their intake records and risk screenings to compare the admission date and the date of admission screening. The documentation reviewed indicated that Incarcerated Individuals at Cayuga Correctional Facility are receiving risk screenings within 72 hours of intake.

The PCM, SORC and ORC staff confirmed that reassessments are being completed on Incarcerated Individuals within the prescribed timeframe. The auditor reviewed Incarcerated Individual files of initial PREA risk assessments. The auditor also reviewed the selected Incarcerated Individual files to determine if re-assessments had been completed. The selected files had received a reassessment within the required timeframe. The ORC that completes the re-assessments is having a face-to-face meeting with the Incarcerated Individuals. The Incarcerated Individual and staff

	<p>interviews confirm this, as most of the Incarcerated Individuals remember being asked the questions again and/or having a follow-up meeting within 30 days of arrival.</p> <p>NYDOCCS Operating Procedure stipulates that no Incarcerated Individual shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff, there have been no instances of Incarcerated Individuals being disciplined for refusing to answer screening questions. Staff confirmed that individuals may refuse to answer any question on the screening or may refuse participation in the entire screening without the threat of negative consequences.</p> <p>The Auditor reviewed Incarcerated Individual files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis. Based of a review of this documentation, as well as policies, interviews and observations, the Auditor determined that Cayuga is completing the assessments as required.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective action: None</p>
--	---

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. DIR #4027, Sexual Victimization Prevention & Response, 7-21-22 3. DIR #4021, Incarcerated individual Reception/Classification, 1/23/19 4. DIR #4017, Incarcerated Individual Transfer Procedure, 6/6/22 5. DIR #4401, Guidance & Counseling Services, 8/21/20 6. DIR #4009, Minimum Provisions for Health and Morale, 7/21/22 7. NYDOCCS Sexual Victimization Prevention Policy Manual, Section 115.42, 2/15/22 8. Report of PREA Screening Results 9. PREA Risk Tracking Sheet <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator • PCM • ORC Staff • Movement Staff

Observation of the following:

- Site review of Incarcerated Individual housing units

Findings:

The NYDOCCS Operating Procedures require that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. NYDOCCS policy requires that the agency use information from the PREA Risk Screening Form to help separate incarcerated individuals with a high risk of being sexually victimized from those incarcerated individuals with a high risk of being sexually abusive. As such, the information gleaned from the PREA Risk Screening Form is used to inform incarcerated individual housing, bed, work, education, and program assignments. The Intake (Draft) staff and PREA Compliance Manager stated that once an incarcerated individual is deemed as a possible high risk for sexual victimization, the Watch Commander is promptly notified. The Watch Commander will ensure that the incarcerated individual at risk is not housed in a vulnerable location with respect to other incarcerated individuals who are assessed at a high risk to sexually abuse other incarcerated individuals and then notify the PREA Point Person of the concern. The PREA Point Person is subsequently responsible for completing the Report of PREA Risk Screening Information (Form 115.42) to ensure this information is continuously available to other staff with an operational need for the assessment information.

This is also reflected in the Facility Operations Manual PREA Risk Screening, which states, if the incarcerated individual is assessed as potentially being at “high risk of sexual victimization” or “high risk of being sexually abusive,” an immediate referral shall be made to the Watch Commander for housing assignment. The Watch Commander shall determine the most appropriate housing assignment with the goal of keeping separate incarcerated individuals at high risk of sexual victimization from those at high risk of being sexually abusive. This is done via a telephone call to the Watch Commander and the housing assignment information is noted using form 115.41M. The Auditor spoke with the Watch Commander, who confirmed this process. The auditor also reviewed documentation supporting Cayuga’s adherence to the process.

Per the ADS PREA/PCM, Incarcerated Individuals that are designated as either high risk for sexual victimization or high risk for being sexually abuse must be kept separate on housing units. A copy of Form 115.42 Report of PREA Risk Screening Information will be forwarded to the Movement and Control Officer. The Movement and Control Officer will ensure the incarcerated individuals are housed per policy, move any incarcerated individual not housed per policy, and maintain a copy of the 115.42 form in the PREA High Risk Binder. Prior to moving an incarcerated individual that is in a designated PREA high risk category, the Acting Captain or above must be notified (Emergency off hours moves must be authorized by the Watch Commander. The W/C will send an email to the Acting Captain, DSS and ADS PREA notifying them the reason for the move). A copy of the most recent memorandum for this policy will be maintained in the PREA High Risk Binder. If this policy cannot be accommodated, the Acting Captain or Deputy Superintendent for Security must be advised of the

reason and special directions will be given. The information in this binder is deemed confidential. Staff cannot share an Incarcerated Individual's Risk Category with the Housing Unit Officers.

Policy requires that the facility make individualized determinations about how to ensure the safety of each incarcerated individual. Interviews with multiple staff confirmed that the concerns for every incarcerated individual are reviewed on an individual basis. Documentation provided by the facility further confirms that the views of incarcerated individuals for their own safety are considered on a case-by-case basis. I/I interviews revealed that most feel as if their own opinions regarding their personal safety are taken into consideration by staff when providing housing or job assignments.

ORC staff consider an Incarcerated Individual's own perceptions of their safety when making classification decisions. The screening tool includes sections for the ORC to document his/her own perceptions of the Incarcerated Individual. Staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those Incarcerated Individuals at high risk of being sexually victimized from those at high risk of being sexually abusive.

Documentation reviewed by the auditor indicates facility staff make individualized considerations to ensure each Incarcerated Individual is housed safely in the facility.

I/I's at high risk of sexual victimization and I/I's at high risk of sexual abusiveness will not be placed in close proximity to each other. The Auditor reviewed the housing roster and found this practice to be in effect. When an Incarcerated Individual is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results and make appropriate referrals. All program, work and education areas are staffed when in operation. Work supervisors would be notified of any potential conflicts. Cayuga CF maintains a PREA Risk Tracking Sheet (Form 115.42TS) of I/I's that are HRV or HRA. The form lists the I/I's name, designation as HRA or HRV, date of designation, housing location and AM/PM program assignments. The Auditor reviewed this form.

In deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals, agency policy requires that administrators consider, on a case-by-case basis, whether such a placement would ensure the incarcerated individual's health and safety and whether such a placement would present management or security problems. In deciding whether to assign a transgender or intersex incarcerated individual to a specific housing or program assignment, agency policy directs that administrators consider, on a case-by-case basis, whether such a placement would ensure the incarcerated individual's health and safety and whether such a placement would present management or security problems. Staff affirmed that an incarcerated individual's genital status is not the sole determining factor in placing transgender or intersex incarcerated individuals in male or female facilities, or in placing said incarcerated individuals within specific housing or program assignments within a facility. Agency policy allows for incarcerated individuals to request placement in alternative facilities based on their gender identification. This request is facilitated by the completion of a Gender Identity Interview Form (Form 115.41GI).

During the site tour, the auditor reviewed all Incarcerated Individual housing units. At the time of the onsite review, Cayuga Correctional Facility had zero Incarcerated Individuals identified as transgender or with a gender dysphoria diagnosis.

The policy stipulates that LGBTI Incarcerated Individuals will not be placed in a dedicated facility, unit, or wing solely based on such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such Incarcerated Individuals. Staff are aware of their responsibilities should they receive a transgender Incarcerated Individual regarding this standard. Interviews with facility staff indicate that placement of any transgender or intersex Incarcerated Individuals is made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender Incarcerated Individuals will be reassessed quarterly to review any threats to safety and a transgender Incarcerated Individual's views with respect to his or her safety will be given serious consideration. The assigned ORC meets with each transgender Incarcerated Individual quarterly to ensure there are no issues and assess the Incarcerated Individual's perception of their safety. This is documented by the ORC. An interview with the SORC confirmed these practices. He stated that transgender I/I's have frequent contact with the guidance staff and any concerns or questions are addressed immediately.

Policy allows for transgender and intersex incarcerated individuals to be given the opportunity to shower separately from other incarcerated individuals. Staff noted that Cayuga has policy supporting this directive, however there were no I/I's identified as transgender at the time of the onsite review. Random staff interviews confirmed that alternative shower times for transgender and intersex incarcerated individuals is available.

LGBTI Incarcerated Individuals are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. The auditor conducted targeted interviews with staff. The auditor was informed that Incarcerated Individuals' housing was based upon objective findings and LGBTI Incarcerated Individuals were not placed in dedicated units. Cayuga Correctional Facility was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender or intersex Incarcerated Individuals.

Based on a review of policy, documentation provided by the facility and staff interviews, the Auditor determined that Cayuga CF is using screening information from the PREA risk assessment to make housing, bed work, education, and programming assignments. In addition, transgender Incarcerated Individuals have quarterly meetings to ensure there are no issues and assess the Incarcerated Individual's perception of their safety, which is in excess of the standard.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4948 Protective Custody Status 06/02/2022 3. Forms #2168A, #2170A and #4948A <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Superintendent <p>Findings:</p> <p>In accordance with agency policy, Cayuga Correctional Facility does not place Incarcerated Individuals who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have not been any instances where Incarcerated Individuals at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. The auditor found no evidence to dispute this during the audit process. Interviews with staff that work in restrictive housing areas confirm that incarcerated individuals are not held there simply for being at high risk of victimization.</p> <p>NYDOCCS Policy (DIR #4948, Protective Custody Status) dictates minimum conditions of confinement for incarcerated individual's in Protective Custody Status within the Department and directs that an incarcerated 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 incarcerated 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 is no available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the incarcerated individual in Involuntary Protective Custody for less than 24 hours while completing the assessment using Form #2168A. The PREA Compliance Manager must be notified of these assignments no later than next business day, who will then notify the PREA Coordinator, in writing, of the date and time Form #2168A was completed and the date and time of the incarcerated individual's removal from this status, if removed.</p> <p>Incarcerated individuals in this status will be 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</p>

afforded to general population. Any restrictions and reason for limitations to access is documented. The Administrative Segregation Plan, Attachment A, indicates incarcerated individuals are allowed group recreation, television, commissary, property, programming, 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 which includes: 1) the opportunities that have been limited; 2) the duration of limitation; and 3) the reasons for such limitation.

In accordance with policy, the facility assigns incarcerated 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 incarcerated individual's safety and documentation of what alternatives were considered and assessed to be 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 (7) 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 Executive Staff, a Security Supervisor, and a member of the Guidance and Counseling staff. Form #2168A must be clearly documented with the facility's concerns for the incarcerated individual's safety and explanation of what alternatives were considered and assessed to be unavailable when the incarcerated individual was placed on Involuntary Protective Custody for high risk of victimization. Staff are aware of their responsibilities regarding this standard. There have been no instances that required action regarding this standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4027 Sexual Abuse Prevention & Response (7/21/22) 3. Sexual Abuse Prevention and Response (SAPR) Lesson Plan 4. OSI 444 Poster for Internal Reporting 5. Letter The New York State Commission of Correction (SCOC) Incarcerated individual and Resident reporting 6. Prevention of Sexual Victimization in Prison: What You Need to Know brochure 7. Employee Manual 8. PREA Pocket Card

Interviews with the following:

- PREA Coordinator
- PCM
- Superintendent
- Random Staff
- Random Incarcerated Individuals

Observation of the following:

- Observation of informal interactions between staff and Incarcerated Individuals
- Observation of Incarcerated Individuals using the telephone system
- Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area

Findings:

The NYDOCCS Operating Procedure designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other Incarcerated Individuals or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policy is written in accordance with the standard. 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, 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, via email, or by submitting an online complaint. 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.

NYDOCCS Operating Procedure provides a requirement that Incarcerated Individuals have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. DIR #4027 establishes that incarcerated individuals and releases may also report in writing to the State Commission of Correction (SCOC), a separate State office that is not part of the Department. 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.

The auditor reviewed the Incarcerated Individual handbook and found that Incarcerated Individuals are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the Incarcerated Individual telephone system to make a report to the PREA hotline. There are multiple internal ways for Incarcerated Individuals to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports within or external to DOCCS, and third-party reports. This information is received by Incarcerated Individuals at intake in both written and verbal form, contained in the Incarcerated Individual handbook and on informational posters in all incarcerated individual housing areas, intake, and various other locations throughout the facility. Operational practice at Cayuga Correctional Facility is consistent with the NYDOCCS Operating Procedure. Informational posters are prevalent and prominent in all areas of the facility.

During random staff interviews, staff stated that Incarcerated Individuals could make a PREA report to any staff member, write a note, have a friend or family member report for them, or call the hotline. During the site review, the auditor observed reporting information adjacent to all Incarcerated Individual telephones. Random incarcerated individual interviews revealed that they feel that the staff at Cayuga Correctional Facility would take any report seriously and act immediately, regardless of the source of the information. Incarcerated Individual interviews also revealed that the Incarcerated Individuals are aware of the reporting methods available to them.

The NYDOCCS does not hold Incarcerated Individuals solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities regarding reporting, and would accept and immediately act on any information received, regardless of the source. All staff that were interviewed acknowledged their duty to report any PREA related information. Information on how to report on behalf of an Incarcerated Individual is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another Incarcerated Individual. Verbal reports are required to be promptly documented on an Internal Incident Report. Details are provided in a signed written memorandum no later than the end of the shift.

Incarcerated Individuals can report outside the facility, by phone, using the established hotline. This information is in the Incarcerated Individual handbook, posted by the phones and on the brochure the Incarcerated Individuals receive at intake. During the site review, the auditor observed PREA informational posters and placards adjacent to the Incarcerated Individual telephones with the Hotline information where reports can be taken and referred for investigation. Most all Incarcerated Individuals interviewed were aware of this as a potential reporting method, indicating the Incarcerated Individuals are receiving this information.

The Auditor verified the availability of the hotline by making a test call to the OSI hotline. After a brief hold, the Auditor spoke with an investigator, who confirmed that they can and do receive allegations through that reporting method. The report of the

call was received and logged. The auditor received documentation of this report the same day from the PREA Compliance Manager.

Policy and the Incarcerated Individual handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random Incarcerated Individual and staff interviews revealed that the staff and Incarcerated Individuals are aware that third party reports will be accepted and treated just like any other reports, with an investigation started immediately.

Targeted interviews with multiple staff verified that there are numerous ways to make PREA complaints by both staff and Incarcerated Individuals, including the use of the Incarcerated Individual phone system, anonymous letters, as well as third party reporting by family and friends.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. 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. During targeted interviews with staff, the staff indicated that if an Incarcerated Individual reported an allegation of sexual abuse or harassment, they would notify their supervisor of such an allegation and immediately intervene by separating the victim and alleged perpetrator. Each staff member stated that they would act without delay. They would accept a verbal complaint and would be required to make a written report of the incident. Staff are also provided pocket cards that contain response procedures and reporting information. Several staff referred to these during the random interviews.

During Incarcerated Individual interviews, the Incarcerated Individuals were asked if they knew that they could make a verbal report of an incident of sexual harassment.

All the Incarcerated Individuals stated that they knew that they could report to any staff member. Many Incarcerated Individuals stated that the staff were very approachable and feels as though the staff take PREA related matters seriously.

Staff may report sexual abuse or sexual harassment privately to the Office of Special Investigations by calling their number directly or sending an email directly to them. This is reinforced in the PREA training and on individually issued pocket size PREA Response cards for staff. All staff interviews supported that they are aware they have a private mechanism for reporting.

Based on a review of documentation, policy and interviews, the Auditor determined that the agency provides a multitude of reporting options and ensures that the incarcerated offenders are well aware of these mechanisms.

After a review, the Auditor determined that the facility exceeds the requirements of the standard

	Corrective Action: None
--	-------------------------

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4040 3. Memo re processing of sexual abuse/sexual harassment grievances 4. Staff Interviews <p>Findings:</p> <p>DOCCS is exempt from this standard as it does not have administrative procedures to address incarcerated individual grievances regarding sexual abuse.</p> <p>The agency is exempt in accordance with DIR #4040 Incarcerated individual Grievance Program and #702.2(i) Correction Law, section 139.9, 9 NYCRR Part 7695. A grievance filed is deemed exhausted upon filing with regards to the Prison Litigation Reform Act. The agency policy, #4040, The Incarcerated individual Grievance Program states that the Incarcerated individual Grievance Program Supervisor shall refer any grievance of an emergency nature directly to the appropriate response level having authority to issue an immediate or expeditious and meaningful response.</p> <p>If a sexual abuse or sexual harassment allegation is received through a grievance, it is removed from the grievance process and submitted to the PREA Point Person, Watch Commander or Superintendent to investigate as a PREA occurrence immediately. This process was also confirmed through staff interviews.</p> <p>During this audit period, no allegations were tracked through the grievance procedure.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. SVPPM 115.53 incarcerated Individual Access to Outside Confidential Support Services 02/15/2022
3. Directive #4423 Incarcerated Individual Telephone Calls 5/21/2015
4. Directive #4421, Privileged Correspondence 6/02/2016
5. Directive #4404 Incarcerated individual Legal Visits 9/18/19
6. Cayuga Orientation Manual
7. Memo, Associate Commissioner RE: Implementation of A PREA Statewide Rape Crisis Hotline 12/8/2019
8. Incarcerated Individual Orientation Handbook
9. Contract NYSCASA with OVS
10. OVS-OPDV MOU
11. Vera House Hotline Contract
12. NEHF - SPCVS Contract
13. Poster PREA brochures, "Help for Victims of Sexual Abuse in Prison"
14. Poster Sexual Abuse Hotline 777 Program (English and Spanish)

Interviews with the following:

- a. PCM
- b. Random Incarcerated Individuals
- c. Random and Targeted Staff
- d. Mental Health and Medical Staff

Observations of the Following:

- a. PREA informational Posters throughout the facility and public areas

Findings:

NYDOCCS Operating Procedure is written in accordance with the standard. The facility provides Incarcerated Individuals with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between Incarcerated Individuals and those organizations and agencies, in as confidential manner as possible. The Cayuga Correctional Facility informs Incarcerated Individuals of the extent to which these will be monitored prior to giving them access. This information is on the brochure given to all Incarcerated Individuals received at Cayuga. There have been no requests for confidential support services during this audit period. Staff interviews indicate they are aware of their obligations under this standard.

Upon an incarcerated individual's assignment to Cayuga, each incarcerated individual is provided a Cayuga Incarcerated individual Orientation Handbook, as well as an informational PREA brochure. Victim Support brochures are also widely available in many areas throughout the facility and on incarcerated individual tablets. These reference materials contain the contact information for several confidential support services. Contact information for confidential rape crisis support services are prolifically displayed throughout the facility and in all incarcerated individual housing areas. Per policy (DIR #4423) telephone calls to the PREA Statewide Rape Crisis

Hotline are both free of charge and considered confidential in nature. Informational signs advising of this service are posted near all incarcerated individual telephones. Policy (DIR #4404) further allows incarcerated individuals to have confidential visits with rape advocacy services providers. Policy (DIR #4421) classifies incarcerated individual correspondence with approved support service agencies as privileged mail. In speaking with the mailroom staff, it was noted that privileged mail may be sent from the facility sealed and is not subject to inspection.

The auditor reviewed the Cayuga Correctional Facility handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed information that notifies Incarcerated Individuals of the availability of a third-party reporting hotline, in both Spanish and English.

Per policy (DIR #4423) inmates may add an approved rape crisis support service organization to their approved phone call list. Policy clearly states these phone calls are to be treated as confidential. Additionally, inmates may access the PREA Statewide Rape Crisis Hotline by dialing 777 from any phone within their housing units and recreation areas. While the informational posters adjacent to most inmate phones clearly indicate that the PREA Statewide Rape Crisis Hotline is a confidential call, it further notes that the conversation is still recorded in the event of inmate misuse. Policy (DIR #4404) allows advocates assigned to approved rape crisis support service centers to have unmonitored visits with inmates in the legal visitation area. Per the Rape Crisis Program Legal Calls policy memorandum from the agency PREA Coordinator, confidential victim support and advocacy legal calls are also provided to rape crisis program staff for the provision of emotional support and victim advocacy services. Policy (DIR #4421) notifies inmates that correspondence with approved rape crisis support services is considered confidential and subject only to physical inspection in the presence of the inmate as privileged correspondence.

Policy requires that Incarcerated Individuals and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform Incarcerated Individuals of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the Incarcerated Individuals of the limits of confidentiality. The auditor reviewed documentation that verified this is being relayed to the Incarcerated Individuals.

Incarcerated Individuals are informed of the services available at intake. Cayuga Correctional Facility provides all Incarcerated Individuals information regarding victim advocacy services upon intake (same day) and during orientation. The information is provided in written form and provided to the Incarcerated Individual verbally.

Incarcerated Individuals are also made aware of the hotline that is available to them as part of the victim advocate service. Incarcerated Individual interviews indicated that most of the Incarcerated Individuals are aware of the outside services that are available to them and alluded to "posters all over the place." Most Incarcerated Individuals interviewed indicated they knew they could ask to speak to mental health for counseling services if they needed.

The information is listed in the brochure that is provided to the Incarcerated Individuals, as well as the Incarcerated Individual handbook. During the site review, the auditor observed mail drop boxes in various locations. An interview with mailroom staff revealed that outgoing mail is not opened or searched (without documented cause) and there are no restrictions on Incarcerated Individuals sending mail to external reporting entities, outside emotional support services, and/or legal mail.

New York State Office of Victim Services has affected a contract with the New York State Coalition Against Sexual Assault to help address the rape crisis support service needs by providing funding for seven Rape Crisis Programs to serve incarcerated individuals. The New York Office of Victim Services and the New York Office for the Prevention of Domestic Violence has affected a contract to facilitate the PREA Statewide Rape Crisis Hotline available to all inmates incarcerated within the DOCCS. The Auditor verified the availability of this service.

A memo from the Associate Commissioner for PREA indicates that a PREA Statewide Rape Crisis Hotline went into effect January 8, 2019. Starting January 8, 2019, calls placed on the 777 hotline will route to Crisis Services, Inc., in Buffalo. Crisis Services' Hotline Counselors will provide crisis counseling services and, as requested, a referral to a Rape Crisis Program for follow-up services. As requested by the caller, they will also make referrals or reports to DOCCS via OSI, the facility Assistant Deputy Superintendent PREA Compliance Manager, the designated facility PREA Point Person, or the PREA Coordinator. In an immediate emergency (e.g., a report of a sexual assault that occurred within the prior 120 hours, suicidal ideation, or imminent threat to harm staff or another person), Crisis Services supervisors will immediately notify the facility Watch Commander by telephone with a follow-up e-mail to the ADS PREA Compliance Manager, PREA Point Person, OSI and the PREA Coordinator. This expansion to a statewide hotline was made possible through cooperation with the State Office of Victim Services (OVS) and State Office for the Prevention of Domestic Violence (OPDV). Funding is through Federal VOCA funds that have been designated for this purpose by OVS and transferred to OPDV. OPDV has amended their existing contract for the NYS Domestic and Sexual Violence Hotline to add the parallel hotline specifically to provide services to incarcerated individuals under PREA. Ongoing emotional support and victim advocacy services will continue to be provided via legal calls and, in some locations, via legal visits. Services will primarily be provided through our network of community-based rape crisis programs ("PREA Centers"). These programs are: Crisis Services, Inc., Crime Victims Treatment Center (CVTC), RESTORE Sexual Assault Services, Safe Harbors of the Finger Lakes, Sexual Assault & Crime Victims Assistance Program at Samaritan Hospital, and Victims Assistance Services WestCOP, Inc.

The website for CVTC has a page for incarcerated survivors and states that services offered by the CVTC PREA program include: Crisis intervention for immediate support in the aftermath of sexual assault or harassment; Short-term trauma-focused therapy through legal calls at our partner facilities; Written correspondence support between survivors and licensed CVTC staff; Advocacy within the system to assist survivors with reporting recent incidents of sexual assault

	<p>or sexual harassment, and of retaliation related to prior reports; Training to other victim services providers beginning to engage in work with incarcerated survivors, and to correctional staff interested in gaining information and knowledge about trauma-informed practice and the impact of sexual assault. The Auditor spoke with a staff member at CVTC, who verified that services available to incarcerated individuals.</p> <p>There have been no Incarcerated Individuals detained solely for civil or immigration purposes.</p> <p>Based on all documentation, policy, and interviews, the Auditor determined that the agency is providing access to these services at an exemplary level.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. DOCCS Website 7. Staff Interviews 8. Incarcerated Individual Interviews <p>Findings:</p> <p>The NYDOCCS Operating Procedure stipulates that all third-party reports will be accepted and investigated. The Cayuga Correctional Facility publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the NYDOCCS website. The Auditor reviewed the DOC website, which has a link to a PREA page, which provides all information about PREA to the public including policy, history of combating sexual assault, PREA education, Reporting Sexual Abuse and how third-party reports on behalf of an incarcerated individual can be made. There is a website-initiated complaint form which allows for confidentiality and anonymity.</p> <p>Cayuga's Incarcerated Individual Handbook, which is provided during the intake process includes a section with PREA information that informs Incarcerated Individuals that they can report sexual abuse and sexual harassment by calling the confidential reporting hotline and anyone on their behalf can report. They are also provided the agency's Zero Tolerance pamphlet upon arrival. The brochure informs Incarcerated Individuals they may ask a family member or friend to report an</p>

	<p>allegation for them.</p> <p>Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff, including supervisors, indicate they will accept a third-party report from a family member, friend, or another Incarcerated Individual. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly. This was also verified by the OSI Investigators.</p> <p>Incarcerated Individuals are provided this information at intake and incarcerated individual interviews indicate that they are aware that family or friends or other Incarcerated Individuals can call or write and report an incident of sexual abuse on their behalf. Most all Incarcerated Individuals stated that they felt that staff would take any third-party report seriously and initiate an investigation.</p> <p>Based on a review of the DOCCS website and interviews, the Auditor determined the agency provides a way to receive third-party reports.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4027 Sexual Abuse Prevention & Response 07/21/22 3. Directive #0700 Office of Special Investigations (OSI) 4. Employees' Manual 5. Office of Mental Health MOU 6. Notice to Auditor - Vulnerable Persons Central Register 7. HSPM 1.01 Incarcerated individual Orientation to Health Care Services - 8/21/20 8. Form 3102 Health Services Orientation 8/21/20 9. Cayuga Coordinated Response Plan - Facility specific 10. Quick Reference Chart for Sexual Abuse/Sexual Harassment related complaints 11. Watch Commander Sexual Abuse Response Checklist <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Investigative staff • Superintendent • Random Staff

- Medical and Mental Health Staff

Findings:

NYDOCCS Operating Procedure is written in accordance with the standard and requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. 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.

In accordance with DIR #4027, apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary, as specified in DOCCS policy including but not limited to SVPPM 115.61, to make treatment, investigation, and other security and management decisions. This is further reinforced by DOCCS's Employee Manual, Rule 2.20 prohibiting the release of information outside those needed to make treatment, investigation, and other security and management decisions.

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.

In accordance with New York Consolidated Laws, Social Services Law - SOS § 488,492, Vulnerable persons' central register, DOCCS is exempt from the vulnerable persons' central register requirements to receive reportable incidents involving covered

persons. Cayuga Correctional Facility houses no individuals under the age of 18.

Policy (DIR #4027, NYDOCCS Sexual Victimization Prevention Policy Manual) mandates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are referred to the agency's Office of Special Investigations, Sex Crime Division.

During the site review, all staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All the staff members responded unequivocally that they were required to report any such instances immediately. The auditor also asked the same question of contracted staff, and they stated that they would report any instance of sexual abuse or harassment immediately to security staff. Interviews with staff indicate they are very clear regarding their duties and responsibilities about reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report. An interview with three facility volunteer confirms their understanding of their obligation to immediately report any PREA related information.

Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All the interviewed staff stated that details related to either Incarcerated Individual allegations or staff allegations should remain confidential and they would only discuss details with supervisors and investigators.

Policy requires that all medical and mental health personnel inform Incarcerated Individuals of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical and mental health staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. Mental health staff stated that Incarcerated Individuals are informed about limits of confidentiality and informed consent and acknowledge this at the initiation of mental health services, as well as sign an acknowledgement of this which is retained in their file.

Targeted interviews with the PCM, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for

	<p>investigation and immediately acted upon.</p> <p>The NYDOCCS policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported. All allegations of sexual abuse and harassment at Cayuga Correctional Facility are reported to the Watch Commander for further action.</p> <p>The Auditor conducted a formal interview with two OSI investigators, who indicated that all allegations are immediately reported and investigated. There were 3 allegations of sexual harassment or assault for the previous 12 months. The Auditor reviewed the investigative files and determined that they were promptly reported and investigated as required by the standard.</p> <p>The Auditor reviewed agency training curriculum for staff, volunteers and contractors, which includes reporting of sexual abuse and sexual harassment allegations. All staff are required to read the agency's policies and sign an acknowledgement on an annual basis. The auditor verified through training records that all staff, contractors, and volunteers had received training and read the policies how to report sexual abuse and sexual harassment information. Staff interviews verified that all Cayuga Correctional Facility staff had received training and were aware of their obligations to immediately report all allegations of sexual assault and harassment.</p> <p>Based on available documentation, Cayuga Coordinated Response Plan, policy and interviews, the Auditor determined that Cayuga CF is reporting and investigating incidents of sexual harassment and assault in accordance with the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4948 - Protective Custody Status - 06/02/2022 3. Form #2168A Sexual Victimization - Involuntary Protective Custody <p>Recommendation</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Superintendent

- Random Staff
- Random Incarcerated Individuals

Findings:

NYDOCCS Operating Procedure is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. In accordance with DIR #4948, Protective Custody Status, New York State Department of Corrections and Community Supervision maximizes the safety and security of the incarcerated individuals who are subject to a substantial risk of imminent sexual abuse.

Incarcerated individuals may be placed in one of three Protective Custody Statuses: 1) Voluntary, Involuntary, and Sexual Victimization Involuntary.

Random interviews with staff, both security and non-security, indicate they are clear about their duty to act immediately if an incarcerated individual is at risk of imminent sexual abuse. Staff were able to articulate the steps they would take and act immediately to protect the Incarcerated Individual. Staff indicated they would immediately remove the Incarcerated Individual from the situation, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the Incarcerated Individual was kept safe, away from the potential threat and in their site at all times.

Targeted interviews with the Superintendent and the PCM confirmed that it is the policy of Cayuga Correctional Facility to respond without delay when Incarcerated Individuals are potentially at risk for sexual abuse or any other types of serious risk.

Policy dictates that when the facility learns that an Incarcerated Individual is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the Incarcerated Individual. The Superintendent, PCM and security supervisors interviewed by the Auditor were knowledgeable of their responsibility for the protection of Incarcerated Individuals identified as being at imminent risk of sexual abuse. Options include relocating the Incarcerated Individual to a different housing unit at the facility or transferring the Incarcerated Individual to another facility. These actions would be determined on a case-by-case basis and with the best interest of the Incarcerated Individual and their safety in mind.

Cayuga Correctional Facility reports in the PAQ that there have been no determinations made that an incarcerated individual was at substantial risk of imminent sexual abuse. The PCM confirmed that Cayuga Correctional Facility did not have any Incarcerated Individuals determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All Incarcerated Individuals that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured. If the report is made to staff other than an officer, security staff would be notified immediately. The staff member that the Incarcerated Individual reported the allegation to would remain with the Incarcerated Individual and ensure their safety until security staff responded.

During the incarcerated individual interviews, the auditor asked each incarcerated

	<p>individual if they felt safe in the facility. All Incarcerated Individuals stated they felt safe in the facility and were confident that staff would promptly address any issues. Many stated they felt it was the best facility in the state.</p> <p>The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an Incarcerated Individual was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard.</p> <p>Based on policy, interviews and overall observations during the audit, the Auditor determined that Cayuga CF would take steps to immediately protect an incarcerated individual at risk of imminent sexual abuse.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. SVPPM 115.63-Reporting to Other Confinement Facilities 02/15/2022 3. Form 115.63 4. Documentation of notifications within 72 hours both sent and received for the previous twelve months <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Superintendent <p>Findings:</p> <p>The NYDOCCS's policy is written in accordance with the standard and requires that if the Superintendent or his/her designee receives an allegation 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 sexual abuse is alleged to have occurred by receipt via electronic mail. This notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Per the PCM, upon receipt of an allegation of sexual abuse while confined at another facility, the facility will 1) obtain key information regarding the incident and whether</p>

or not it was previously reported, 2) offer mental health and medical referrals as appropriate based on the information provided, 3) refer the information to the ADS PREA and PPP to facilitate appropriate notifications, 4) verify information on prior reporting for matters involving another DOCCS facility, and 5) ensure the Superintendent notifies the head of the incident facility and, where appropriate either OSI or the other agency's investigations unit. Additional follow-up with the incident facility or investigations unit is made as appropriate based on the totality of the circumstances.

During this review period, the facility reported receiving three (3) notifications from an Incarcerated Individual alleging sexual abuse while incarcerated at another facility that needed to be reported. According to targeted interviews with the Superintendent and PCM, if they receive such a notice, they would immediately report the allegation to the Superintendent or Administrator of the other facility and document such a notice. Both the Superintendent and PCM stated they would make a notification regardless if the allegation occurred at a NYDOCCS facility. The Superintendent and PCM confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard. The Auditor reviewed documentation provided and found it to be in compliance with the standard.

There is a standardized template used for these notifications within the DOCCS.

Cayuga Correctional Facility requires that if the Superintendent or designee receives notice that a previously incarcerated Individual makes an allegation of sexual abuse that occurred at the Cayuga, it would be investigated in accordance with the standards. The Cayuga Correctional Facility reported there has been three (3) reports from another facility that an Incarcerated Individual claimed he was sexually abused while housed at Cayuga Correctional Facility within this audit cycle. The Auditor reviewed documentation of the notifications.

Interviews with the Superintendent and PCM confirm the staff are aware of their obligation to fully investigate allegations received from other facilities.

Office of Special Investigations/Sex Crimes Division ensures that an investigation is conducted or verifies that one has been conducted when notified of an allegation of sexual abuse reported to have occurred in a New York State Department of Corrections and Community Supervision facility. Office of Special Investigations/Sex Crimes Division will advise the facility Superintendent where the sexual abuse is alleged to have occurred, as to the action to be taken.

Further, interviews with the staff revealed that staff is keenly aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated.

Based on a review of policy, documentation and interviews, the Auditor determined that Cayuga CF is making notification for allegations that an incarcerated individual

	<p>was sexually abused while confined at another facility.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4027 Sexual Abuse Prevention & Response 07/21/22 3. SVPPM 115.65 Coordinated Response 4. Sexual Abuse Prevention and Response (SAPR) Lesson Plan 5. Watch Commander’s Sexual Abuse Response Sheet 6. PREA Pocket Card 7. Cayuga Coordinated Response Plan 8. Review of investigative files 9. Interviews with Random Staff, PCM, Investigator <p>Findings:</p> <p>The NYDOCCS Operating Procedure is written in accordance with the standard and indicates actions staff should take in the event of learning an Incarcerated Individual has been sexually assaulted. DIR #4027, Sexual Abuse Prevention & Response establishes the facility Coordinated Response Plan will be followed as protocol for staff first responder duties. First Party/Victim Report of Observed Incarcerated individual Sexual Activity Procedures provides the following instructions to Staff, regardless of title, when an incarcerated individual reports that he/she is the victim of sexual abuse or when two or more incarcerated individuals are observed engaging in sexual activity: 1) direct the participants to cease act, separate and remain in the area; 2) assess situation and contact medical if immediate onsite medical care be necessary; 3) notify immediate supervisor who shall immediately notify the Watch Commander (Watch Commander may be notified directly by staff should immediate supervisor not be available); 4) instruct the participants not to take any actions that could destroy physical evidence; 5) report the specific details, in writing, to the Watch Commander as soon as possible, and no later than the end of the shift. The Security Staff first responder shall: 1) ensure that the participants and any witness(es) are removed from the area of incident, separated and isolated; 2) ensure all reported participants do not take any action to destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 3) ensure that the potential crime scene is secure; 4) notify and report the specific</p>

details, in writing, to the Watch Commander as soon as possible, and no later than end of the shift.

All staff receive 1st Responder Training and steps identified above as addressed in Agency policy is a part of the curriculum for Sexual Abuse Prevention and Response, Objective 4: Actions of a 1st Responder. Auditor observed PREA First Responder Pocket Cards in the possession of numerous employees during formal interviews. Interviews with security and non-security staff indicated a solid awareness and knowledge of First Responder duties.

The Auditor conducted interviews with supervisory staff. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment of any emergent needs and transported offsite for a forensic exam, if needed. The supervisor stated the Investigator(s) would be the only ones allowed in the crime scene to process the evidence.

If the first responder is not a security staff member, the staff immediately notify a security staff member. There was one instance during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence.

There were three allegations of sexual abuse during this audit period. The Auditor reviewed the investigative files and found that the allegations were responded to in accordance with DOCCS directives and the PREA standards.

Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site for a forensic exam, if needed.

Training records indicate that all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

Based on Based on a review of policy, documentation and interviews, the Auditor determined that Cayuga CF staff are aware of first responder duties and are trained accordingly.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
--	-------------------------

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. SVPPM 115.65 Coordinated Response (2/15/22) 3. PREA Pocket Card 4. HSPM #1.60-Division of Health Services-Sexual Assault (7/22/22) 5. Cayuga Coordinated Response Plan 4. Interview with PCM, Investigator, Medical Staff and Superintendent <p>Findings:</p> <p>The NYDOCCS policy requires each agency develop a written 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 Watch Commander Quick Reference Chart for Sexual Abuse/Sexual Harassment Related Complaints supplements facility Coordinated Response Plans and outlines staff duties in response to a sexual assault incident.</p> <p>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 Cayuga Correctional Facility Coordinated Response Plan was reviewed by the auditor and found to be thorough and comprehensive; and based on the guidance provided by the DOCCS SAPEO template directive. This local directive provides steps required of first responders and responding supervisors and steps to take upon receipt of a third-party and anonymous report. The plan outlines specific duties of the Watch Commander, including the 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</p>

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 three listed 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.

The Auditor reviewed the plans for Cayuga. The facility has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. Many of the facility staff involved in responding to incidents of sexual abuse are also a part of the incident review team. The Cayuga Correctional Facility plan has an effective date of September 2021.

The agency has provided a PREA Pocket Card to all staff that lists required staff actions following an incident of sexual abuse.

The auditor interviewed three (3) Incarcerated Individuals incarcerated at the time of the audit who had filed a previous allegation of sexual misconduct. The individuals all stated that they felt as if their allegations were handled appropriately.

Random incarcerated individual interviews reveal that they feel that the staff at Cayuga Correctional Facility take all PREA related matters seriously.

Per the PAQ, there has been one instance of reported sexual assault during this review period where staff were notified within a time period that still allowed for the collection of physical evidence.

The auditor interviewed the Superintendent, 2 designated investigators, medical staff, mental health staff, security supervisors and the PCM, who all described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. In the case of a sexual assault, the victim is treated in accordance with policy and provided a forensic exam and ancillary services, as well as offered advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.

Based on a review of documentation, policy and interviews, the Auditor determined that the facility is responding appropriately to allegations of sexual abuse and sexual harassment. All staff at Cayuga Correctional Facility that the auditor spoke with appear to be well-versed in their role and responsibilities in responding to allegations of sexual assault.

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #2110 Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings 3.24.21 3. Directive #2114 Functions of the Bureau of Labor Relations 7.10.19 4. Union Contracts continuation after expiration Taylor Law Triborough Amendment 5. NYS Governor's Office of Employee Relations (GOER) 6. 2009-2016/2016-2023 Security Supervisors Unit 7. 2019-2023-Professional Scientific Technical Unit 8. 2016-2021-Operational Services Unit 9. 2016-2021-Administrative Services Unit 10.2016-2021-Institutional Services Unit <p>Findings:</p> <p>Both the agency, as well as any other governmental entity responsible for collective bargaining on the agency's behalf, are prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any incarcerated individuals pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>DIR #2110 allows for employees to be suspended from duty pending the outcome of sexual abuse or sexual harassment investigation; When OSI receives a report of staff sexual misconduct, they shall evaluate the facts and circumstances of the report together with any other available information and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including removal of the employee from contact with any incarcerated individual pending the outcome of the investigation.</p> <p>There are various methods that may be used to separate staff from alleged victims during an investigation, including suspension when appropriate. The agency has a proven record of terminating employees for engaging in sexual abuse and unauthorized relationships and takes this very seriously at both the facility and</p>

	<p>agency level.</p> <p>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.</p> <p>Based on a review of policy and documentation, the Auditor determined the agency has not entered into or renewed any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with incarcerated individuals.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. SVPPM 115.67- Agency Protection Against Retaliation 08/24/2022 3. Protection against Retaliation Tracking Sheet Incarcerated individuals and Staff 4. Retaliation Monitoring Form Incarcerated individual 5. Retaliation Monitoring Form Staff <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Superintendent <p>Findings:</p> <p>The NYDOCCS’s policy is written in accordance with the standard and states retaliation by or against any party, staff or incarcerated individual, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited.</p>

SVPPM-Agency Protection Against Retaliation directs protection of incarcerated individuals, parolees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other incarcerated individuals or staff. The facility's Assistant Deputy Superintendent PREA Compliance Manager will coordinate monitoring to prevent retaliation. The designated PREA Point Person will assist and serve as the backup for monitoring, which shall include seeing monitored incarcerated individuals and staff on rounds and reporting any complaints of retaliatory conduct. If the ADS PREA Compliance Manager is out of the facility for an extended period, the designated PREA Point Person shall coordinate the monitoring process and ensure that all required steps are taken. Per SVPPM-Agency Protection Against Retaliation, if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation. After review/ investigation by Office of Special Investigations, and subsequent consultation, the facility shall act promptly to take necessary action to remedy any retaliation complaint including, when necessary, housing or bed moves, post assignments or facility assignments for staff. Decisions on protective measures are made on a case-by-case basis. General counseling services will be provided by the incarcerated individual's Offender Rehabilitation Coordinator and if a mental health referral is deemed necessary, any staff member may initiate.

Per policy (Sexual Victimization Prevention Policy Manual), for a minimum of four (4) months following a report of sexual abuse or sexual harassment, the facility shall monitor the conduct and treatment of:

- a. An incarcerated individual, including an incarcerated individual or releasee who reported an incident of sexual abuse or sexual harassment (including a third-party reporter)
- b. An incarcerated individual, including an incarcerated individual or releasee who was reported to have suffered sexual abuse or sexual harassment; and
- c. A staff member who reported an incident of sexual abuse or sexual harassment of an incarcerated individual.
- d. In accordance with policy (DIR #4027, Sexual Victimization Prevention Policy Manual), the Office of Special Investigations, Sex Crimes Division, shall be notified promptly of any complaint or evidence of retaliation.
- e. The complaint or evidence shall be reviewed by OSI for investigation or for further direction. Upon consultation with OSI, the facility shall act promptly to remedy any such retaliation. Monitoring to prevent retaliation shall continue for an additional period of at least four (4) months if the previous period of monitoring indicates a continuing need.

Per policy (Sexual Victimization Prevention Policy Manual), in the case of incarcerated individuals, such monitoring shall also include periodic in-person status checks approximately every 30 days. If any other individual (staff, volunteer, contractor, incarcerated individual, adolescent incarcerated individual, resident, etc.) who cooperates with an investigation expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation as well.

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. When monitoring retaliation, she reviews disciplinary charges, housing or programming changes, incident reports, and any other actions related to the Incarcerated Individual, including documents maintained in the Incarcerated Individual's file and his electronic record. She stated that whenever anything changes with that incarcerated individual, she will look at those actions. The person responsible for monitoring retaliation will make referrals to medical and mental health as needed. The monitoring will also include periodic status checks and notations made on the Retaliation Monitoring Form. There is a standardized form, one used for Incarcerated Individuals and one used for staff.

The PCM stated the monitoring period would be a minimum of 4 months, and longer if necessary. She stated that she will meet with the Incarcerated Individual as necessary. In the event the Incarcerated Individual cannot be protected at the facility, the staff can and will recommend a transfer.

In the case of an incarcerated individual being retaliated on by staff, the administration would discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the Incarcerated Individual is housed. The Incarcerated Individual can also be transferred, if need be, at the request of staff.

Administrative staff have the authority to move Incarcerated Individuals around the facility or to request transfers to other facilities, or take other protective measures to assure Incarcerated Individuals are not retaliated against. In addition, the Superintendent has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment.

The auditor reviewed examples of monitoring for retaliation provided by the facility and found them to be in compliance with the standard. The Auditor saw examples of various proactive measures taken by staff to ensure there would not be any retaliation or repercussions for Incarcerated Individuals that have made allegations of sexual abuse. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both Incarcerated Individuals and staff members. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.

The facility reported there were no incidents of retaliation in the last 12 months.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. Directive #4948 Protective Custody Status 06/02/2022
3. Form 2168A

Interviews with the following:

- PCM

Findings:

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 Incarcerated Individual who is alleged to have suffered sexual abuse is subject to the same requirement of 115.43. The referenced policy clearly outlines requirements that are compliant with this standard. Policy prohibits placing Incarcerated Individuals who allege sexual abuse or to be at a high risk of sexual abuse, in involuntary segregated housing unless an assessment of all other available alternatives has been made and a subsequent determination concludes that there are no available alternatives means of separation from likely abusers.

Per the PAQ and multiple staff, no incarcerated individuals have been placed in segregated housing in the past 12 months for allegedly having suffered sexual abuse. This was confirmed by staff.

Both formal and informal interviews with staff state they would not place an Incarcerated Individual in segregation for reporting sexual abuse or assault. Staff explained that other alternatives are explored and this would be utilized as a last resort.

The auditor reviewed all the restrictive housing areas at Cayuga and through informal discussions with supervising staff, no staff indicated that inmates were assigned to restrictive housing as a result of their sexual vulnerability. Staff indicated that if an inmate that made an allegation were to be held in restrictive housing, it would be very briefly until other housing was arranged or the initial investigation was complete.

The agency has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the PCM confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.

There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect an Incarcerated Individual who was alleged to have suffered sexual abuse.

Based on policy and interviews, the Auditor determined that Cayuga CF is adhering to the requirements of the standard.

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #0700 Office of Special Investigations (OSI) 09/20/2022 3. Directive #4027 Sexual Abuse Reporting & Response 07/21/2022 4. Notice to Auditor-Criminal and Administrative Agency Investigations 05/11/2021 5. Letter to the New York State Police Superintendent (May 2, 2014) 7. New York Criminal Procedure Law §160.45 7. Documentation of Investigator Training 8. Certificates of Completion for Facility Investigators 9. Training Curricula for Investigative Training specific to Corrections <p>Findings:</p> <p>The NYDOCCS Operating Procedure is written in accordance with the standard and states that all investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Policy requires that the agency conduct both administrative and criminal investigations of sexual abuse and harassment. Policy (DIR #4027, DIR #0700, Sexual Victimization Prevention Policy Manual) requires that the Office of Special Investigations (OSI) conduct prompt, thorough, and objective investigations in all instances of reported staff-on-incarcerated individual sexual abuse, sexual harassment, or retaliation concerning such an incident; as well as incarcerated individual-on incarcerated individual sexual abuse, sexual harassment, or retaliation concerning such an incident. In conducting said investigations, agency policy requires that third-party and anonymous reports are also investigated. Interviews with both staff and incarcerated individuals confirmed that the facility would investigate all allegations of sexual abuse and sexual harassment regardless of how the facility became aware of such.</p> <p>In accordance with OSI Policy Manual and DIR #0700, the DOCCS uses Investigators who have been specially trained in sexual abuse investigations to conduct all allegations of sexual abuse as detailed in the 115.34 narrative of this audit report.</p> <p>Per policy (DIR #4027, DIR #0700, OSI Policy Manual, Sexual Victimization Prevention Policy Manual) OSI investigators gather and preserve direct and circumstantial</p>

evidence, including any available physical and DNA evidence and any available electronic monitoring data. Policy (DIR #0700) allows that OSI investigators interview alleged victims, suspected perpetrators, and witnesses. Investigators are also required to review prior reports and complaints of sexual abuse involving the suspected perpetrator. Policy (OSI Policy Manual) allows OSI investigators to compel interviews only after approval to do so is obtained by the prosecutor, as well as the Deputy Chief Investigator or the Assistant Deputy Chief Investigator. The use of compelled interviews requires approval as they may pose a concern in subsequent judicial hearings.

Per OSI Training Curriculums, agency investigators must 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 an incarcerated individual or staff member. In accordance to the Laws of New York, Criminal Procedure, Section 160.45, Prohibition Against Polygraph Tests, no district attorney, police officer or employee of any law enforcement agency shall request or require any victim of a sexual assault crime to submit to any polygraph test or psychological stress evaluator examination.

Policy (DIR #4027, OSI Policy Manual, Sexual Victimization Prevention Policy Manual) requires administrative investigations to consider whether staff actions or failures to act contributed to the sexual abuse and sexual harassment. All administrative investigations are documented in written reports. These reports should include a description of the physical evidence and testimonial evidence, the reasoning behind credible assessments, as well as investigative facts and findings.

All substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy (OSI Policy Manual, Sexual Victimization Prevention Policy Manual) requires that physical (paper) case records of the OSI be retained for a minimum of seven years. The electronic case file, including copies of the investigative report and other critical documents, shall be permanently retained. Policy (DIR #0700) mandates that employee investigations into administrative or criminal misconduct will continue through completion, regardless of whether the employee remains employed with the agency. Policy (DIR #0700, DIR #4027, DOCCS Website PREA page) requires facility and OSI staff to cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

Per the PAQ, there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution during this audit period.

NYDOCCS and OSI conducts both administrative and criminal investigations in accordance with agency policy. OSI investigates allegations of sexual abuse and unauthorized relationships. Allegations of sexual harassment can be investigated at the facility level with guidance from OSI. At any point, the facility can contact OSI and they will take over the investigation. The OSI Investigators stated that there is a team of investigators assigned to the Cayuga area.

The auditor reviewed investigative reports for the 3 allegations of sexual abuse/sexual harassment during the past 12 months. The reports contained the required elements as dictated by the standard. As evidenced by the investigative reports, all

allegations are investigated promptly, thoroughly, and objectively. The report format and checklists are standardized throughout the DOCCS which provides for consistency in the investigative process. Review and oversight for all allegations is completed through the PREA Coordinator's office.

If at any time during the investigation, it appears the charges are criminal in nature, OSI will consult with the State Police as necessary. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by Cayuga, plus an additional 5 years in accordance with DOCCS records retention schedules and policy. Policy prohibits the termination of an investigation if an Incarcerated Individual is released or a staff member is terminated or terminates employment.

If the OSI investigates an allegation of sexual abuse, the PCM serves as a liaison and would keep facility administrators informed of the progress of the investigation. The facility investigator and OSI typically work together and share information. The OSI investigator stated that the PREA Deputy maintains information at the facility level.

The agency provided training records for 28 OSI staff members who have received specialized training to conduct sexual abuse investigations in confinement facilities. The auditor was provided training curricula and training certificates of designated investigators. The auditor reviewed and verified that each of the facility investigators had proof of receiving the specialized training required by the standard. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings. Targeted interviews with two OSI Investigators verified they are available to respond immediately, if necessary.

The Auditor conducted a formal interview with two of the OSI Investigators. The Auditor asked the Investigators to describe the process when investigating an allegation of sexual misconduct. They stated they interview the victim, alleged perpetrator, Incarcerated Individual witnesses, and staff witnesses, if applicable. They will respond to and review the scene, and preserve any evidence, if necessary. In accordance with the standard, they will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They review criminal histories on all Incarcerated Individuals involved, disciplinary history, incident reports, and classification actions. The investigator will review prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigator reviews video footage, if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. They will keep the PCM and facility administration advised of the progress of investigation. If at any point during the investigation the facility investigator determines there could be potential criminal charges involved, the investigation would be reviewed for prosecution. The OSI Investigator will contact the District Attorney's office for referral and consultation as warranted. The Investigators stated they begin the investigation immediately after receiving an allegation.

All investigative files are maintained securely in the OSI office with limited access. In

accordance with policy, an incarcerated individual who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation. This was verified by the OSI Investigators.

If an allegation is reported anonymously, the Investigators stated the investigation would be handled the same as any other investigation. Investigative staff indicate they would continue the investigation even if an Incarcerated Individual is released or a staff member terminates employment during the investigation. The OSI investigator stated that he will complete each investigation all the thru, regardless if any of the involved parties leave employment or are released or transferred.

The Cayuga Correctional Facility has had 3 incidents that required investigation during the review period. The auditor reviewed the investigative reports for the allegations of sexual misconduct during the past 12 months. A review of the investigative files indicate that the investigators are conducting the investigations in accordance with the standard. The reports show evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation promptly. Reports indicate that investigators look at each allegation on its own merits and assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as Incarcerated Individual or staff. The investigations appear to be conducted promptly, thoroughly, and objectively.

Targeted interviews with OSI investigators assigned to Cayuga Correctional Facility indicate that the investigators appear incredibly knowledgeable in conducting sexual abuse and sexual harassment investigations in accordance with the elements of the standard. The investigators have received specialized training in conducting sexual abuse investigations in confinement settings which goes above and beyond the minimum required by the standard.

All information related to PREA investigations is forwarded to the PREA Analyst for data compiling. Electronic data is securely maintained. The investigative files are maintained in a secure, locked area with limited access.

There were 3 Incarcerated Individuals who made an allegation of sexual misconduct within the previous 12 months housed at Cayuga that were interviewed by the Auditor. The Incarcerated Individuals indicated that their allegations were handled appropriately.

Based on a review of documentation, policy and interviews, the Auditor determined that Cayuga CF is investigating allegations in accordance with the standard. The Auditor found the OSI Investigators to be very knowledgeable and have a very thorough, comprehensive, and organized system for investigating allegations of sexual abuse.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

115.72

Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. Office of Special Investigation Policy Manual (confidential)
3. Directive #0700
4. Review of Investigative files for the past 12 months

Interviews with the following:

- PCM
- Investigative Staff

Findings:

The NYDOCCS's policy is written in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Office of Special Investigations Policy Manual, Chapter 5, Section II.4. governs evidentiary standards for substantiating an allegation of sexual abuse or sexual harassment. The evidentiary standard for substantiating an allegation of sexual abuse or sexual harassment shall be a preponderance of the evidence. A review of the specialized training indicates investigators are trained to use preponderance of the evidence for substantiating a sexual abuse or sexual harassment case.

It was confirmed through Investigator interviews that the agency and OSI impose no standard higher than preponderance of the evidence in making determinations. This is discussed in the investigator training, which all designated investigators have completed.

A formal interview with two of the designated OSI Investigators confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. The investigators were able to articulate what preponderance meant and how they arrive at the basis for their determinations.

There have been 3 allegations of sexual abuse or harassment within the last 12 months for which the auditor reviewed investigative files. A review of the investigative files indicates that the investigations are being conducted in accordance with the standard and using no basis higher than a preponderance of the evidence to make an administrative adjudication.

Based on documentation, policy and interviews, the Auditor determined that the agency is following the evidentiary standard for substantiating an allegation of sexual abuse or sexual harassment, which is preponderance of the evidence.

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. DIR #0700, Office of Special Investigations, 9/20/22 3. DIR #4027, Sexual Victimization Prevention & Response, 7/21/22 4. NYDOCCS Sexual Victimization Prevention Policy Manual, 2/15/22 <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PCM • Investigator <p>Findings:</p> <p>The NYDOCCS Operating Procedure is written in accordance with the standard and requires an Incarcerated Individual be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. According to Office of Special Investigations Policy Manual, Chapter 5, following an investigation into an incarcerated individual’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the incarcerated individual as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Sex Crimes Division Deputy Chief Investigator (DCI) or Assistant Deputy Chief Investigator (ADCI) will assign an investigator to provide this notification when the case is ready to be closed. Per a memorandum from the Deputy Commissioner/Chief of Office of Special Investigations and Associate Commissioner for PREA Compliance, notifications of the investigations are provided to the Superintendent where the complainant/incarcerated individual is currently housed, via a “Notification of Investigation Determination” who in turn notifies the complainant/incarcerated individual via Privileged Mail, which the complainant/incarcerated individual will sign for receipt.</p> <p>All cases of sexual abuse would be investigated by Office of Special Investigations Sex Crimes Division. All investigations will conclude with the OSI investigator, who will therefore make the notification.</p> <p>According to Office of Special Investigations Policy Manual, Chapter 5, following an Incarcerated Individual’s allegation that a staff member has committed sexual abuse</p>

	<p>against the Incarcerated Individual, the Incarcerated Individual is notified when the staff is no longer posted within the unit, no longer employed at the facility, indicted or convicted on a sexual abuse charge related to that that incident. Investigation updates in criminal cases are provided in writing by the Sex Crimes Division Investigator or in direction communication from the DCI or ADCI to the Incarcerated Individual.</p> <p>Policy (OSI Policy Manual, Sexual Victimization Prevention Policy Manual) requires that when an Incarcerated Individual has filed allegations of sexual abuse against another the Incarcerated Individual, the agency must notify the Incarcerated Individual whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility and whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>Interviews with OSI investigators confirm adherence to this practice. The PCM verified that Incarcerated Individuals are informed of the results of an investigation at the conclusion of the investigation.</p> <p>During the past 12 months, there have been 2 closed allegations of sexual abuse. The Auditor reviewed documentation of notification to the incarcerated individuals. Notification was made in accordance with DOCCS directives and the standard. Memos are generated by OSI and sent to the Superintendent for distribution to the incarcerated individual.</p> <p>The Auditor interviewed 3 Incarcerated Individuals who made a previous allegation of sexual misconduct. They indicated that they had been notified of the results of the investigation as required by the standard.</p> <p>Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative finding to Incarcerated Individuals in custody.</p> <p>Based on policy and interviews, the Auditor determined that the agency is making notification to incarcerated individuals as required by the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. Directive #2110 - Employee Discipline - Suspension from Duty During the Continuation of Disciplinary Proceedings
3. Directive #2111- Report of Employee Misconduct - 01/11/2023
4. Directive #4027 - Sexual Victimization Prevention & Response 07/21/2022
5. Employees' Manual 2019
6. Presumptive Disciplinary Sanction for Staff Sexual misconduct 02/05/2016 4. Interviews with Staff

Findings:

The NYDOCCS PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy (DIR #4027) clearly advises staff that incarcerated individuals do not have the legal ability to consent to sexual relations while incarcerated. As such, any person who engages in sexual conduct with an incarcerated individual is committing a crime and will be prosecuted to the fullest extent of the law. Policy (NYDOCCS Employee Manual) further states, any perpetrator of a sexual abuse incident, sexual harassment, or act of staff voyeurism will be dealt with severely through discipline or prosecution to the fullest extent permitted by law.

Supporting directives include DIR #2110, and DIR #2111, both indicating that OSI will evaluate the facts and circumstances of a report of staff sexual misconduct and consult with the appropriate Bureau of Labor Relations representative regarding appropriate action, including removal of the employee from contact with any incarcerated individuals pending the outcome of an investigation. In addition, each employee receives and signs for the DOCCS Employee Manual, which includes the same language, consistent with elements of this standard.

The NYDOCCS Employees' Manual specially reinforces that any perpetrator of a sexual abuse incident, sexual harassment or act of staff voyeurism will be dealt with severely. It emphasizes the duty to report sexual abuse and sexual harassment. A memo from the Deputy Commissioner for Administrative Services confirms that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an incarcerated individual. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall continue to be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Policy (OSI Policy Manual) notes 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, are reported to law enforcement agencies. Also, 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, are reported to the relevant licensing bodies.

During a targeted interview with the Superintendent, he stated that the agency and

	<p>the facility has a zero-tolerance policy on any allegations of sexual misconduct, including if staff members are involved. The presumptive discipline for violating this policy is termination.</p> <p>Interviews with OSI staff, as well as other Cayuga facility administration confirm their adherence to agency policy specific to employee disciplinary and termination processes for any employee found to be engaging in acts of sexual abuse or sexual harassment.</p> <p>Interviews with facility staff verified that staff are aware of the disciplinary sanctions for violating the agency's sexual abuse policies and consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.</p> <p>Per the PAQ, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) is zero.</p> <p>Based on a review of policy and interviews, the Auditor determined that Cayuga is adhering the requirements of the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4750, Volunteer Services Program 07/21/2020 3. Standards of Conduct for Volunteers Within The New York State Department of Corrections and Community 4. Acknowledgements of Standards of Conduct for Volunteers and All Applicable Policies 5. Memo Commissioner - 08/19/2022: Policy on the Prevention of Sexual Abuse and Sexual Harassment of Incarcerated Individuals and Parolees (revised)

6. Interviews with Staff

Findings:

The NYDOCCS PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with Incarcerated Individuals and will have their security clearance for the DOC and Cayuga Correctional Facility revoked. Directive #4750, Volunteer Services Program, requires that volunteers be notified of DOCCS zero tolerance policy and that they can be criminally liable for their behavior under the definition sexual conduct with an incarcerated individual. It states, DOCCS has a zero-tolerance policy for sexual abuse. It is a crime for any employee to engage in sexual conduct or sexual contact with an incarcerated individual. For purposes of Penal Law §130.05, an employee also includes any person providing direct services to incarcerated individuals in a State Correctional Facility pursuant to a contractual arrangement with the Department or, in the case of a volunteer, a written agreement with the Department. Additionally, it stipulates the following: During volunteer orientation, volunteers must be informed that a formal suspension/dismissal procedure exists and what constitutes grounds for suspension and/or dismissal. Grounds for suspension/dismissal of volunteers are usually based on a violation of the Standard of Conduct for Volunteers.

Standards of Conduct for Volunteers Within The New York State Department of Corrections and Community Supervision Relationship with Incarcerated individuals states, "sexual abuse and sexual harassment violate Department rules and threaten security. All allegations of sexual abuse, sexual harassment, or retaliation for reporting such an incident or participating in an investigation will be thoroughly investigated. It is a crime for a volunteer or intern who provides direct services to incarcerated individuals in a State Correctional Facility to engage in a sexual act with an incarcerated individual or parolee assigned to that facility, even if the incarcerated individual or parolee 'willingly' participates in the act. Furthermore, any perpetrator of a sexual abuse or sexual harassment incident will be dealt with severely through discipline or prosecution to the fullest extent permitted by law and will be reported to any relevant licensing bodies."

The disciplinary sanctions for volunteers or contractors are like those of the disciplinary sanctions for staff members. If there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the Agency will take measures to prevent contact from the volunteer or contractor with any incarcerated individual within the NYDOCCS system.

Cayuga Correctional Facility reported that in the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. Staff verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months. The auditor reviewed the investigative files (3) for the previous 12 months,

	<p>which corroborated this information.</p> <p>Targeted interviews with contract staff members verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary. The Auditor conducted an interview with a volunteer. The Volunteer stated they had received training on PREA and were aware of the agency's zero tolerance policy.</p> <p>Volunteers and contractor staff are made aware of the NYDOCCS sexual abuse and sexual harassment policies during their initial training and orientation prior to providing services in the facility. Each volunteer and contractor attend training and signs an acknowledgement of same, which is retained in their file. All volunteers and contractors are required to review the agency's policies and procedures related to sexual abuse and sexual harassment and sign the acknowledgment after doing so. The Auditor verified through training records that volunteers and contractors at Cayuga Correctional Facility had received training and reviewed the policies.</p> <p>The Auditor interviewed facility administration regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. If the conduct is criminal in nature, it will be referred to OSI investigators, as well as reported to any relevant licensing bodies.</p> <p>The auditor was provided examples of volunteer training and acknowledgement, as well as reviewed volunteer folders and observed the signed acknowledgement. This acknowledgement is re-issued when the volunteer received refresher orientation.</p> <p>Based on available documentation, policy and interviews, the Auditor determined that Cayuga is adhering the requirements of the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4932 - Chapter V, Standards Behavior & Allowances - 10/2/2018

3. Hearing Officer Sanction Guidelines
4. Directive #4401 Guidance and Counseling, 08/21/2020
5. Directive #4027, Sexual Abuse Prevention & Response 7/21/22
6. Interviews with Staff

Findings:

The NYDOCCS Operating Procedure directs that Incarcerated Individuals are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. An incarcerated individual shall not engage in or encourage, solicit or attempt to force another to engage in any sexual act.

Policy (Dir #4932) provides the standards associated with all disciplinary hearings. Policy (Hearing Officer Reference Book) further notes that following an administrative finding that an incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse, said incarcerated individual is subject to disciplinary sanctions pursuant to formal disciplinary processes. The policy outlines the procedures and standards for all disciplinary incarcerated individual 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. Agency philosophy on incarcerated individual discipline includes that when imposed properly, disciplinary sanctions keep staff and incarcerated individuals safe, correctional facilities secure and may assist in the Departmental mission by returning incarcerated individuals 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.

The Hearing Officer Reference Book sets forth in attached 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 are delineated in the Reference Book to ensure a fair sanction. A table grid with recommended graduated sanctions is utilized by the Hearing Officer after review of the entire situation and circumstances of the case and consideration of mitigating factors of the incarcerated 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.

Hearing Officer Sanctioned Guidelines addresses that a review of mentally ill incarcerated individuals should be considered before imposing confinement sanctions that includes the following: referral to programming or counseling, non-confinement sanction would be most likely to correct negative behavior, if non-confinement sanctions have been tried in the past, and any other special consideration.

Policy dictates that staff is prohibited from disciplining an Incarcerated Individual who makes a report of sexual abuse in good faith and based on a reasonable belief the

incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. If it is determined that the Incarcerated Individual did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

Cayuga Correctional Facility prohibits sexual activity between Incarcerated Individuals. Incarcerated Individuals found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between Incarcerated Individuals is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between Incarcerated Individuals, if reported to be consensual, are still investigated and each case is taken at face value. The Auditor interviewed the Hearings Officer and asked about disciplinary hearings for allegations of sexual assault and harassment, as well as for sexual activity between Incarcerated Individuals. The hearings officer stated that at Cayuga there are rarely charges for sexual misconduct between incarcerated individuals.

NYDOCCS Operating Procedure states Incarcerated Individuals are subject to formal disciplinary action following an administrative finding that they engaged in Incarcerated Individual-on-Incarcerated Individual sexual abuse. According to the submitted PAQ, there have been no substantiated instances of Incarcerated Individual-on-Incarcerated Individual sexual abuse. Any substantiated reports of Incarcerated Individual-on-Incarcerated Individual abuse would result in a disciplinary charge for the perpetrator. There have been no criminal findings of guilt for Incarcerated Individual-on-Incarcerated Individual sexual abuse in this review period. The auditor reviewed the investigative files for allegations of sexual misconduct within the last 12 months (3) and verified this information.

According to policy, disciplinary action for Incarcerated Individuals is proportional to the abuse committed as well as the history of sanctions for similar offenses by other Incarcerated Individuals with similar histories.

Agency policy requires that staff consider whether an Incarcerated Individual's mental health contributed to their behavior before determining their disciplinary sanctions.

Agency policy stipulates that Incarcerated Individuals will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no substantiated instances of Incarcerated Individual on staff sexual assault during the audit period.

Agency policy prohibits disciplining Incarcerated Individuals who make allegations in good faith with a reasonable belief that prohibited conduct occurred. Interviews with staff and Incarcerated Individuals confirm that Cayuga Correctional Facility is adhering to the provisions of the standard. There is no evidence to suggest an Incarcerated Individual received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.

Interviews with staff and Incarcerated Individuals confirmed their knowledge of the policy regarding Incarcerated Individuals engaging in non-coerced sexual activity.

	<p>Furthermore, the staff and Incarcerated Individuals were aware that the agency has an internal disciplinary process for Incarcerated Individuals who engage in sexually abusive behavior against other Incarcerated Individuals and knew that they could be disciplined for sexual abuse. The staff stated that there is a thorough investigation into all disciplinary reports.</p> <p>Based on available documentation, policy and interviews, the Auditor determined that Cayuga is adhering the requirements of the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. Directive #4301 - Mental Health Satellite Services and Commitments to CNYPC - 08/03/2022 3. HSPM 1.44 Health Screening of Incarcerated Individuals 8-9-21 Section I 4. FOM 1.09 PREA Risk Screening 01/18/2023 5. Form 3278, PREA Screening 06/2022 (completed by an RN) 6. Mental Health Referral Form #3150 (06/2021) 7. Interviews with Staff, including the following: <ol style="list-style-type: none"> a. PCM b. MH Staff c. Medical Staff 8. Interviews with Incarcerated Individuals <p>Findings:</p> <p>The NYDOCCS's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an Incarcerated Individual that reports sexual victimization, either in an institutional setting or in the community. Policy (DIR #4101, HSMP #1.44) indicates that upon arrival at a DOCCS facility, every newly received or transferred incarcerated individual will receive a health screening by a Registered Nurse (RN). This screening will include an inquiry into the incarcerated individual's current and past health, mental health, and PREA history, as well as an immediate referral of any incarcerated individual to a health provider if indicated. During the previous 12 months, the PAQ notes that 100% of incarcerated individuals received at Cayuga CF who disclosed prior victimization during screening were</p>

offered a follow-up meeting with a medical or mental health practitioner.

Per policy (DIR #4301), regular mental health referrals are addressed within a timeframe consistent with the nature of the referral and within 14 days in accordance with the OMH Central New York Psychiatric Center (CNYPC) Corrections Based Operations (CBO) Policy #1.3.

The Auditor was provided documentation during the pre-audit phase, as well as onsite that supports compliance with the provisions of the standard.

A random review of Incarcerated Individual files validated that the screenings were being conducted in accordance with the standards and the policy. In addition, there were multiple documented instances provided by the facility where Incarcerated Individuals who were identified as needing follow up care, were offered the follow-up care within the 14-day period prescribed by the standards. An interview with medical staff and mental health staff confirms that if an Incarcerated Individual answers yes on the screening question that they have experienced previous victimization, they will make a referral and the Incarcerated Individual is offered a follow-up meeting. The mental health provider indicated that the 14-day follow-ups entailed a face-to-face meeting with the Incarcerated Individual.

Interviews with medical and mental health staff also confirmed that referrals are generated if a screening indicates that an Incarcerated Individual has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community. The Auditor asked mental health staff if sexual abusers are offered a follow-up meeting with mental health. The mental health practitioner stated that sexual abusers are offered a follow up but are not required to accept.

The Auditor interviewed three (3) Incarcerated Individuals identified as having reported previous sexual victimization. All three stated that they had been offered a follow-up meeting with mental health.

The Auditor conducted a formal interview with mental health staff. The staff member indicated that Incarcerated Individuals identified as needing follow-up care are scheduled for a follow-up meeting within 14 days of receiving the referral. This is a voluntary meeting and not mandated that the Incarcerated Individual accept the meeting. Mental health staff will identify any additional needs and services and develop a treatment plan if the Incarcerated Individual wants services.

NYDOCCS policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, 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. When asked who this information would be shared with, the facility staff stated that this information would be kept confidential and only be shared with those who needed to know. Mental health staff confirm that services are offered to both Incarcerated Individuals at risk of victimization, as well as Incarcerated Individuals who have a history of sexually assaultive behavior. Informed consent/HIPAA release is not

	<p>required for a referral to the Office of Mental Health. Medical and Mental Health staff state that adherence to this requirement is strictly observed.</p> <p>Interviews with the guidance staff and the PCM confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential with limited staff access. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in accordance with agency policy.</p> <p>NYDOCCS Operating Procedure states that medical and mental health personnel will obtain informed consent (HIPAA release) from Incarcerated Individuals before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the Incarcerated Individual is under the age of 18. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting.</p> <p>Cayuga Correctional Facility Correctional Facility does not house youthful Incarcerated Individuals.</p> <p>Based on a review of documentation, policies and interviews, the Auditor determined that Cayuga CF staff are making referrals as required for incarcerated individuals that have reported previous victimization. This information is strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. HSPM 1.60 - Sexual Assault - 07/22/2022 3. HSPM 1.12B - Incarcerated Individual Bloodborne Pathogens Exposure Protocol 12/03/2021 4. SAFE/SANE Hospitals List 5. Cayuga Coordinated Response to Reports of Sexual Victimization 01/19/2023 6. Form 3178 Progress Notes

7. Form 3150 DOCCS Mental Health Referral 06/2021
8. New York Public Health Law § 2807-c General Hospital Inpatient Reimbursement
9. Quick Reference Chart
10. Completed medical and mental health documentation
11. Interviews with Staff, including the following:
 - a. PCM
 - b. Investigator
 - c. Medical Staff
 - d. Random Security Staff

Findings:

The NYDOCCS Operating Procedure is written in compliance with the standard and states that all Incarcerated Individual victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

The Facility Coordinated Response Plan FOM, HSPM 1.60 Sexual Assault and the New York Public Health Law support that incarcerated individuals will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. First responders will ensure medical and mental health staff are notified. The policies support that incarcerated individual victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis and treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation. The MOU with OMH supports that mental health staff will evaluate and treat victims.

The security staff first responders are responsible for immediately notifying the appropriate medical and mental health practitioners in case of an incident. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services. Medical staff provide coverage 24 hours per day, seven days a week. The staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health staff are available 24 hours per day in the case of emergency and/or for crisis intervention services. This was confirmed by the PCM and medical staff. Psychology staff will initiate contact with the victim and provide evaluation and treatment as appropriate. The Psychology Staff will complete a Sexual Assault Assessment and recommend subsequent services as indicated.

For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at one of the local hospitals by qualified forensic nurse examiners. A List of SANE/SAFE hospitals is maintained with Health Services and the Watch Commander. Policy and interviews with medical and mental health staff support the requirement of the standard. An advocate is available at the request of the victim to provide emotional support services, and accompany the Incarcerated Individual thru the process, if requested. The auditor verified the availability of both services.

There were 3 allegations of sexual abuse requiring emergency medical or mental

health services during the review period. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities if there is a report of sexual abuse. The Auditor reviewed examples of medical and mental health documentation following an allegation.

Interviews with security staff indicated that they are aware of their responsibilities with respect to protecting an Incarcerated Individual that reports sexual assault and ensuring that they get immediate medical treatment. Each staff member informed the Auditor that they would take immediate steps to ensure victims are protected and receive emergency medical care in the event needed. Security staff would immediately notify their supervisor and medical personnel following an incident of sexual abuse. Security supervisors ensure the safety of the incarcerated individual following a sexual abuse incident by separating them from the alleged abuser and ensure they get immediate medical treatment.

NYDOCCS Operating Procedure states that all Incarcerated Individual victims of sexual abuse will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff was interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for emergency contraception and STD prophylaxis, if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility.

There have been 3 allegations of sexual assault in the last 12 months. The auditor reviewed the investigative reports and associated documentation for all allegations during the audit period and found that the facility acted in accordance with the standard and NYDOCCS policy.

Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. The Incarcerated Individual would be transferred to one of the designated local hospitals for this service. Interviews with medical staff confirm that victims of sexual abuse would not be charged for services received due to a sexual abuse incident.

Interviews with Incarcerated Individuals indicated that while most all Incarcerated Individuals recall receiving PREA education and materials, including the Incarcerated Individual handbook, some Incarcerated Individuals were unaware of crisis intervention services. Although many Incarcerated Individuals could not recall hearing or knowing about services available to sexual abuse victims, most stated they were sure they were available, they just hadn't had a need to inquire about them.

Based on a review of policies, interviews, and the Cayuga Coordinated Response Plan, the Auditor determined that Cayuga CF is providing victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services.

	<p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. HSPM 1.60 - Sexual Assault - 07/22/2022 3. OMH MOU 09/14/2016 4. HSPM 1.12B Incarcerated individual Bloodborne Pathogens Significant Exposure Protocol - 12/03/2021 5. Directive #4401 Guidance and Counseling 08/21/2020 6. Directive #4301, Mental Health Satellite Services and Commitments to CNYPC 7. Interviews with Staff, including the following: <ol style="list-style-type: none"> a. Mental Health Staff b. Medical Staff <p>Findings:</p> <p>The NYDOCCS Operating Procedures are written in compliance with the standard and provides that the facility will offer medical and mental health evaluation and treatment to all Incarcerated Individuals who have been victimized by sexual abuse. HSPM #1.60 requires that all allegations of sexual assault must be evaluated immediately by the facility health staff and notes that the 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. As a function of the medical evaluation for all involved incarcerated individuals, the immediate completion and submission of a DOCCS Mental Health Referral, Form 3150, to Mental Health staff is required.</p> <p>HSPM #1.60 notes that in accordance with the 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 evidentiary or medically appropriate. All 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. If not referred to an outside hospital emergency department, the incarcerated individual is admitted to the infirmary after evaluation by a primary care provider or, if none on site, after consultation with the on-call physician. Each case</p>

will be discussed and documented in the Ambulatory Health Record. Any necessary post exposure testing and treatment will be initiated. Emergency contraception is available from a contracted pharmacy services vendor. The immediate completion and submission of a DOCCS Mental Health Referral, Form 3150, to Mental Health staff is required.

Interviews with medical and mental health staff confirm that these services would be available to Incarcerated Individuals who have been victims of sexual abuse, and these services would be consistent with the community level of care. Interviews with medical and mental health staff reveal that they feel the care they provide the Incarcerated Individuals is much better than the community level of care due to availability and access of services.

HSPM #1.60 indicates that when medically appropriate, HIV prophylactic medications will be offered prior to transportation to the emergency department. The optimal time frame for post exposure prophylaxis (PEP) is within 2 hours post exposure. All treatment, including outside hospital services, will be provided to incarcerated individuals without financial liability and regardless of whether the incarcerated individual cooperates in any investigation arising from the incident. Interviews with medical staff confirm that a fee is not assessed for medical treatment related to sexual abuse.

HSPM #1.60 requires that for all involved incarcerated individuals, immediate completion and submission of a DOCCS Mental Health Referral, Form 3150, to Mental Health staff is required. HSPM #1.44 further requires that any subsequent mental health evaluation is conducted within 60 days of learning of such abuse history. Interviews with mental health staff confirm adherence to this policy. Mental health staff stated that services are offered to Incarcerated Individuals that are at high risk of sexual victimization, as well as Incarcerated Individuals that are at high risk of sexual abusiveness. Mental health staff attempt to provide evaluations and treatments for incarcerated individual-on-incarcerated individual sexual abusers. However, these services are not mandatory and Incarcerated Individuals are not required to participate in sessions with the mental health practitioner.

Incarcerated Individual victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that Incarcerated Individual victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. Female victims of sexual abusive vaginal penetration while incarcerated would be offered pregnancy tests. Cayuga Correctional Facility only holds male Incarcerated Individuals.

The auditor interviewed three (3) Incarcerated Individuals that had made previous allegations. The Incarcerated Individuals stated that they had been offered services in accordance with the standards and DOCCS policy.

Policy states that all treatment services for sexual abuse will be 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. Interviews with medical

	<p>staff confirm that these services would be provided to the Incarcerated Individual at no cost. There are no costs for evaluations and treatments related to sexual victimization. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the Watch Commander.</p> <p>Staff interviews confirmed the presence of policies and procedures consistent with the standard and confirmed the medical and mental health staffs' knowledge of the policy and standard. Staff are well-versed in their responsibilities with respect to PREA related incidents. Interviews with Incarcerated Individuals confirm they are generally aware of the availability of services should they request or require them. Incarcerated Individuals can request to speak with psychology staff. Incarcerated Individual interviews suggest that psychology staff are readily accessible to the Incarcerated Individuals if requested.</p> <p>Based on a review of policies, the facility coordinated response plan and interviews, the Auditor determined that Cayuga CF is providing services in accordance with the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.86 Sexual abuse incident reviews	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. SVPPM 115.86 Sexual Abuse Incident Reviews 8/24/22 3. Sexual Abuse Incident Review Checklist - 11/22/2021 4. Incident Review Recommendation Tracking Sheet 5. Completed Sexual Abuse Incident Reviews 6. Interviews with Staff <p>Findings:</p> <p>The NYDOCCS has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. SVPPM #115.86 establishes policy and procedures for the requirement of each facility to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. In furtherance of that mandate, OSI will develop the necessary investigative documentation to facilitate the completion of those incident</p>

reviews. After any PREA reportable substantiated or unsubstantiated investigation, OSI will submit the Sexual Abuse Incident Review Information (SAIRI) to SAPEO. SAPEO will forward an incident review packet to the Superintendent, ADS/PCM, and the designated PPP with instructions to conduct the incident review and report back to SAPEO with any findings and recommendations. Additionally, the review team is required by SVPPM #115.86 to conduct reviews of Unauthorized Relationships, which are not required by federal standards but considered paramount by the SAPEO to the DOCCS zero-tolerance culture. Protocols include the review to be conducted within 30 days of the conclusion of the investigation, unless the allegation is determined to be unfounded.

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.

During this review period there have been three total allegations of sexual abuse and corresponding administrative allegations in the previous 12 months at Cayuga. The auditor reviewed the incident reviews for allegations closed during the review period provided by the facility. The reviews were completed within 30 days of the completion of the investigation and considered all elements as required by the standard.

In accordance to the DOCCS Prison Rape Elimination Act Procedural Enhancement memo, as well as the NYDOCCS Sexual Victimization Prevention Policy Manual, a standardized form, the Sexual Abuse Incident Review checklist, is utilized to capture the review and any recommendations of the review team. This very thorough and comprehensive form includes an extensive review of each incident and captures information such as circumstances of the incident; events leading up to and following the incident; consideration of whether actions taken were consistent with policies and procedures; whether alternative means of managing the situation were available; identification of actions that could be taken to avoid future incidents of a similar nature and identification of training needs; determination of whether Incident Command System levels or response levels were used during the incident; whether employee action or inaction was a factor in the incident; and any corrective action taken. The Administrative Review Form includes consideration as to whether the incident was motivated by race or ethnicity; gender identity; LGBTI status; gang affiliation; or other group dynamics at the facility and whether an indication of a need to change policy or practice to better prevent, detect, or respond to sexual abuse is present. Additional information captured includes if the victim had any disabilities or was LEP and whether the victim or perpetrator had been previously identified as being at high risk for either sexual victimization or being sexually abusive. An examination of the area where the incident occurred to assess any physical barriers that enable abuse will be conducted, and an assessment of the adequacy of staffing levels during different shifts will be made. Consideration is given as to whether

	<p>monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>Following consideration, the review team prepares a report of its findings, including recommendations for improvement, and submits said report to the Superintendent and the PREA Coordinator.</p> <p>An interview with two members of the incident review team, as well as the Superintendent confirms if there is an incident that required a review, all these factors would be considered. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The PCM also stated any recommendations would be implemented, or the reasons for not doing so would be documented. The Auditor reviewed the Incident Review Recommendation Tracking Sheet provided by the facility and found this to be an effective method for ensuring any recommendations as a result of the incident review are completed.</p> <p>The Cayuga Correctional Facility has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Superintendent and PCM. A written report of the findings is prepared and maintained by the PCM. She indicated that the reviews take place within 30 days of the conclusion of the investigation as required.</p> <p>Sexual Abuse Incident Reviews are conducted in a standardized method department wide. Team members meet to discuss the various components required by the standard and then this is documented on the checklist form. This oversight and standardization are completed for all sexual abuse related abuse allegations.</p> <p>Based on a review of policy, available documentation and interviews, the Auditor determined that Cayuga is conducting incident reviews in accordance with the standard.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.87	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. SVPPM # 115.87- Data Collection, Review, 02/12/2022
3. Confirmation of SSV Submission
4. DOCCS Public Website
5. Interview with the PREA Coordinator

Findings:

The NYDOCCS policy is consistent with the requirements of the standard and directs that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. Policy (DIR #4027, Sexual Victimization Prevention Policy Manual) mandates that the Deputy Superintendent for Security of each correctional facility shall be responsible for maintaining a Monthly Sexual Abuse/Threat Incident Summary that shall be a chronological listing of each sexual abuse, sexual harassment, threat incident, or complaint that occurs during a given month. This information will be collected using Form #2103SAll, Attachment A. At the end of each month, the summary shall be forwarded to the Deputy Commissioner for Correctional Facilities and the Associate Commissioner for PREA. Per the PREA Data Collection, Review, Retention and Publication Manual, the confidential incident-based data includes all information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics. This includes, but is not limited to Office of Special Investigations, Sex Crime Division data, sexual abuse incident review information, unusual incidents, personnel records, confidential security information, incarcerated individual records, disciplinary data, and the incarcerated individual locator system. As a result of comprehensive data collection and review, the PREA Analyst maintains separate incident-based data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews and ensures that said data is securely retained.

The State of New York does not confine incarcerated individuals in private, or otherwise for-profit, correctional institutions in accordance with S4118. DOCCS does not contract with private facilities for the confinement of incarcerated individuals. DOCCS does contract with private CBRP's for housing of residents under parole supervision. Reports containing data collection from contracted CBRP's is available on the DOCCS website in Appendix B of the most recent Annual Report.

Per the PREA Data Collection, Review, Retention and Publication Manual, an annual report is prepared that includes identifying possible or potential problem areas, as well as corrective action for each facility and the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years, thus providing an assessment of progress in addressing sexual abuse. The report is provided in compliance with PREA Standards §115.87 Data Collection and § 115.88 Data Review for Corrective Action and approved by the Associate Commissioner/PREA Coordinator and the Commissioner. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The report is then made available to the public through the DOCCS

	<p>website.</p> <p>The Auditor reviewed the Annual Reports available on the Agency website, including aggregated sexual abuse data for calendar years 2016-2020, published in June 2023. The data collected includes: data on sexual abuse and sexual harassment allegations reported over a five-year period; rate of Reported Allegations; resulting determinations; a review of substantiated allegations; review for corrective action; Facility Specific Corrective Actions Taken for Calendar Year 2021; Allegations of Sexual Victimization by Facility; Allegations of Sexual Victimization Reported in CY 2021 and 2022; : Data Collection and Review; and Definitions of Sexual Victimization.</p> <p>The report is approved by the PREA Coordinator and Commissioner prior to publishing on the agency's website. The agency's website includes annual reports published from 2013 through 2020.</p> <p>The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested. The Auditor reviewed confirmation of the submission of the SSV for 2020.</p> <p>The agency is collecting and aggregating sexual abuse data on an annual basis as required by the standard for facilities under its direct control. The report uses a standardized set of definitions, which are available on the agency website and in the NYDOCCS Operating Procedure.</p> <p>The PCM for each facility is responsible for reporting institutional data to the SAPEO. The NYDOCCS collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions.</p> <p>Based on a review of available documentation, the agency website and policy, the Auditor determined that the agency is collecting accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and is transparent with this information as evidenced by the incredibly thorough reports available to the public.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
--	---

115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ with ADP
2. SVPPM 115.88 7-11-22
3. Annual Reports
4. Website with sexual abuse data
5. Interviews with Staff

Findings:

The NYDOCCS Operating Procedure is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 for all facilities under its direct control and private facilities with which it contracts will be made readily available to the public through the agency website, excluding all personal identifiers after final approval. Agency Directive through Office of Program Planning Research and Evaluation, PREA Data Collection, Review, Retention and Publication Manual directs the PREA Analyst to prepare and aggregate data collected in coordination with the Sexual Abuse Prevention & Education Office and the Office of Special Investigations Sex Crimes Division in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training throughout the year. An annual report is prepared which includes identification of problem areas, and corrective action for each facility and the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse.

Per the PREA Data Collection, Review, Retention and Publication Manual, following approval by the Associate Commissioner/PREA Coordinator and the Commissioner, the report is then made available to the public through the DOCCS website.

Per the PREA Coordinator, he and Director Woodworth review both regular and ad hoc reports produced by Research for the office. The Office of Special Investigations and SAPEO work closely with the Program Planning Research and Evaluation office to monitor trends. They continue to adjust prevention strategies based on analysis of the data. For 2021, the PREA Coordinator initiated a new report that is provided on a monthly basis to the Superintendents. This report includes a year-to-date breakdown of complaints of sexual abuse, sexual harassment and unauthorized relationships for each facility. This allows facility leadership to more closely monitor trends and be responsive. They are currently working to further improve data points beyond what is required by the Bureau of Justice Statistics to provide their team with more information to better understand reporting within the agency. This includes a new focus to better identify unfounded reports made in bad faith and distinguish them from good faith but unfounded reports.

The PREA Coordinator also stated that they prepare and publish an annual report of the allegations of sexual abuse and sexual harassment as reported to the Department, including information concerning reports at each facility. The Report addresses facility-specific and Department-wide corrective action. As an addendum to the report, DOCCS publishes aggregated sexual abuse data from facilities under its direct control and private facilities with which the agency contracts. The latest report

was published on or about June 29, 2023. It includes an analysis of five years of data through 2020. In addition, the aggregated data for both 2021, the most recently completed calendar year based upon Bureau of Justice Statistics reporting cycles, and 2022 is included as Appendix B. They are currently finalizing the newest report.

The Auditor reviewed the Annual Reports available on the agency website, including data for calendar years 2016-2020, published in June 2023. The reports indicate that the agency reviewed the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

The report, entitled “Annual Report on Sexual Victimization: An Analysis of 2016-2020 Sexual Abuse and Sexual Harassment Data” includes an exhaustive review of the aggregated data. The annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the NYDOCCS’s progress in addressing sexual abuse.

A review of the agency annual reports found them to be very detailed and thorough, suggesting that the agency is regularly reviewing the data collected to identify issues and correct them. The agency's annual report includes any corrective actions taken by the NYDOCCS for each facility. There appears to be a high level of transparency in the Department’s efforts to prevent, detect and respond to sexual abuse and harassment.

There is no personally identifying information in the report. Per the PREA Coordinator, they have not redacted any material. The annual report does not provide case specific information and only aggregated data is presented to avoid identifying any individual or confidential information.

Based on a review of available documentation, policy, review of the agency website and interview with the PREA Coordinator, the Auditor determined that data collected pursuant to 115.87 for all facilities under its direct control and private facilities with which it contracts is made readily available to the public through the agency website. The annual reports produced by the agency are incredibly thorough and comprehensive.

After a review, the Auditor determined the facility exceeds the requirements of the standard.

Corrective Action: None

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. Cayuga Correctional Facility Completed PAQ
2. NYDOCCS Operating Procedure 038.3
3. Annual Report
4. NYDOCCS Website containing sexual abuse data
5. Interviews with Staff

Findings:

The NYDOCCS Operating Procedure is consistent with the requirements of the standard, which mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. Agency Directive through Office of Program Planning Research and Evaluation, PREA Data Collection, Review, Retention and Publication Manual dictates data collected to be securely retained by the Office of Special Investigations and the PREA Analyst.

Agency Directive through Office of Program Planning Research and Evaluation, PREA Data Collection, Review, Retention and Publication Manual dictates aggregated sexual abuse data collected pursuant to 115.87 is made readily available to the public through its website excluding all personal identifiers after final approval by the Commissioner.

Per the PREA Data Collection, Review, Retention and Publication Manual, as well as the Sexual Victimization Prevention Policy Manual, the DOCCS retains all sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection.

The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. Annual PREA Reports are available for calendar years 2013-2020.

Per the PREA Coordinator, the agency takes steps to ensure that data collected pursuant to the standard is securely maintained. The Program Planning Research and Evaluation department works cooperatively with SAPEO and OSI on all data collection and analysis pertinent to PREA matters. Raw data files and reports are stored in restricted drives set up by the State Office of Information Technology Services (ITS). All related paper records are stored in locked file cabinets. The PREA Coordinator copies of the final data reports and other ad hoc reports are stored in his locked office.

Based on a review of documentation, policy and interviews, the Auditor determined that the agency is securely maintaining data collected pursuant to the standards.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1104 376">Evidence Relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 1002 613" style="list-style-type: none"> 1. Cayuga Correctional Facility Completed PAQ 2. NYDOCCS Operating Procedure 038.3 3. Annual Report 4. NYDOCCS Website containing sexual abuse data 5. Interviews with Staff <p data-bbox="280 649 408 685">Findings:</p> <p data-bbox="280 694 1481 976">The NYDOCCS Operating Procedure is consistent with the requirements of the standard, which mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. Agency Directive through Office of Program Planning Research and Evaluation, PREA Data Collection, Review, Retention and Publication Manual dictates data collected to be securely retained by the Office of Special Investigations and the PREA Analyst.</p> <p data-bbox="280 1012 1481 1214">Agency Directive through Office of Program Planning Research and Evaluation, PREA Data Collection, Review, Retention and Publication Manual dictates aggregated sexual abuse data collected pursuant to 115.87 is made readily available to the public through its website excluding all personal identifiers after final approval by the Commissioner.</p> <p data-bbox="280 1249 1461 1411">Per the PREA Data Collection, Review, Retention and Publication Manual, as well as the Sexual Victimization Prevention Policy Manual, the DOCCS retains all sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection.</p> <p data-bbox="280 1447 1442 1648">The Auditor reviewed the agency’s website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. Annual PREA Reports are available for calendar years 2013-2020.</p> <p data-bbox="280 1684 1465 2016">Per the PREA Coordinator, the agency takes steps to ensure that data collected pursuant to the standard is securely maintained. The Program Planning Research and Evaluation department works cooperatively with SAPEO and OSI on all data collection and analysis pertinent to PREA matters. Raw data files and reports are stored in restricted drives set up by the State Office of Information Technology Services (ITS). All related paper records are stored in locked file cabinets. The PREA Coordinator copies of the final data reports and other ad hoc reports are stored in his locked office.</p> <p data-bbox="280 2051 1465 2087">Based on a review of documentation, policy and interviews, the Auditor determined</p>

	<p>that the agency is securely maintaining data collected pursuant to the standards.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
--	--

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Previous Audit Report 2. NYDOCCS Website <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>The Auditor reviewed the NYDOCCS website, which contains a link for the July 2021 PREA Audit Report. Each audit report for all NYDOCCS facilities is accessible on the page.</p> <p>The NYDOCCS website is incredibly thorough and robust with respect to PREA related information.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

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

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	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.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	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.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
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.)	na
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,	na

	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.)	na
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.)	na
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.)	na
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.)	na
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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