

PREA Facility Audit Report: Final

Name of Facility: Lakeview Shock Incarceration Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/19/2024

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: Alton Baskerville	Date of Signature: 07/19/2024

AUDITOR INFORMATION	
Auditor name:	Baskerville, Alton
Email:	alton.abm@preaauditors.com
Start Date of On-Site Audit:	06/04/2024
End Date of On-Site Audit:	06/06/2024

FACILITY INFORMATION	
Facility name:	Lakeview Shock Incarceration Correctional Facility
Facility physical address:	9300 Lake Avenue, Brocton, New York - 14716
Facility mailing address:	9300 Lake Avenue , PO Box T, Brocton, New York - 14716

Primary Contact

Name:	Janique Lowe
Email Address:	Janique.Lowe@doccs.ny.gov
Telephone Number:	518-807-1195

Warden/Jail Administrator/Sheriff/Director	
Name:	Andrea Schneider
Email Address:	Andrea.Schneider@doccs.ny.gov
Telephone Number:	(716)-792-7100 x2000

Facility PREA Compliance Manager	
Name:	Janique Lowe
Email Address:	Janique.Lowe@doccs.ny.gov
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Name:	James Payne
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Name:	Andrea Schneider
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Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Mia Hernandez, Acting FHSD
Email Address:	Mia.Hernandez@doccs.ny.gov

Telephone Number:	716-792-7100 x6000
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Facility Characteristics	
Designed facility capacity:	882
Current population of facility:	518
Average daily population for the past 12 months:	554
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	19-63
Facility security levels/inmate custody levels:	Maximum/Medium/Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	458
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	186
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
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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	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
7	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.17 - Hiring and promotion decisions • 115.34 - Specialized training: Investigations • 115.41 - Screening for risk of victimization and abusiveness • 115.53 - Inmate access to outside

	<p>confidential support services</p> <ul style="list-style-type: none">• 115.71 - Criminal and administrative agency investigations• 115.403 - Audit contents and findings
Number of standards met:	
38	
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:	2024-06-04
2. End date of the onsite portion of the audit:	2024-06-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	RESTORE Sexual Assault Services of Planned Parenthood of Central and Western New York

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	882
15. Average daily population for the past 12 months:	554
16. Number of inmate/resident/detainee housing units:	16
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:	493
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:	2
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:	19
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:	19
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:	10
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:	33
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:	27

<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>9</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>87</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>The facility could not track the number and characteristics of various inmate groups.</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>503</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>34</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>120</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No additional comments to add.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Inmates were selected from all housing units.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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):	There were no barriers to interviewing the random or targeted inmates.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
<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:	3
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:	0

<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>I do not have additional information to add.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I do not have additional information to add.</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>1</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>4</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>I do not have additional information to add.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>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>I do not have additional information to add.</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>There were no barriers while completing interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input 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>There were no barriers.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>Agency Contract Administrator is not applicable.</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
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:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input 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.	I do not have additional information to add.

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?

Yes

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)?

Yes

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)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor made announcements in each housing unit that the audit team will be randomly selecting confined persons to interview. Their cooperation would be appreciated if they were chosen.</p>
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Documentation Sampling

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

<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 <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Twelve random employee records were reviewed for PREA training and Refresher training, Criminal background checks and five-year background checks. Records were compliant. Twelve random inmate files were reviewed for initial risk screening, follow up 30-day screening, PREA training and acknowledge. The inmate records were compliant.</p>
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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	9	0	0	0
Total	9	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	9
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<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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There are no additional comments.</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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There are no additional comments.</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

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

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 entity by name:

American Correctional Association

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>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4027 Sexual Victimization Prevention & Response-12/01/2023 • Sexual Victimization Prevention Policy Manual (SVPPM) 001.0 02/15/22 • Employees’ Manual • Memorandums/Emails • DOCCS Organizational Chart which indicates that the PREA Coordinator reports directly to the Commissioner. • Facility Organization Chart • Position Descriptions • Interview with the PREA Coordinator • Interview with the ADS PREA • Interview with the PREA Point Person <p>Auditor Discussion:</p> <p>New York State Department of Corrections and Community Supervision has two</p>

written policies mandating zero tolerance toward all forms of sexual abuse and sexual harassment (DIR##4027 Sexual Victimization Prevention & Response). This policy collectively outline the agency's approach to preventing, detecting, and responding to sexual abuse, sexual harassment, and sexual threats. Policies state sexual abuse and sexual harassment violate Department rules and threaten security and that all allegations of sexual abuse, sexual harassment, or retaliation for reporting such an incident of participating in an investigation will be thoroughly investigated. Policy states that perpetrators will be dealt with severely through discipline or prosecution to the fullest extent permitted by law. Policy provides definitions consistent with those found in Prison Rape Elimination Act of 2003, (PREA), 42 U.S.C. §15609. Under § 130.05 of New York State Penal Law, it is a crime for staff to engage in a sexual act with an inmate or parolee. Strategies for prevention and response include training, a duty to report, requirements, and enforcement of discipline and prosecution for those who offend.

Analysis/Reasoning

Jason Effman currently serves as Associate Commissioner/PREA Coordinator, as designated through memorandum dated April 23, 2013 from then Commissioner Brian Fischer. The PREA Coordinator is an upper-level position in the agency hierarchy and reports directly to the Agency Head as indicated by New York State Department of Corrections and Community Supervision Central Office Organization Chart and interviews with PREA Coordinator and Agency Head. The Associate Commissioner/PREA Coordinator is a dedicated position and through interview with Associate Commissioner Effman, it was confirmed that his time is almost exclusively devoted to overseeing the agency's efforts to develop, implement and oversee agency efforts to comply with PREA standards in all his facilities and he has sufficient time and authority to do so. He further manages this through regular and direct coordination with (24) Assistant Deputy Superintendent/ PREA Compliance Managers who are instrumental in PREA coordination and execution at the facility level. During his interview, Acting Commissioner Daniel F. Martuscello III articulated complete support of efforts by Associate Commissioner Effman, the Zero Tolerance mandate throughout the agency, and a continued commitment for agency compliance. Associate Commissioner Effman also communicated to the auditor his actual and implied authority and his ability to carry out duties without impediment and receiving support from the agency head.

Effective Thursday, June 29, 2023, Janique Lowe is appointed Assistant Deputy Superintendent PREA Compliance Manager at Collins Correctional Facility from Offender Rehabilitation Coordinator Albion Correctional Facility. Assistant Deputy Superintendent Lowe will also serve as PREA Compliance Manager for Lakeview Shock Incarceration Correctional Facility. The Assistant Deputy Superintendent/PREA Compliance Manager is an upper-level position at the facility and reports to the facility Superintendent with joint reporting to Agency Associate Commissioner for PREA. Memorandum dated January 23, 2023, subject Facility PREA Point Person, from Andrea Schneider, Deputy Superintendent for Security Services/Acting Superintendent for Correctional Facilities and Associate Commissioner for PREA designates the Assistant Deputy Superintendent as the facility compliance manager

and directs each facility to identify and designate a PREA Point Person to assist the facility compliance manager in efforts to comply with PREA standards. Additionally, this directive outlines specific responsibilities of these local positions. These responsibilities include maintaining a direct and open line of communication with the ADS/PREA compliance manager, assisting with monitoring retaliation, ensuring response to allegations, and serves as a member of the incident review team. The PREA Point Person for Lakeview Shock Incarceration Correctional Facility is Captain James Payne.

Conclusion:

Based on auditor’s analysis of related policy, review of executive memorandums, review of agency and facility organization charts, and formal staff interviews it is determined that Lakeview Shock Incarceration Correctional Facility exceeds all elements required of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • NY CLS § Corrections 121 • Community Based Programs Contracting with DOCCS • Request for Application for Community Based Residential Programs (CBRP) • Statement of compliance PREA Coordinator • CBRP PREA Schedule <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.” NYDOCCS maintains no contracts for confinement of incarcerated individuals as they are not permitted to enter into contracts for the confinement of incarcerated individuals; therefore, no private prisons are operated on behalf of the Agency. However, New York State Department of Corrections and Community Supervision holds 14 contracts for confinement of Parolees in Community Based Residential Programs.</p> <p>Per the Lakeview 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. 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</p>

	<p>the PREA Community Confinement Facilities Standards and comply with reporting requirements as specified by the Department.</p> <p>Conclusion: After a review, the Auditor determined the facility meets the requirements of the standard.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • DIR #4001 August 2, 2023 Facility Administrative Coverage & Supervisory Rounds • Staffing Plan Annual Review March 20, 2024 • SVPPM Section: Prevention Planning February 15, 2022 • Post Closure Reports - examples provided and randomly requested • Security Chart and Staff Review • Unannounced rounds/Weekly Activity Report • Daily Security Supervisor Report • Logbook entries • Employees' Manual • Interview with the Superintendent • Interview with the PREA Coordinator • Interviews with the ADS PREA • Interviews with supervisors who conduct unannounced rounds • Interviews with random staff <p>Directive #4001</p> <p>VII. Rounds</p> <p>The Superintendent or Acting Superintendent shall establish a schedule whereby the Superintendent or designee, Executive Team members, and designated Division Heads will (when practical) make rounds of the facility's living and activity areas, at least weekly to encourage informal contact with staff and incarcerated individuals, as well as observe living and working conditions. Each respective logbook will be signed in red ink and shall indicate that their round of the area was unannounced or announced after reviewing and signing the logbook. NOTE: This should not be interpreted as meaning that every individual is to conduct rounds of the entire facility. The Superintendent has the discretion to establish a schedule and select staff from the titles the titles mentioned is Section VI-A, so that all areas of the facility will be covered on a weekly basis.</p> <p>Executive Team Members and Designated Division Heads: Shall complete and forward Form #4001A to the Superintendent upon completion of their assigned rounds. Superintendents should ensure that Executive Team members make rounds in areas</p>

not necessarily under their direct responsibility. If facility policy allows for weekly rounds to be conducted by teams, a signal Weekly Administrative Action Report and Form #4001A must be submitted by the Executive Team.

Security Supervisors: All Sergeants and Lieutenants who are assigned to an area within the facility (e.g., housing unit, program area, etc.) will complete and forward Form #4001B to their supervisor upon completion of their assigned rounds. The completed Form #4001B is to be turned in to the Watch Commander for review, then forwarded to DSS and maintained for a minimum of three years. Watch Commanders are required to completed Form #4001B and submit it directly to their supervisor upon completion of their assigned rounds.

Employees are prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Staffing Plan

New York State Department of Corrections and Community Supervision ensures that each facility has developed and documented a staffing plan that provides for adequate levels of staffing. A comprehensive and extensive staffing plan is developed and established through the New York State Department of Corrections and Community Supervision Security Information Staffing Unit. The Staffing memo dated March 20, 2024 indicated a formal review of the established Lakeview Shock Incarceration Correctional Facility Staffing Plan. The staffing plan for Lakeview Shock Incarceration Correctional Facility is predicated on 503 inmates. The average daily number of inmates since the last PREA audit is 503. The current plan calls for (337 security positions). There is 1 Lieutenant and 1 Sergeant on Tour I. There are 3 Lieutenants, 6 Sergeants, 1 DSS, and 1 Captain on Tour II. There are 2 Lieutenants and 4 Sergeants on Tour III. These supervisory levels have shown to be appropriate. Supervisors routinely make unannounced rounds throughout the facility to deter any form of sexual abuse and other misconduct.

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The six most common reasons for deviating from the staffing plan are emergency trips, post closures, staffing shortage, non-participation in services (rec), overtime management and consolidation services. After review of the documentation provided, the auditor confirmed that Post Closure Reports are completed when a post is closed, explaining the reason. The example of this document was provided to the auditor for August 2023 demonstrating the process for having deviations documented.

As indicated in the referenced memorandum, the review included generally accepted guidelines and practices:

- Any judicial finding of inadequacy (none)
- Any findings of inadequacy from federal investigative agencies (none).
- Findings of inadequacy from internal or external oversight bodies:
 - (a)All allegations of sexual abuse at Lakeview Shock Incarceration Correctional Facility, reported or suspected, are forwarded to the Office of Special Investigations (OSI) in accordance with the Facility Coordinated Response to Reports of Sexual

	<p>Victimization. The OSI investigations are focused on findings related to potential criminal misconduct or administrative rule violations by incarcerated individuals or by staff. The investigations are documented in writing.</p> <p>(b) Each sexual abuse report, and other serious reports of related misconduct, results in a post-incident review that is submitted by the Incident Review Team to the Superintendent with a copy to the Associate Commissioner and PREA Coordinator for review. The review may or may not result in a recommendation for a change in staffing plans, or other related modifications pertaining to supervision or monitoring of a particular area.</p> <p>All components of the facility's physical plant (Including "blind spots" or areas where staff or incarcerated individuals may be isolated). The capacity of Lakeview Shock Incarceration Correctional Facility is 982 incarcerated individuals (IASAT, DTP, Shock). The average daily population is 605 incarcerated individuals. The composition of the incarcerated individual population. Lakeview Shock Incarceration Correctional Facility is a medium security general population facility with a special housing unit. All staff are trained to properly supervise this population. The population is representative of the demographics of the jurisdictions that we serve.</p> <p>Employee Manual</p> <p>Employee Manual 2.44 Employees are prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.</p> <p>Conclusion</p> <p>In conclusion, Lakeview Shock Incarceration Correctional Facility is committed to operating in compliance with Department policy and the Prison Rape Elimination Act. Staffing, the use of monitoring technology and the resources available to meet the facility staffing plan will be reviewed on a regular basis to ensure the facility continues to comply with all standards and requirements.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #0086 • NYS CLS Correction §80 • Interviews: <ul style="list-style-type: none"> Acting Superintendent PREA Coordinator Compliance Manager. <p>Directive #0086</p> <p>C. Lakeview Shock Incarceration Correctional Facility shall be used for both males</p>

and females 18 years of age or older and shall encompass two separate security components:

1. Medium security for purposes of shock incarceration.
2. Maximum security to serve as a special housing unit alternative Program (SHUAlt), Intensive Alcohol and Substance Abuse Training (I-ASAT). The SHU-Alt IASAT Program is a single-cell program for incarcerated individuals who are serving disciplinary sanctions for substance abuse related offenses and are at high risk for continued drug and alcohol abuse.

NYS CLS Correction Law §80

The department and the office of children and family services shall jointly establish a transition plan and protocol to be used in transferring custody of all adolescent offenders and individuals under the age of eighteen from the custody of the department to the custody of the office of children and family services on or before October first, two thousand twenty. The plan and protocol shall be completed on or before July first, two thousand twenty.

Conclusion

Interview with the Superintendent confirmed that there are no incarcerated individuals under the age of 18 at this facility. DOCCS does not house youthful inmates/adolescent offenders (individuals under 18 years of age). Based on these documents and the law, as well as observations made during the tour, the auditor finds this standard does not apply to this facility and therefore is deemed to be compliant.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #2230 Guidelines for Assignment of Male and Female Correction Officers 3/28/20 • 23 • Directive #4910 Control and Search for Contraband 11/9/23 • Directive #4001 Facility Administrative Coverage & Supervisory Rounds 8/2/2023 • Employee Manual 2019 • HSPM 1.19 Health Appraisal 9/3/2021 • HSPM 1.37 Health Care Services/Body Cavity Search 9/3/2021 • Form #1140 Report of Strip Search or Strip Frisk (June 2021) • RTF Contraband Frisk • Interviews: <ul style="list-style-type: none"> Training staff Random Staff Medical Staff

Random Residents

Directive #2230 Guidelines for Assignment of Male and Female Correction Officers 3/28/23 addresses which duties cannot be performed by opposite gender staff which includes strip searches, viewing showers, videos of strip searches, special watch, monitoring of incarcerated individual bathrooms via Closed-Circuit television (CCTV), and urine specimen collection.

Directive #2230 Guidelines for Assignment of Male and Female Correction Officers 2/21/2019 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. The Employees' Manual reinforces these two directives.

Directive #4910 Control and Search for Contraband 11/9/23 supports 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.

Directive #4001 Facility Administrative Coverage & Supervisory Rounds 8/2/2023 states that staff of the opposite gender shall verbally announce their arrival on a housing unit to avoid unnecessarily invading the privacy of incarcerated individual 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.

Most incarcerated individual interviews and staff interviews confirmed that incarcerated individuals are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Some incarcerated individuals expressed concern regarding a recent change to the glazing of the window into the showers. The auditor viewed all shower and toilet areas and found there was sufficient protection to provide privacy yet not impede the ability of security staff to maintain security in those areas. All of the incarcerated individual interviews confirm that opposite gender staff are announcing when entering the unit. All random staff interviews confirmed that this is occurring. During the tour, the auditor and escort team was announced prior to entering the unit; this did not appear to be odd based on the observations of the incarcerated individuals in the unit at the time.

During the tour, the auditor observed the area where strip searches are conducted in Intake/Visiting Room. It provided appropriate privacy for the incarcerated individual during this process.

HSPM 1.19 Health Appraisal 9/3/2021 supports that a facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it

	<p>may be determined during conversations with the inmate or by reviewing medical records. A medical practitioner may conduct a full physical examination of an inmate, including a transgender inmate, 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.</p> <p>Staff is prohibited, and the facility always refrains from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status. Should a determination be necessary it is obtained through communications with the inmate, a review of medical records, or as part of a broader medical examination conducted in private by a medical practitioner. The facility indicates no searches of this nature have occurred in the past 12 months.</p> <p>One hundred percent (100%) of all security staff receive training on transgender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Course is given at the Training Academy. Presently all security staff assigned to Lakeview Shock ICF have taken this course. Therefore, no security staff would be listed on the Lakeview Shock KRHT report for the audit time frame.</p> <p>Employee Manual -11.12 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.</p> <p>Conclusion Based on these documents and the law, as well as observations made during the tour, the auditor finds this standard deemed to be compliant.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #2612 Inmates with Sensorial Disabilities 2/15/2023 • Directive #4490 Cultural and Language Access Services 10/26/2022 • Language Access Line Contract

- Memorandum
- New York DOCCS Facilitators Guide
- Inmate Education Facilitator Training NY DOCCS
- Prevention of Sexual Victimization in Prisons (English and Spanish)
- Interviews

Directive #2612 Inmates with Sensorial Disabilities 2/15/2023 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 inmates 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 inmate."

Directive #4490 Cultural and Language Access Services 10/26/2022 ensures inmates with limited English skills will have meaningful access to programs, services and benefits. Auditor observed Zero Tolerance Posters visible in both English and Spanish in the housing units and other common areas accessed by inmates. PREA Education Film "Ending Sexual Abuse Behind the Walls: An Orientation" is provided in DVD format appropriate to the gender classification of facility and with tracks and captioning in English, Spanish, Bengali, Chinese, Haitian Creole, Korean, and Russian. The PREA Sexual Abuse Brochures are available in each of these languages. Upon arrival at each facility, it is documented on the Draft Receipt which language an inmate receives the brochure.

The agency refrains from use of inmate interpreters, inmate readers, or inmate assistance barring exigent circumstances such as when a delay could compromise an inmate's safety, performance of first-response duties, or the investigation of the inmate's allegation.

Conclusion

Auditor's analysis of documented interpretive services, contracts, interviews with staff and inmates concludes Lakeview Shock Incarceration Correctional Facility meets provisions of this standard. In addition, the Agency's efforts to have readily available the PREA education video in seven (7) languages (audio & captions) beyond English and Spanish is sufficient in this auditor's evaluation to meet requirements of this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #2216, Fingerprinting/Criminal History Inquiry - New Employees and Contractors - 11/01/2018 • Directive #2216 11/1/2018-Attachment A • Directive #2232 Report of Criminal Charges 11/5/2020 • Directive #2112 Report of Criminal Charges 1/3/2023 • Personnel Procedure Manual #407, Civilian Promotions • Personnel Procedure Manual #407A, Security Promotions • Personnel Procedure Manual #406A, Recruitment Process • Agency policy #2012, Release of Employee Personnel and Payroll 10/7/2019 • Interviews <ul style="list-style-type: none"> PCM Superintendent Human Resources <p>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).</p> <p>Any incidents of sexual harassment will be considered in determining whether to hire an individual or to enlist the services of a contractor who may have contact with offenders as directed by Personnel Procedures Manual #407, Civilian Promotions and #407A, Security Promotions. The Director of Personnel will review requests to promote a candidate who have engaged in an incident of sexual harassment and subsequently determine if it is in the best interest of the Department to promote the candidate.</p> <p>Personnel Procedure Manual #406A, Recruitment Process establishes policy for contacting the former institutional employer for candidates who have been previously employed by a prison, jail, lockup, community confinement facility or juvenile facility. Each facility is required to complete a Recruitment Process Checklist (406A1) upon recommending a vacant position be filled and thereby attesting to have contacted all prior institutional employers regarding substantiated allegations of sexual abuse or resignations during a pending investigation of an allegation of sexual abuse and to have sent emails to ODM, Office of Special Investigations and Labor Relations for inquiries on current employees considered for promotion. Interview with Human Resources Manager and review of local personnel files indicates this checklist is</p>

completed on all civilian employee hires. Applications cannot be submitted for onboarding without documentation that prior institutional employers have been contacted.

Criminal background checks were conducted on a total of 32 contractors and volunteers: Human Resource records indicate date of check, date fingerprints submitted (where applicable) and date of EIU response clearing for hire.

DIR# 2216, Fingerprinting/Criminal History Inquiry - New Employees and Contractors establishes the policy that all employees and contractors of the New York State Department of Corrections and Community Supervision 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. 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 creates policy to require employees to report when they are charged with the commission of a felony or misdemeanor. Each employee is required to complete a Personal History Questionnaire, Form EIU23. This questionnaire requires yes/no responses to the following questions: 1) "Have you ever been the subject of disciplinary action in connection with any employment? This would include, but is not limited to: suspension, termination, written warning, verbal warning, or formal 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. DIR# 2112, Report of Criminal Charges, imposes upon employees a continuing affirmative duty to disclose any of the above misconduct.

Personal History Questionnaire, Form EIU23, informs every applicant for employment that material omissions regarding misconduct or the provision of materially false information are grounds for rejection for appointment and termination.

Agency policy #2012, Release of Employee Personnel and Payroll citing that information about a former employee's reason for leaving employment may be

	<p>provided to State agencies without authorization from the employee but shall not be provided to parties other than State agencies without written authorization of the employee. This policy is in accordance with the Personal Privacy Protection Law.</p> <p>In the past 12 months, there were (47) number of persons hired who may have contact with inmates who have had criminal background record checks.</p> <p>The auditor reviewed three (3) civilian hire packets, four (4) contractor hire packets, all randomly selected by auditor and Civil Service Canvas documents, related Agency policy and emails from EIU both clearing employees for hire and prohibiting employees for hire. Documentation noted dates background conducted, fingerprinting captured, date of notification by EIU of clearance, and date of hire (or indication employee was not hired). Example of a notification by EIU of an employee's arrest was provided for Auditor's review to support the ongoing criminal history check for all employees.</p> <p>Conclusion Interviews conducted with Acting Commissioner, Associate Commissioner/PREA Coordinator, Acting Superintendent, Human Resources Manager combined with the body of documents reviewed validate the protocols identified in above narrative are followed at Lakeview Shock Incarceration Correctional Facility finding exceeds compliance with this standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #3053, Alterations and Construction Request 4/22/2019 • Example Form 1612 • Interviews <ul style="list-style-type: none"> Superintendent PCM • Observations <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 inmates 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 inmates from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such</p>

technology may enhance the agency’s ability to protect inmates from sexual abuse. Form 1612 Part IV addresses these requirements, specifically requiring that the ability to enhance safety and protect the inmate from sexual abuse is addressed prior to approval of the plans.

Lakeview Shock Incarceration Correctional Facility has not acquired a new facility or made a substantial expansion to the facility since the last PREA audit. However, DIR #3053, Alterations/ Construction Request establishes policy that requires consideration of the effect of the design, acquisition, or modification upon the agency’s ability to protect inmates from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Lakeview Shock Incarceration Correctional Facility has requested and been approved to add and addition legal telephone room in building 4.

Lakeview Shock Incarceration Correctional Facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. However, DIR #3053, Alterations/Construction Request establishes policy that requires consideration of how such technology may enhance the agency’s ability to protect inmates from sexual abuse when installing or updating electronic monitoring technology. Review of the Staffing Plan indicates of use of electronic surveillance is a consideration when the annual reviews are conducted.

Conclusion

Compliance with this standard was determined based on policy review and interviews with Acting Commissioner, Acting Superintendent and PREA Compliance Manager. No new construction has been conducted since the last PREA audit. Lakeview Shock Incarceration Correctional Facility meets provisions of this standard.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4027 Sexual Victimization Prevention & Response (12/01/2023) • Directive #0700 Office of Special Investigations (OSI) 9/20/2022 • SVPPM 115.65-Title: Coordinated Response (02/15/2022) • Facility Operations Manual Title Coordinated Response to Reports of Sexual Victimization FOM 2408 (07/12/2023) • New York State DOCCS Division of Health Services Policy #1.60 (07/22/2022) • New York State Sexual Assault Victim Bill of Rights • List of SANE certified hospitals for the state of New York • Interviews with the following: PCM

PREA Point Person
OSI Investigators
Superintendent
Medical personnel

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.

New York State Department of Corrections and Community Supervision Division of Health Services Policy #1.60 directs that all inmate 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. Inmate 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. No incident occurred at Lakeview Shock Incarceration Correctional Facility in the last 12 months as verified in interviews with the Deputy Superintendent for Health and Sex Crimes Division Investigators.

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.

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. Inmate 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.

Health Services has a list of SAFE/SANE hospitals and is responsible for confirming that a SANE/SAFE and a Victim Advocate are available to provide services prior to transporting. The inmate may be transported to a closer or more appropriate hospital if health staff determine the inmate’s priority medical needs are such that require immediate or specialized care (e.g., inmate victim has injuries that require a level of care beyond what the certified SAFE/SANE hospital can provide). Admission to the facility infirmary and expedited follow-up assessment by a primary care provider is required upon the inmate victim’s return from an outside hospital emergency department. The primary care provider will continue any appropriate post exposure prophylactic medications initiated at the outside hospital or at the facility. A mental health referral is immediately initiated upon return to the facility. Lakeview SICF had no instances in the previous 12 months where a SANE/SAFE examination was needed.

New York State Department of Corrections and Community Supervision, Division of Health Services, Policy #1.60, Sexual Assault, Section: Health Care Services, directs 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. Inmate 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. Expeditious transportation will be coordinated with the Watch Commander to take the inmate 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 Deputy Superintendent for Health, Facility Investigators, and PREA Facility Point Person confirmed inmates would quickly be provided victim’s advocate and/or rape crisis center services.

There were (0) number of forensic medical exams conducted during the past 12 months; (0) number of exams performed by SANES/SAFEs during the past 12 months; (0) number of exams performed by a qualified medical practitioner during the past 12 months.

Policy supports the requirements of the provisions. Processes are in place to ensure an incarcerated individual is sent to a hospital for a SANE exam when allegations are

	<p>made to support a referral. State law and policy support that a qualified advocate is available through the hospital. Several of the agency trained investigators have become certified for evidence collection and photographing of crime scenes, above and beyond the specialized training required of investigators (certificates provided to the auditor) therefore ensuring a uniform accurate evidence protocol is followed.</p> <p>Conclusion:</p> <p>For this reason the auditor finds that the facility exceeds the standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Incarceration Correctional Facility Completed PAQ • Directive #4027 Sexual Victimization Prevention & Response 12/01/2023 • Directive #0700 Office of Special Investigations 9/20/22 • SV Summary Monthly Report • Website • Interviews with the following: PREA Coordinator PCM Investigative Staff Random Incarcerated Individuals <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>Lakeview Shock Incarceration Correctional Facility Associate Commissioner provided</p>

the last 12 months of monthly reports for review. Reports were detailed and inclusive. Six (6) allegations of sexual abuse and sexual harassment were received, six (6) resulted in an administrative investigation and six (6) resulted in a criminal investigation. Investigative files were reviewed with the Office of Special Investigations investigators indicating protocols were followed and an investigation is completed.

DIR #0700 authorizes and designates the Office of Special Investigations as the official investigative body for all administrative and criminal investigations for the New York State Department of Corrections and Community Supervision under Section 112 of the Correction Law. 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 BCI Bureau of Criminal Investigations and would work in conjunction with the local District Attorney's Office.

Interviews with the Senior Investigator of the Sex Crimes Division confirmed procedures are well established and followed. The six (6) investigations reviewed were investigated by the Office of Special Investigations according to Agency policy. During the time of this audit there were six (6) were ongoing/not completed. 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.

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. The PREA Compliance Manager, supervisors and Investigators work very closely 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 Lakeview Shock Incarceration Correctional Facility and the NYDOCCS and will be notified by the Watch Commander in accordance with Lakeview Shock'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 protocol. 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 Lakeview Shock ICF.

115.22(c) A separate entity is not responsible for conducting investigation therefore this element of the standard is Not Applicable.

Conclusion

Auditor's analysis of policy review, investigative file review, interviews with Acting Commissioner, Acting Superintendent, Deputy Superintendent for Security/PREA Point Person and OIC Investigators, and personal observations indicate Lakeview Shock Incarceration Correctional Facility is compliant with provisions of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- Training Manual Section: 0.100 - Frequency Training Chart and Training Bulletins - 4/15/2022.
- Training Manual Subject 8.300A - Recruit Training Catalog of Courses 4/15/2022
- Training Bulletin 7/20/2022
- Training Manual Subject #7.000 - Initial Employee Training/40-hour Orientation 8/19/2022
- Training Manual Section #7.100 Employee Familiarization In-Service Training Program 2/28/2022
- Memo - Commissioner 7/06/2022 RE: Policies and Standards Generally Applicable to all Employees
- Memo - Commissioner 9/5/2023 Acting Commissioner to all employees, contractors and volunteers RE: Revised Policy on the Prevention of Sexual Victimization
- Memo - Deputy Commissioner/Associate Commissioner (PREA Coordinator) 4/8/2015 RE: Sexual Abuse Prevention and Response Training
- Training curriculum 17093 (one for males, one for females) PREA Introduction Transfer Lesson plan
- KHRT #35029 PREA Training new employees' curriculum
- KHRT #35029 Report of training completed
- KHRT #35029 signatures noting understood the training
- KHRT #17078 Report of training completed
- KHRT #17078 signatures noting understood the training
- KHRT #17078 curriculum Refresher training
- Interviews:
Random Staff
Observations

Training Manual Section: 0.100 - Frequency Training Chart and Training Bulletins confirms that PREA Training is provided every two years, and a module on Professional Boundaries 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.

8.300A Attachment Recruit Training Catalog of Courses - Recruit Training Program ensures that sexual abuse prevention and response training is addressed in recruit training.

Memo - Deputy Commissioner/Associate Commissioner (PREA Coordinator) RE: Sexual Abuse Prevention and Response Training ensures that PREA training is mandatory, must include Avoiding Inappropriate Behavior Between Staff and Incarcerated individuals and is a three-hour course.

Memo - Commissioner RE: Policies and Standards Generally Applicable to all

Employees - Addressed to staff updates to laws, regulations, Employees Manual and Policy/Procedure Manual to include Sexual Victimization Prevention and Response policy.

Training 35029 Sexual Abuse Prevention and Response Training is a fifty-seven (57) page module that addresses the following: define key terms defined by PREA and DOCCS policies, review of Employee Manual that addresses PREA requirements, discuss how to communicate effectively and professionally with LGBTI/GNC incarcerated individuals and parolees, actions of first responders, categories of misconduct for duty to report, mandatory laws for reporting and consequences for abuse with incarcerated individuals, dynamics of sexual conduct in confinement (males and females), reactions of victims, how to avoid inappropriate relationships with incarcerated individuals and parolees, assessment of vulnerability or abusiveness, vulnerable populations, reporting requirements, and coordinated response plan.

The auditor reviewed Sexual Abuse Prevention and Response Refresher Training Lesson Plan - March 2022 for 17078. It demonstrates that training covers the following topics:: Definitions, Zero Tolerance Policy, Incarcerated individual/Parolee right to be free from sexual abuse and sexual harassment, incarcerated individuals have the right to be free from retaliation for reporting sexual abuse or harassment, dynamics of sexual abuse and sexual harassment in confinement for males incarcerated individuals and female incarcerated individuals, common reactions of victims, communicating effectively with lesbian, gay, bisexual, transgender and intersex, or gender nonconforming incarcerated individuals, how to avoid inappropriate relationships, employee responsibilities of prevention, detection, reporting and response and mandatory reporting.

An interview with the trainer confirmed that new staff do not have incarcerated individual contact before receiving training on PREA which supports clarification provided in the FAQ. A report demonstrating that staff have been trained for course 35029, Preventing Sexual Abuse, and 17078 PREA Refresher was provided to the auditor providing evidence that staff receive this training. All random staff interviews confirmed that staff are trained regularly, and training includes the topics required in the provision.

Training Manual Section #7.100 For facility staff: 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. Employees completing the PREA Introduction/Transfer Training must sign and submit an RTF-PREA (course code 17093) to the appropriate Training office and a copy must be forwarded to the appropriate PREA Compliance Manager.

Based upon an interview with the training coordinator, all active employees at Lakeview Shock Incarceration 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 agency’s commitment to the PREA program and standards. 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.

Conclusion

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

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4750 Volunteer Services Program 12/21/2022 • Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 • Training Manual 7.150 Orientation for Per diem and Non-Departmental Employees 8/19/2022

- Directive #4071 Guidelines for Construction Projects 3/10/2023
- Informal interviews with construction workers (two total)
- Observations
- Review volunteer/contractor training records
- Interviews

The PAQ indicates there are (32) volunteers and contractual staff who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Directive #4027 confirms the following: For reporting purposes under this directive, "employee" includes any employee, contractor, contract employee, volunteer, or intern of the Department or any employee, contractor, or contract employee assigned to work in a department correctional facility by any other State agency. Directive #4750 Volunteer Services Program states, Restrictions: During orientation, volunteers must be cautioned regarding the seriousness of personal/emotional involvement with incarcerated individuals. Restrictions: During orientation, volunteers must be cautioned regarding the seriousness of personal/emotional involvement with incarcerated individuals. This will include visiting, corresponding (including secure messaging (email) and packages) and accepting phone calls. In order to avoid any misunderstanding, the following guidelines must be strictly observed: a. Volunteers are prohibited from having any sexual contact or engaging in any sexual conduct with an incarcerated individual. 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.

All volunteer applicants must read the most updated version of the Policy on the Prevention of Sexual Abuse of Incarcerated Individuals. All volunteers are to be provided with training on Directive #4027, "Sexual Victimization Prevention & Response." All volunteer applicants must acknowledge receipt in writing that they will be held accountable for and act in accordance with the policy and the law. All volunteer applicants must acknowledge that they understand the Department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents under DOCCS' sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The Volunteers Orientation will cover the "Standards of Conduct for Volunteers," Form #4750C, all applicable policies, benefits for volunteers, security issues, health related issues, and facility-specific information prior to the beginning of the volunteer activity.

Training Manual 7.150 Orientation for Per diem and Non-Departmental Employees ensures that all per diem and non-departmental employees providing service in the facility receive the PREA Introduction Transfer Lesson plan. (c) Form # MFVS3087 Acknowledgement of "Standard of Conduct for Volunteers" and All Applicable Policies

and Form #4071A Guidelines for Construction Projects provide written information for contract workers which also require a signed acknowledgment form. The auditor interviewed the Volunteer Coordinator; she reaffirmed the requirements as indicated in the policy. The auditor had access to all volunteer files. Six files were randomly selected and reviewed.

They demonstrated that volunteers receive background checks and sign acknowledgements noting the volunteer/contractor understands the policy on prevention of sexual abuse and sexual harassment in a confinement setting were included in the documentation. A refresher is required annually, therefore exceeding the standard. These files were highly organized. The auditor was additionally able to interview one volunteer during the onsite audit who confirmed this process and knowledge of zero tolerance and his responsibilities related to this law. Three construction workers verified during an informal conversation that they are provided information regarding PREA before they start work on the projects they have been hired for.

Conclusion:

Summary of evidence to support a finding of compliance: Based on review of the information provided to volunteers, review of the randomly requested documentation, interview with the volunteer coordinator, and interview with a volunteer the auditor finds sufficient evidence to support a finding of exceeds compliance with this standard due to the required annual refresher training for volunteers. There were no contractual staff assigned to the facility at the time of the audit. Contractual staff typically are medical staff hired from an agency who receive the same level of training for all staff (orientation).

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • SVPPM 115.33 Incarcerated Individual Education 7/11/2022 • PREA - Sexual Abuse Prevention Orientation Outline 05/05/2022 • Directive #4021 Incarcerated individual Reception/Classification dated 01/23/ 2019 • Form 4021A rev. 4/2022 Draft Receipt (handbook, PREA Brochure) • Form 115.33 (one Spanish orientation and one English orientation provided with the PAQ) • Transitional Services Phase I Manual - 2021 (one for males and one for females) • Incarcerated Individual Orientation Handbook • Facility specific -Form 115.33 Incarcerated Individual Training Participation randomly requested • Posters - English and Spanish How to Report Sexual Abuse or Harassment or Get

Emotional Support, Zero Tolerance (male version/female version) Report Sexual Abuse

- Observations of Posters, pamphlets (Prevention of Sexual Victimization - multiple languages)

- Interviews:

 - Intake staff

 - Random Residents

The Lakeview Shock Incarceration Correctional Facility PAQ reported that during the last year 1268 Incarcerated Residents (100%) were committed to the facility and given PREA information at the time of intake, in accordance with the standard. Staff who were interviewed by this auditor 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.

The auditor observed PREA signage in all facility locations, and notification of the agency's zero tolerance policy. 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 Residents that they could report any instances of abuse or harassment to staff and/or use the Incarcerated Residents 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.

Interviews with intake staff verified that Incarcerated Residents, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that Incarcerated Residents, 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 residents housing areas, intake, and public areas. The posters were very prevalent in all areas of the facility.

Per the SVPPM, each incarcerated residents identified as having a sight or hearing impairment is housed in an appropriate facility that is able to provide reasonable accommodations. For residents with limited reading skills, efforts need to be made for appropriate staff to review the brochure with the residents in order to enhance comprehension of the materials presented. Per the PCM, Lakeview Shock Incarceration Correctional Facility does have a limited population of incarcerated residents 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 residents.

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

Incarcerated Residents are immediately provided a summary of the PREA standards upon their initial arrival to the facility. Policy indicate that residents are 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 Lakeview Shock Incarceration Correctional Facility 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. Residents 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 Residents and is available for public viewing on the NYDOCCS web site.

The auditor reviewed twenty-nine (29) random resident record files during each month of the audit period. For the requirement of comprehensive PREA education within thirty (30) days of intake; there appeared to be a problem. Sixteen (16) of (29) files reviewed revealed that comprehensive PREA education was not completed within thirty days. Fifty-five percent of the files reviewed were not in compliance of standard 115.33. Several of the residents interviewed indicated that they had not received the Comprehensive PREA education.

The auditor requested corrective action including review of the files of all residents who arrived at the facility from June 1 through June 15, 2024. Also, I requested the retraining of staff responsible for the Comprehensive PREA education to ensure that it is completed within 30 days for all newly arrived residents. The auditor received documentation that his requests have been completed.

Conclusion

New York State Department of Corrections and Community Supervision provides a comprehensive inmate PREA education to the inmate population beginning at reception into the agency. The facility is required to provide comprehensive PREA

	<p>education to all new intakes within 30 days of arrival. The facility has instructed Guidance Staff to comply with this requirement going forward. A review of all written confirmation signed by new residents received from June 1 through June 15, 2024, indicates a 100% compliance of this section of Standard 115.33. Lakeview Shock Incarceration Correctional Facility meets the requirements of this standard.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Incarceration Correctional Facility Completed PAQ • Specialized Training Investigations 08/24/2022 • PREA Specialized Training Investigations • Investigating Physical and Sexual Abuse in an Institutional Setting 11-14-2016 • NIC Investigating Sexual Abuse in Confinement Overview • RTF Investigating Physical and Sexual Abuse • KHRT for Course 17072 OSI Investigators Trained • RTF Investigating Physical and Sexual Abuse • Interviews with PCM & Investigative Staff <p>Agency policy is written in accordance with the standard. NYDOCCS conducts both administrative and criminal investigations and requires all investigators receive 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.</p> <p>The NYDOCCS has 35 staff members who has received the specialized training and who have been trained to conduct sexual abuse investigations in a confinement setting.</p> <p>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</p>

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 OSI investigators assigned to Lakeview Shock. 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.

Conclusion:

Summary of evidence to support a finding of compliance: Policy, training curriculum, interview with two investigators, and training certificates provide sufficient evidence that the facility is compliant with the provisions of the standard. Review of the documentation shows that the investigation unit has significant experience in the unit, received the required training, and has received additional above and beyond training. Therefore, the auditor finds that the facility exceeds the standards.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Incarceration Correctional Facility Completed PAQ • Training Manual Subject - 7.000, 40 Hour Orientation/Initial Employee Training - 08/19/2022 • Training Manual Subject - 7.150, Orientation Program for Per Diem and Non-Departmental Employees - 08/19/2022 • Incarcerated individual Sexual Assault Post Exposure Protocol/PREA (17083) • Review of Training Materials

- Review of Training Documentation
- Interviews:
 - Training Coordinator
 - Medical Staff

Medical staff are Department of Corrections employees. Mental Health staff work in Department of Correction facilities for the Office of Mental Health through a Memorandum of Understanding. This MOU includes the requirement for PREA training including the specialized training for medical and mental health staff. The auditor reviewed the specialized training curriculum for medical and mental health staff.

Medical and mental health staff have attended Specialized PREA Training for Medical and Mental Health Providers. Documentation demonstrating this was provided to the auditor. Specifically, the training is entitled Incarcerated individual Sexual Assault Post Exposure Protocol/PREA (Course 17083). It addresses the emotional and psychological effects of victims of sexual assault, how to report to the Office of Special Investigations, responding to victims, and sending a victim to an Emergency Room for a proper forensic examination and evidence collection. Training in how to detect and assess signs of sexual abuse and sexual harassment is provided in the PREA training all staff receives. The auditor interviewed one intake nurse who has been at the facility for over twenty years. A request to see her training record for this training confirmed receipt in addition to her interview. All mental health staff interviewed confirmed receipt of this training.

Training Manual 7.150 Orientation program for Per diem and Non-Departmental Employees, Per diem employees must also sign two Report of Training Forms (RTFs) – a general RTF for the full 16 hours of orientation (code 27012) and the specific RTF for the Sexual Abuse Prevention and Response Introduction/Transfer Video (17093). The forms will be submitted together as separate hours will not be credited for the video. A copy of the signed RTF PREA must be forwarded to the appropriate ADS PREA. Orientation includes the policy, PREA intro and transfer training, maintaining professional boundaries video, and Training Bulletins.

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 8-19-2022, 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 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. 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.

Conclusion

The medical staff at Lakeview Shock Incarceration 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. 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. After a review, the Auditor determined the facility meets the requirements of the standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- SVPPM 115.41-Screening for Risk of Sexual Victimization and Abusiveness, (01/23/2023)
- SVPPM 115.41 Screening for Risk of Sexual Victimization and Abusiveness 1/3/2023
- Directive #4021 Incarcerated individual Reception/Classification (1/23/2019)
- Form 4021A Draft Receipt (rev. 05-15-20)
- Facility Operations Manual (FOM) PREA Risk Screening (01/3/2023)
- 115.41M PREA Risk Screening Form Male (04/2022)
- 115.41GI Gender Identity Form (06/2020)
- Sampling of Random Incarcerated Individual Files
- Interviews:
 - PREA Coordinator
 - Staff Member Responsible for Completing Assessments
 - Random Incarcerated Individuals
 - PCM
 - Intake Staff
- Observations of the Following:
 - Incarcerated Resident
 - Intake Process

DIR #4027, Sexual Victimization Prevention & Response outlines the protocols for facilities operated by New York State Department of Correction and Community Supervision to conduct risk screening for inmates. Lakeview Shock Incarceration Correctional Facility local operating procedure FORM #1.09, PREA Risk Screening outlines the protocols for conducting risk screening at the local facility. An initial assessment is conducted of all inmates arriving at a Reception Center to determinate an inmate's risk of being sexually abused by other inmates or sexually abusive toward other inmates. PREA Risk Screening Form# 115.41M is used to conduct these screenings. Upon transfer to another facility each inmate will be screened upon arrival using the same form. It is the policy of Lakeview Shock Incarceration Correctional Facility that all inmates transferring in shall be screened by a Sergeant or above within 24 hours, (but no more than 48 hours when unusual circumstances warrant), of arrival at the facility. Inmates who are temporarily housed at the facility will be screened if their stay is anticipated to be for 72 hours. Auditor observed processing of the new arrivals during the onsite visit and found each incoming inmate was screened upon arrival. In addition, a file reviews were conducted on randomly selected inmates which provided evidence of a well-established system of risk screening.

It is the policy of Lakeview Shock Incarceration Correctional Facility that all inmates transferring in shall be screened by a Sergeant or above within 24 hours, (but no more than 48 hours when unusual circumstances warrant), of arrival at the facility. Inmates who are temporarily housed at the facility will be screened if their stay is anticipated to be for 72 hours. Auditor's observation of intake procedures and of inmate file reviews indicated inmates are routinely screened on day one of arrival (within 24 hours).

The New York State Department of Correction and Community Supervision PREA Risk Screening Form #115.41M is a comprehensive, fact-finding and objective instrument. The instrument allows for recording the responses of the inmate. Auditor's analysis of the questions asked to the inmate, and the information collected on this instrument, it is determined to be a factual based instrument.

The New York State Department of Correction and Community Supervision PREA Risk Screening Form #115.41M includes questions for all criteria found in 1-9 of the elements stated in this provision of the standard to be considered during screening. Element 10 is not assessed because New York State Department of Correction and Community Supervision does not hold inmates solely for civil immigration purposes, although this is captured on each risk screening instrument.

The New York State Department of Correction and Community Supervision PREA Risk Screening Form #115.41M includes questions to collect data for assessing sexual abusive behavior risk and considers: a) convictions of a crime related to sexual abuse of another inmate, detainee, or resident; b) known history of committing institutional sexual abuse; c) convictions of a violent offense; and d) known history of committing institutional violence.

Lakeview Shock Incarceration Correctional Facility local operating procedure FOM #2409, PREA Risk Screening directs each inmate to be reassessed within 14 days of arrival by updating the original screening based upon a review of records and any additional available relevant information. The PREA Risk Screening Form contains a column for the Offender Rehabilitation Coordinator to document the reassessment. A final risk assessment is made by the Assistant Deputy Superintendent/PREA Compliance Manager within 30 days of the inmate's arrival at the facility and is documented on the original form.

Lakeview Shock Incarceration Correctional Facility local operating procedure FOM #2409, PREA Risk Screening directs each inmate to be reassessed if at any time additional information is received due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. These assessments shall be conducted by the Assistant Deputy Superintendent/PREA Compliance Manager.

Lakeview Shock Incarceration Correctional Facility local operating procedure FOM #2409, PREA Risk Screening directs that inmates are not to be disciplined for refusing to answer or for not disclosing complete information in response to questions asked pursuant to the PREA Risk Screening process. Language is also printed on the Risk Screening Form that inmates cannot be disciplined for refusing to answer or not completely disclosing information. Interviews with Draft Sergeant, Captain, Deputy Superintendent for Security and Assistant Deputy Superintendent/PREA Compliance Manager confirm this never occurs.

Sensitive information collected during the risk screening process is controlled and disseminated only as needed to appropriate parties to ensure proper care, housing, and other assignments for protection of the inmate and others. The Risk Screening Form includes the following language: Information contained on this form shall not be

disclosed to anyone other than to the extent necessary to make security classification, housing/placement, programming, treatment, investigation, and other security and management decisions.

Lakeview Shock Incarceration Correctional Facility local operating procedure FOM #2409, PREA Risk Screening directs the PREA risk screening interviews to be conducted in a private setting. Auditor observed inmates taken one at a time from the waiting area into a staging area containing a desk and two chairs for screening behind a closed door for confidentiality purposes. After the intake sergeant conducts the initial screening upon arrival, the form is then forwarded to the Supervising Offender Rehabilitation Coordinator who distributes the screening forms to the inmate's assigned counselor.

Once completed, the Offender Rehabilitation Coordinator forwards the completed reassessment to the Assistant Deputy Superintendent/PREA Compliance Manager for the final risk assessment review with a copy to the Deputy Superintendent for Security/PREA Point Person and Watch Commander. The original risk screening form is retained in in the inmate's file in locked cabinets within the Guidance Department where only authorized staff have access. Interviews with all concerned parties indicate the risk screening forms are kept in a locked file cabinet, in a locked office/ room with the identified persons listed only having access.

A Gender Identity Interview process has been developed and refined. A form (115.41GI) with specific interview questions is 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.

According to the PAQ, 1411 Incarcerated Residents 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.

Conclusion

Summary of evidence to support a finding of compliance: Interviews with the medical supervisor, review of the curriculum, and review of training completion documents all provided sufficient evidence for the auditor to support a finding of exceeds compliance.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed

- DIR #4027, Sexual Victimization Prevention & Response, 12/1/2023
- DIR #4021, Incarcerated individual Reception/Classification, 1/23/19
- DIR #4017, Incarcerated Individual Transfer Procedure, 6/6/22
- DIR #4401, Guidance & Counseling Services, 8/21/20
- DIR #4009, Minimum Provisions for Health and Morale, 7/21/22
- NYDOCCS Sexual Victimization Prevention Policy Manual, Section 115.42, 2/15/22
- Report of PREA Screening Results
- PREA Risk Tracking Sheet
- Interviews:

PREA Coordinator

PCM

ORC Staff

Movement Staff

Observation of the following:

Site review of Incarcerated Individual housing units

Form 115.42 is to be completed for incarcerated individuals determined to be at high risk for sexual victimization or sexual abusiveness for the following: Housing and bed assignments (using a PREA Risk Tracking Sheet); Changes in housing/bed assignments will be authorized by the Watch Commander; Program Committee chairperson will receive a copy of Form 115.42 to determine work and program assignments; Any concerns should be addressed to the ADS PREA or PREA Point Person

FOM PREA Risk Screening 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. Interviews with the Intake Sergeant, Watch Commander and ORC confirmed that this was done via a telephone call to the Watch Commander and the housing assignment information is noted using form 115.41M. Documentation of receipt of this information was observed in the control center logbook. Documentation supporting this process was provided to the auditor with the review of the randomly requested documentation. A PREA Tracking form and process has been developed. The interview with the ADS PREA confirmed that she monitors and updates at least weekly the tracking mechanism and ensures the proper staff (Program Committee, Watch Commander and Movement and Control Officer) have the current tracking sheet. The interview with a member of the Program Committee (Vocational Trades supervisor) confirmed to the auditor receipt of the PREA tracking form weekly so that the Program Classification Committee can make informed decisions when placing incarcerated individuals at high risk for sexual victimization or high risk for sexual abusiveness in programming or work assignments. At the time of the audit, the facility had two incarcerated individuals designated as high risk for sexual victimization, three designated as high risk for sexual predatory behavior and two designated as both.

Directive #4021 Incarcerated individual Reception/Classification Transgender/ Intersex Incarcerated individual Classification and Placement states that any incarcerated individual who identifies as transgender, intersex or gender nonconforming shall be asked additional questions by their ORC regarding safety. The process for requesting placement to a facility in line with their gender identity is noted. Interviews with incarcerated individuals confirmed this process occurred.

Directive #4401 Guidance & Counseling Services states, a transgender or intersex incarcerated individual's own view with respect to his or her own safety shall be given serious consideration. The process described in subpart C further confirmed the written authority for compliance with this standard. This policy also states, all incarcerated individuals are reviewed on a quarterly basis to assess programs, personal goals, goals for the next quarter in addition to four questions specific to sexual abuse and sexual harassment safety. This includes ascertaining the Incarcerated individual views regarding safety. Interviews confirmed this quarterly review occurs for all incarcerated individuals during the audit. Documentation of this process was reviewed in the guidance folder for two self-identified transgender incarcerated individuals.

Directive #4009, Minimum Provisions for Health and Morale states, transgender and intersex incarcerated individuals shall be given the opportunity to shower separately from other incarcerated individuals. Interviews with transgender/intersex incarcerated individuals confirmed that the shower arrangements are acceptable. One recently arrived was in the process of getting the shower pass.

The interview with the PREA Coordinator confirmed the following: The New York State Department of Corrections and Community Supervision does not have any facilities, units or wings dedicated to lesbian, gay, bisexual, transgender or intersex incarcerated individuals. When a transgender or intersex incarcerated individual requests a facility assignment based upon their gender identity, a Central Office committee conducts an individualized assessment, and such placements are made when warranted.

DOCCS has granted a number of gender-aligned placements since early 2019, including transfers of transgender women from male to female facilities, a transfer of a transgender man from a female to a male facility, and direct intake of multiple transgender women into our female reception center from New York City corrections and at least two other county jails. Many LGBTIQ+ incarcerated individuals are housed in the general population, although their specific housing location will be influenced by their vulnerability. Other LGBTIQ+ incarcerated individuals will be housed in a unit that is appropriate based on other needs, including discipline, chronic protective custody, mental health, or treatment needs. Directive #4021 Incarcerated individual Reception/ Classification and Directive #4017 Incarcerated Individual Transfer Procedure address Transgender/Intersex Incarcerated Individual Transfer Requests (requests for a transfer from a male to female facility, or a female to male facility). This policy directs the ORC to complete the Form 115.41GI, forward to the supervisor, who forwards to the DS for Programs to central office to the Transgender Placement Review Committee for a case-by-case assessment. It confirms

	<p>that a transgender/intersex incarcerated individuals own views regarding their safety are given serious consideration. Additionally, they will not be placed at a facility based solely on external genital anatomy. Summary of evidence to support a finding of compliance: Review of the policy, PREA Manual and other documentation which included examples of Form 115.42, comments noted on the 115.41M and processes in place that communicate risk needs to staff support a finding of compliance. As stated, at this facility, all incarcerated individuals are reassessed quarterly, and asked questions again related to sexual abuse/harassment safety. This was confirmed by staff interviews and incarcerated individual interviews. Documentation showing that a transgender incarcerated individual’s own views are given serious consideration was provided to the auditor with the pre audit documentation and randomly reviewed on site.</p> <p>Conclusion:</p> <p>Based upon this analysis of written authority, completed documentation, interviews with the intake sergeant, ORCs, PREA Coordinator, ADS PREA, and incarcerated individuals all provides the auditor with sound evidence for the auditor to find the facility substantially meets compliance with this standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4948 Protective Custody Status 06/02/2022 • Forms #2168A, #2170A and #4948A • Observations: During the tour of Restricted Housing • Interviews: <ul style="list-style-type: none"> Superintendent Staff who supervise Restrictive Housing <p>In accordance with agency policy, Lakeview Shock Incarceration 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</p>

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.

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 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.

Conclusion

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.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4027 Sexual Abuse Prevention & Response 12/1/2023 • Sexual Abuse Prevention and Response (SAPR) Lesson Plan • OSI 444 Poster for Internal Reporting • Letter The New York State Commission of Correction (SCOC) Inmate and Resident reporting • Prevention of Sexual Victimization in Prison: What You Need to Know brochure • Orientation Manual Mid-State Correctional Facility • Notice to Auditor • PREA Pocket Card • Interviews: <ul style="list-style-type: none"> Incarcerated Residents Random Staff Review of investigations <p>The NYDOCCS Operating Procedure designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other Incarcerated Residents 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 Residents and releases to privately report sexual abuse and sexual harassment, retaliation by other Incarcerated Residents, 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 Residents 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 Residents, both targeted and random, confirmed widespread awareness of the multiple options to report any incident or concern regarding PREA.</p> <p>NYDOCCS Operating Procedure provides a requirement that Incarcerated Residents 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 Residents 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 Residents may use privileged correspondence for this purpose. The SCOC will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized</p>

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 April 9, 2014, provided for the auditor's review.

The auditor reviewed the Incarcerated Residents handbook and found that Incarcerated Residents 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 Residents 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 Residents 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 Lakeview Shock Incarceration 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 Residents 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 Residents interviews revealed that they feel that that the staff at Lakeview Shock Incarceration 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 Residents are aware of the reporting methods available to them. The NYDOCCS does not hold Incarcerated Residents 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 Residents can report outside the facility, by phone, using the established hotline. This information is in the Incarcerated Residents handbook, posted by the phones and on the brochure the Incarcerated Residents receive at intake. During the site review, the auditor observed PREA informational posters and placards adjacent to the Incarcerated Residents telephones with the Hotline information where reports can

be taken and referred for investigation. Most all Incarcerated Residents interviewed were aware of this as a potential reporting method, indicating the Incarcerated Residents 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 Residents 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 Residents, 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 Residents 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 Residents interviews, the Incarcerated Residents were asked if they knew that they could make a verbal report of an incident of sexual harassment.

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

Conclusion:

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

	<p>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 meets the requirements of the standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Incarceration Correctional Facility Completed PAQ • Directive #4040 • Memo re processing of sexual abuse/sexual harassment grievances • Interviews: Staff <p>DOCCS is exempt from this standard as it does not have administrative procedures to address Incarcerated Resident grievances regarding sexual abuse. The agency is exempt in accordance with DIR #4040 Incarcerated Resident 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 Resident Grievance Program states that the Incarcerated Residents 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. 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. During this audit period, no allegations were tracked through the grievance procedure. After a review, the Auditor determined the facility meets the requirements of the standard.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Incarceration Correctional Facility Completed PAQ • SVPPM 115.53 incarcerated Individual Access to Outside Confidential Support Services 07/14/2023

- Directive #4423 Incarcerated Individual Telephone Calls 05/21/2015
- Directive #4421, Privileged Correspondence 6/02/2016
- Directive #4404 Incarcerated individual Legal Visits 9/18/19
- Lakeview Shore Orientation Manual
- Incarcerated Resident Orientation Handbook
- Contract NYSCASA with OVS 10. OVS-OPDV MOU
- RESTORE Hotline Contract
- Poster PREA brochures, "Help for Victims of Sexual Abuse in Prison"
- Poster Sexual Abuse Hotline 777 Program (English and Spanish)
- Interviews:
 - PCM
 - Random Incarcerated Residents
 - Random and Targeted Staff
 - Mental Health and Medical Staff

Upon an offender's assignment to the facility, that offender is provided an Inmate Orientation Handbook, as well as an informational PREA brochure. Victim Support brochures are also widely available in many areas throughout the facility. These reference materials contain the contact information for several confidential support services. As well as contact information for confidential rape crisis support services are freely displayed throughout the facility and in all offender housing areas.

DIR 4423, Inmate Telephone Calls provides guidelines for monitoring notices and instructs each facility to post the following notice in English and Spanish adjacent to any telephone to be used by inmates: calls to 777 are not monitored by the facility. Calls through the 777 hotline are treated as confidential. Conversations between inmates and representatives of Rape Crisis Programs are confidential. The rape crisis counselors providing services to inmates are only allowed to report information back to the Department if the inmate gives permission. DIR 4404, Inmate Legal Visits, provides guidance on visits between an inmate and a representative, including an employee or registered volunteer, or a rape crisis program and the Superintendent shall designate an area for these visits which ensures the confidentiality of all communications during the visit.

DIR 4423 Inmate Telephone Calls states: Monitoring Notice: The following notice shall be posted in English and Spanish adjacent to any telephone to be used by inmates advising them that their telephone calls may be monitored:

	NOTICE
	ALL INMATE TELEPHONE CONVERSATIONS ARE
SUBJECT TO	ELECTRONIC MONITORING AND/OR RECORDING BY
DEPARTMENTAL PERSONNEL	AVISO
	TODAS LAS LLAMADAS TELEFONICAS DE LOS RECLUSOS
PUEDEN SER	ESCUCHADAS
	POR MEDIOS ELECTRONICOS Y PUEDEN SER GRABADAS

POR EL PERSONAL DEL

DEPARTAMENTO

It also states offenders may add an approved rape crisis support service organization to their approved phone call list. In doing this, policy clearly states these phone calls are to be treated as confidential. Additionally, offenders may access the PREA Statewide Rape Crisis Hotline by dialing 777 from any phone within their housing units and recreation areas. While the informational poster posted adjacent to most offender phones clearly indicates that the PREA Statewide Rape Crisis Hotline is a confidential call, it further notes that the conversation is still recorded in the event of offender misuse.

DIR 4404 Inmate Legal Visits allows advocates assigned to approved rape crisis support service centers to have unmonitored visits with offenders in the legal visitation area. Per 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 and DIR 4421 Privileged Correspondence notifies offenders that correspondence with approved rape crisis support services is considered confidential and subject only to physical inspection in the presence of the offender as privileged correspondence.

The auditor reviewed the MOU between Lakeview SICF and the RESTORE Sexual Assault Services of Planned Parenthood of Central and Western New York signed during the audit period and continuing until 09/30/2024. The Hotline, which is statewide, offers rape crisis and victim support, and it also provides for interpretation services and deaf-relay services when needed. The contract period for Planned Parenthood is October 1, 2023 thru September 30, 2024 and the newest MOU was sent to the auditor after the onsite portion of the audit and is effective October 1, 2024 through September 30, 2025.

Restore provides emotional support and victim advocacy calls and receives referrals for such services through the statewide rape crisis hotline (777) provider. A contract was provided that verified the agency agrees to the following: participate in PREA training, participate in quarterly working group calls, provide services for hotline calls and referrals, ensure only PREA trained staff and/or volunteers take calls from and provide services to incarcerated victims of sexual assault ensure answering service partners are trained in PREA, confidentiality and procedures and response, tour all incarceration facilities that are in the service areas, provide incarcerated victims of sexual assault with rape crisis counseling, advocacy and emotional support services, follow-up with incarcerated victims of sexual assault who made direct contact seeking rape crisis services via telephone or mail, as requested by the NYSDOCCS refer victims of sexual assault in state and local incarceration facilities to appropriate service providers, and complete forms to track project services among other requirements.

During the onsite portion of the audit, the auditor observed posters in every housing unit providing information on how to access this service. Posters are next to each phone. The auditor spoke to a Victim Advocate for Lakeview and she confirmed that

	<p>she is available to assist the inmates at any request. The standard requires that the agency provide access and this agency has gone above and beyond that requirement by creating a system by which inmates may directly access specified services.</p> <p>Conclusion:</p> <p>Based on policy review, contracts review, documentation review, interviews with inmates, interviews with Associate Commissioner/PREA Coordinator, ADS/PREA Compliance Manager, RESTORE Victim Advocate and Supervisor and review of correspondence records by LSICF with community rape crisis centers, and Hotline call tracking reports provided, Lakeview SICF exceeds requirements of this standard.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Correctional Facility Completed PAQ • DOCCS Website • Interviews: <ul style="list-style-type: none"> Staff Incarcerated Residents <p>The NYDOCCS Operating Procedure stipulates that all third-party reports will be accepted and investigated. The Lakeview Shock 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. Lakeview Shock Incarcerated Resident Handbook, which is provided during the intake process includes a section with PREA information that informs Incarcerated Residents 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 Residents they may ask a family member or friend to report an allegation for them. 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 Resident.</p> <p>They would document the report and inform their supervisor and the report would be</p>

	<p>handled the same as any other allegation or report and investigated thoroughly. This was also verified by the OSI Investigators. Incarcerated Residents are provided this information at intake and incarcerated resident interviews indicate that they are aware that family or friends or other Incarcerated Residents can call or write and report an incident of sexual abuse on their behalf. Most all Incarcerated Residents stated that they felt that staff would take any third-party report seriously and initiate an investigation.</p> <p>Conclusion:</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. After a review, the Auditor determined the facility meets the requirements of the standard.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Correctional Facility Completed PAQ • Directive #4027 Sexual Abuse Prevention & Response 12/1/2023 • Employees' Manual • Office of Mental Health MOU • HSPM 1.01 Incarcerated individual Orientation to Health Care Services - 8/21/20 • Form 3102 Health Services Orientation 8/21/20 • Lakeview Shock Coordinated Response Plan - Facility specific • Watch Commander Sexual Abuse Response Checklist • Interviews: <ul style="list-style-type: none"> Superintendent Investigative Staff Random Staff Random Residents Medical & Mental Health staff PREA Coordinator Observations <p>Directive 4027 Sexual Abuse Prevention & Response requires all employees (which includes contractors, contract employees, volunteers, interns, or other state agency employees assigned to the facility) to immediately report to their immediate supervisor any information pertaining to sexual abuse, sexual harassment, or retaliation. The Employee Manual requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, any retaliation against an inmate or staff who report such an incident and any neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>

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 investigation and immediately acted upon.

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 Lakeview Shock Incarcerated Correctional Facility are reported to the Watch Commander for further action. The Auditor conducted a formal interview with two OSI investigators, who indicated that all allegations are immediately reported and investigated.

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 Lakeview Shock Incarcerated Correctional Facility staff had received training and were aware of their obligations to immediately report all allegations of sexual assault and harassment.

Conclusion

Based on available documentation, Lakeview Shock Coordinated Response Plan, policy and interviews. The Auditor determined that Lakeview Shock ICF is reporting and investigating incidents of sexual harassment and assault in accordance with the standard. After a review, the Auditor determined the facility meets the requirements

	of the standard.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Incarceration Correctional Facility Completed PAQ • Directive #4948 - Protective Custody Status - 06/02/2022 • Form #2168A Sexual Victimization - Involuntary Protective Custody <p>Recommendation</p> <p>Interviews:</p> <p>PCM</p> <p>Superintendent</p> <p>Random Staff</p> <p>Random Incarcerated Residents</p> <p>Observations</p> <p>In accordance with DIR 4948, Protective Custody Status, DOCCS maximizes the safety and security of the inmates who are subject to a substantial risk of imminent sexual abuse. Inmates may be placed in one of three Protective Custody Statuses: 1) Voluntary, Involuntary, and Sexual Victimization Involuntary. The facility reports that there were no inmates determined to be subject to a substantial risk of imminent sexual abuse at Lakeview SICF over the past 12 months.</p> <p>Conclusion</p> <p>Document review and results of interviews with Associate Commissioner/PREA Coordinator, Superintendent and ADS/PREA Compliance Manager determines compliance with this standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Incarceration Correctional Facility Completed PAQ • SVPPM 115.63-Reporting to Other Confinement Facilities 02/15/2022 • Form 115.63 • Documentation of notifications within 72 hours both sent and received for the previous twelve months

- Interviews:
PCM
Superintendent

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.

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 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 eleven (11) notifications from an Incarcerated Resident 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.

Lakeview Shock Incarceration 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 Lakeview Shock Incarceration Correctional Facility reported there has been seven (7) reports from another facility that an Incarcerated Residents claimed he was sexually abused while housed at Lakeview Shock Incarceration 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

	<p>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.</p> <p>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.</p> <p>Conclusion: Based on a review of policy, documentation and interviews, the Auditor determined that Lakeview Shock Incarceration Correctional Facility is making notification for allegations that an incarcerated individual was sexually abused while confined at another facility. After a review, the Auditor determined the facility meets the requirements of the standard.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4027 Sexual Abuse Prevention & Intervention 12/1/2023 • SVPPM- Coordinated Response 02/15/2022 • PREA Pocket Card • Interview with a staff who has acted as a first responder • FOM 2408 Coordinated Response to Reports of Sexual Victimization, 07/12/2023 • Observations • Random staff <p>NYDOCCS provides training to all first responders which include the separation of the alleged victim and abuser; preservation and protection of the crime scene until appropriate steps can be taken to collect evidence; the collection of physical evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff (civilian and non-civilian) is knowledgeable of their responsibilities when responding to reports of sexual abuse.</p> <p>According to the PAQ, in the past 12 months, there were six (6) number of allegations that an inmate was sexually abused. Of these allegations of sexual abuse in the past 12 months, there were two (2) number of times the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12</p>

	<p>months, there were two (2) number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were two (2) number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were two (2) number of times the first security staff member to respond to the report requested 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.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were two (2) number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>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.</p> <p>Based on a review of policy, documentation and interviews, the Auditor determined that Lakeview Shock Incarceration Correctional Facility 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.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Lakeview Shock Correctional Facility Completed PAQ • SVPPM 115.65 Coordinated Response (2/15/22) • PREA Pocket Card 4. HSPM #1.60-Division of Health Services-Sexual Assault (7/22/

22)

- Lakeview Shock Coordinated Response Plan 2408
- Interview:
 - Superintendent
 - PCM
 - Investigator
 - Medical Staff

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.

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 Lakeview Shock Incarceration 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 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 Lakeview Shock. The facility has a coordinated

	<p>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.</p> <p>The Lakeview Shock Incarceration Correctional Facility plan has an effective date of July 2023.</p> <p>The agency has provided a PREA Pocket Card to all staff that lists required staff actions following an incident of sexual abuse.</p> <p>Random incarcerated residents' interviews reveal that they feel that the staff at Lakeview Shock Incarceration Correctional Facility take all PREA related matters seriously.</p> <p>Conclusion</p> <p>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 Lakeview Shock Incarceration Correctional Facility that the auditor spoke with appear to be well-versed in their role and responsibilities in responding to allegations of sexual assault. After a review, the Auditor determined the facility meets the requirements of the standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed

- Directive #2110 Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings 11/2/2023.
- Directive #2114 Functions of the Bureau of Labor Relations 06/21/2022
- Union Contracts continuation after expiration Taylor Law Triborough amendment
- 2016-2023 Security Services Unit NYSCOPBA
- 2009-2016 Security Supervisors Unit
- 2023-2026-Professional Scientific Technical Unit
- 2021-2026-Administrative Services Unit
- 2021-2026-Institutional Services Unit

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. 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.

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 agency level. 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.

Conclusion:

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

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • SVPPM- Agency Protection Against Retaliation 07/14/2023 • Protection against Retaliation Tracking Sheet Inmates and Staff • Retaliation Monitoring Form Inmate • Retaliation Monitoring Form Staff • Interviews: <p>A/Commissioner Superintendent Staff members charged with monitoring for retaliation (ADS - PREA and PREA Point Person) Incarcerated Residents who reported a sexual abuse Observations</p> <p>The NYDOCCS’s policy is written in accordance with the standard and states retaliation by or against any party, staff or Incarcerated Resident, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited.</p> <p>SVPPM-Agency Protection Against Retaliation directs protection of Incarcerated Residents, parolees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other Incarcerated Residents 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 Residents 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.</p> <p>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 Resident’s Offender Rehabilitation Coordinator and if a mental health referral is deemed necessary, any staff member may initiate.</p> <p>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 Resident, including an Incarcerated Resident or releasee who reported an incident of sexual abuse or sexual</p>

harassment (including a third-party reporter) b. An Incarcerated Resident, including an Incarcerated Resident 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 Resident. 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 Residents, such monitoring shall also include periodic in-person status checks approximately every 30 days. If any other individual (staff, volunteer, contractor, Incarcerated Resident, adolescent Incarcerated Resident, 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 Resident, including documents maintained in the Incarcerated Resident's file and his electronic record. She stated that whenever anything changes with that Incarcerated Resident, 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 Residents and one used for staff.

The PCM stated the monitoring period would be a minimum of 4 months, and longer if necessary. Captain Payne stated that she will meet with the Incarcerated Resident as necessary. In the event the Incarcerated Resident cannot be protected at the facility, the staff can and will recommend a transfer. In the case of an Incarcerated Resident 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 Resident is housed. The Incarcerated Residents can also be transferred, if need be, at the request of staff. Administrative staff have the authority to move Incarcerated Residents around the facility or to request transfers to other facilities, or take other protective measures to assure Incarcerated Residents 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.

Conclusion:

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

	<p>various proactive measures taken by staff to ensure there would not be any retaliation or repercussions for Incarcerated Residents that have made allegations of sexual abuse. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both Incarcerated Residents 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 exceeds the requirements of the standard.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4948 Protective Custody Status 06/02/2022 • Form 2168A • Interviews: <p>Superintendent Staff who supervise restrictive housing</p> <p>DIR #4948, Protective Custody Status sets forth the minimum conditions of confinement for Incarcerated Residents in Protective Custody Status. Use of segregated housing to protect an Incarcerated Resident 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 Residents 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.</p> <p>Per the PAQ and multiple staff, no Incarcerated Residents 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 Resident in segregation for reporting sexual abuse or assault. Staff explained that other alternatives are explored and this would be utilized as a last resort.</p> <p>The auditor reviewed all the restrictive housing areas at Lakeview Shock Incarceration Correctional Facility and through informal discussions with supervising staff, no staff indicated that residents 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</p>

	<p>that have required restrictive protective custody.</p> <p>Conclusion:</p> <p>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 Resident who was alleged to have suffered sexual abuse. Based on policy and interviews, the Auditor determined that Lakeview SICF is meets the requirements of the standard.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #0700 Office of Special Investigations (OSI) 09/20/2022 • Directive #4027 Sexual Victimization Prevention & Response 12/01/2023 • Notice to Auditor-Criminal and Administrative Agency Investigations 05/11/2021 • Letter to the New York State Police Superintendent • New York Criminal Procedure Law §160.45 • Interviews Investigative staff • Interview with the Superintendent • Observations <p>PAQ indicates no substantiated allegations of sexual abuse that appeared criminal were referred for prosecution since the last PREA audit. The auditor found no reason to dispute this during the audit process. (a) Directive #0700 Office of Special Investigations (OSI) states that the Sex Crimes Division (SCD) conducts investigations involving sexual misconduct between incarcerated individuals and departmental staff as well as incarcerated individual-on-incarcerated individual sexual abuse. As directed herein and in accordance with Directive #0700, “Office of Special Investigations (OSI),” this investigation shall be initiated promptly and shall be the responsibility of the Office of Special Investigations. Allegations of sexual harassment or sexual threats shall be reviewed by the Office of Special Investigations for a determination as to the appropriate investigative steps to be taken, which may include directing specific steps to be taken in a facility investigation. Furthermore, in instances where any complaint is vague, requires clarification, or appears to lack credibility based upon all of the information available at the time of the report, the Office of Special Investigations may direct that a preliminary inquiry be conducted (e.g., interview, video review, etc.) so that the appropriate response can be determined.</p> <p>All investigators in the SCD receive training. See 115.34</p>

Directive 4027 Sexual Victimization Prevention & Response specifies that OSI SCD investigators are immediately contacted when a PREA allegation is received, in accordance with the facility's response plan/schedule. In accordance with the plan, the first responders ensure evidence is preserved; the OSI SCD investigators complete any evidence gathering required. It provides specific directions on reporting and where and how to document these reports. Interview with the OSI SCD investigators supported that they are and have been immediately contacted regarding all allegations. Additionally, the review of the completed investigations supported this requirement.

The Office of Special Investigations Policy Manual is considered confidential but was provided to the auditor. The auditor reviewed the document and found it supports compliance with this provision. Additionally, polygraph tests are prohibited in accordance with the New York Criminal Procedure Law 160.45 and therefore not used in any aspect of the investigation for sexual abuse or sexual harassment. Review of investigations supported that the credibility of victim, suspect or witness is based on alignment with established facts. This requirement was confirmed by the interview with the investigators.

The Office of Special Investigations Policy Manual is considered exempt from disclosure. The auditor reviewed the document and found it supports compliance with this provision. The interview with the investigators did confirm that staff actions are reviewed in every case. Review of investigations support that they are in standardized, written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Office of Special Investigations Policy Manual is considered exempt from disclosure. The auditor reviewed the document and found it supports compliance with this provision. Compliance with his requirement was confirmed by the review of the confidential manual and the interview with the investigators. The SCD would be the entity to report all substantiated allegations to licensing bodies, as well as ensure all matters that rise to the level of criminal prosecution are referred for criminal handling.

SVPPM Data Storage, Publication and Destruction supports the following: Physical (paper) case records of the Office of Special Investigations will be retained by that office for a minimum of seven years. The electronic case file, including copies of the investigative report and other critical documents, shall be permanently retained. This was confirmed by an interview with the chief investigator at a previous facility audit. The departure of an alleged abuser or victim from employment or control of the agency does not provide a basis for terminating an investigation, as confirmed by the interview with the two investigators. This is further reinforced directly in the letter to the New York State Police Superintendent regarding collaboration with the investigation of potential criminal actions of staff. One investigation reviewed demonstrated that the alleged victim left the facility prior to the conclusion of the investigation. Additionally, the interview with the investigators also confirmed that the investigation would continue.

	<p>The interview with the PREA Coordinator (Associate Commissioner) indicated the following: “DOCCS Office of Special Investigations, Sex Crimes Division is the lead investigative body for our sexual abuse investigations. OSI will work cooperatively with a District Attorney’s Office (the local prosecuting authority), but the SCD Investigator is the lead investigator in each case and DOCCS does not relinquish jurisdiction. OSI has developed comprehensive policies to ensure that there are no Garrity issues when interviewing staff in criminal investigations. Additionally, DOCCS maintains long standing relationships with several outside law enforcement agencies whose expertise can be brought to bear, in order to supplement OSI capabilities, when necessary, in certain investigations. DOCCS OSI SCD will exchange information throughout the investigation will all relevant entities in order to move an investigation forward.”</p> <p>Conclusion:</p> <p>Auditor conducted a review of the agency’s investigation policies and find they meet provisions in this standard. Based on this and the above narrative, to include noted interviews, interview with Acting Superintendent, and document reviews, Lakeview Shock Incarceration Correctional Facility exceeds requirements of this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #0700 Office of Special Investigations (OSI) 9/20/2022 • Interviews Investigative staff <p>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.</p> <p>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</p>

	<p>what preponderance meant and how they arrive at the basis for their determinations.</p> <p>Conclusion</p> <p>Based on policy review, investigative file review, and interviews noted above, Lakeview Shock Incarceration Correctional Facility meets requirements of this standard</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • DIR #0700, Office of Special Investigations, 9/20/22 • DIR #4027, Sexual Victimization Prevention & Response, 12/1/2023 • NYDOCCS Sexual Victimization Prevention Policy Manual, 2/15/22 • Interviews: <ul style="list-style-type: none"> Superintendent PCM Investigative staff <p>The NYDOCCS Operating Procedure is written in accordance with the standard and requires an Incarcerated Resident 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 Resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the Incarcerated Resident 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 Resident is currently housed, via a “Notification of Investigation Determination” who in turn notifies the complainant/Incarcerated Resident via Privileged Mail, which the complainant/Incarcerated Resident 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. According to Office of Special Investigations Policy Manual, Chapter 5, following an Incarcerated Resident’s allegation that a staff member has committed sexual abuse against the Incarcerated Resident, the Incarcerated Resident is notified when the staff is no longer posted within the unit, no</p>

	<p>longer employed at the facility, indicted or convicted on a sexual abuse charge related to that that incident.</p> <p>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 Resident. Policy (OSI Policy Manual, Sexual Victimization Prevention Policy Manual) requires that when an Incarcerated Resident has filed allegations of sexual abuse against another the Incarcerated Resident, the agency must notify the Incarcerated Resident 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. Interviews with OSI investigators confirm adherence to this practice. The PCM verified that Incarcerated Residents are informed of the results of an investigation at the conclusion of the investigation.</p> <p>There were three (3) number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, there were zero (0) number of inmates who were notified, verbally or in writing, of the results of the investigation.</p> <p>Conclusion</p> <p>Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative finding to Incarcerated Residents in custody. Based on policy and interviews, the Auditor determined that the agency is making notification to Incarcerated Residents as required by the standard. After a review, the Auditor determined the facility meets the requirements of the standard.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #2111- Report of Employee Misconduct - 01/11/2023 • Directive #4027 Sexual Victimization Prevention and Response 12/01/2023 • Employees' Manual 2019 • Presumptive Disciplinary Sanction for Staff Sexual misconduct 02/05/2016 • Interviews • Observations <p>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</p>

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 directive include DIR #2110 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 severally. 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 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.

Interviews with OSI staff, as well as other Wallkill 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 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>Conclusion:</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. Based on a review of policy and interviews, the Auditor determined that Lakeview Shock ICF meets the requirements of the standard.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4750, Volunteer Services Program 05/02/2024 • Standards of Conduct for Volunteers Within The New York State Department of Corrections and Community • Acknowledgements of Standards of Conduct for Volunteers and All Applicable Policies • Memo Commissioner -Policy on the Prevention of Sexual Victimization 08/19/2022 • Interviews Superintendent <p>The Pre-Audit Questionnaire notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an Incarcerated Residents. The auditor found no evidence to dispute this statement during the audit process.</p> <p>Directive #4750, Volunteer Services Program, updated 05/02/2024, 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 Residents. 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 inmate. For purposes of Penal Law §130.05, an employee also includes any person providing direct services to inmates 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.</p> <p>Standards of Conduct for Volunteers Within The New York State Department of Corrections and Community Supervision Relationship with Inmates states, “sexual</p>

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 inmates in a State Correctional Facility to engage in a sexual act with an inmate or parolee assigned to that facility, even if the inmate 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."

Examples of volunteers were provided with the pre-audit documentation demonstrating compliance. In addition, the auditor randomly reviewed four volunteer folders and observed the signed acknowledgement. This acknowledgement is re-issued when the volunteer received refresher orientation.

Conclusion

The interview with the Superintendent confirmed that he is able and willing to temporarily suspend volunteers and contractual staff from entering the facility if there is a suspicion of misbehavior. See comments to 115.32. Additionally, he confirmed that he has the authority to terminate the agreement and, if the incident appeared criminal, it would be referred for prosecution. After analysis of this documentation, policy, and interview, the auditor finds the standard to be compliance.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4932 - Chapter V, Standards Behavior & Allowances - 11/01/2023 • Hearing Officer Reference Book July 2022 • Directive #4401 Guidance and Counseling, 12/5/2019 • Directive #4027, Sexual Abuse Prevention & Response 12/01/2023 • Observations • Interviews: Staff <p>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.</p> <p>Policy (Dir #4932) provides the standards associated with all disciplinary hearings. Policy (Hearing Officer Reference Book) further notes that following an administrative</p>

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.

Lakeview Shock Incarceration 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 Lakeview Shock ICF there are rarely charges for sexual misconduct between

	<p>incarcerated individuals.</p> <p>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.</p> <p>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 Lakeview Shock Incarceration 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> <p>Conclusion</p> <p>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. Based on available documentation, policy and interviews, the Auditor determined that Lakeview Shock ICF is meets the requirements of the standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Directive #4301 - Mental Health Satellite Services and Commitments to CNYPC - 02/01/2024

- HSPM 1.44 Health Screening of Incarcerated Residents 01/04/2023 Section I
- FOM 2409 PREA Risk Screening 07/21/2023
- Form 3278, PREA Screening (completed by an RN)
- Mental Health Referral Form #3150 (06.21)
- OMH MOU
- Interviews

Health Services Policy 1.44, Health Screening of Inmates, notes that upon arrival at a DOCCS facility, every newly received or transferred inmate, will receive a health screening by a Registered Nurse (RN). This screening will include an inquiry into the inmate's current and past health, mental health, and PREA history and immediate referral of any inmate to a health provider if indicated. In the past twelve months, 100% of offenders received at Lakeview SICF who disclosed prior victimization during screening were 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.

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.

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 required for a referral to the Office of Mental Health. Medical and Mental Health staff state that adherence to this requirement is strictly observed. 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.

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.

Conclusion

Lakeview Shock Incarceration Correctional Facility Correctional Facility does not house youthful Incarcerated Individuals. Based on a review of documentation, policies and interviews, the Auditor determined that Lakeview Shock ICF 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. After a review, the Auditor determined the facility meets the requirements of the standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • HSPM 1.60 - Sexual Assault - 07/22/2022 • HSPM 1.12B - Incarcerated Individual Bloodborne Pathogens Exposure Protocol - 12/3/2021 • Quick Reference Chart • SAFE/SANE Hospitals List • Facility Coordinated Response to Reports of Sexual Victimization FOM 2408 - 07/12/2023 • New York Public Health Law § 2807-c General Hospital Inpatient Reimbursement • Observations • Interviews: <ul style="list-style-type: none"> Medical Staff Mental Health Staff

PCM
Investigator
Random Security Staff

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.

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.

	<p>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.</p> <p>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.</p> <p>Conclusion:</p> <p>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 Lakeview Shock ICF Coordinated Response Plan, the Auditor determined that Lakeview Shock ICF is providing victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services. After a review, the Auditor determined the facility meets the requirements of the standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • HSPM 1.60 - Sexual Assault – 07/22/2022 • OMH MOU 09/14/2016 • HSPM 1.12B Inmate Bloodborne Pathogens Significant Exposure Protocol – 12/03/2021 • Directive #4401 Guidance and Counseling 08/21/2020 • Interviews:

Medical Staff
Mental Health Staff
Security Staff
First Responders

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.

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 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.

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 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. 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.

Conclusion

Based on a review of policies, the facility coordinated response plan and interviews, the Auditor determined that Lakeview Shock ICF is providing services in accordance with the standard. After a review, the Auditor determined the facility meets the requirements of the standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- SVPPM 115.86 Sexual Abuse Incident Reviews 8/24/22
- Sexual Abuse Incident Review Checklist - 07/14/2023
- Memo RE PREA Procedural Enhancements 5.9.14
- Completed Sexual Abuse Incident Reviews
- Interviews

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 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 two (2) total allegations of sexual abuse and corresponding administrative allegations in the previous 12 months at Lakeview Shock ICF. 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 monitoring technology should be deployed or augmented to supplement supervision by staff.

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. 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.

The Lakeview Shock Incarceration 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. 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.

Conclusion:

Based on a review of policy, available documentation and interviews, the Auditor determined that Lakeview Shock ICF is conducting incident reviews in accordance with the standard. After a review, the Auditor determined the facility meets the

	requirements of the standard.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • SVPPM # 115.87- Data Collection, Review, 02/12/2022 • Confirmation of SSV Submission • DOCCS Public Website • Interview: PREA Coordinator <p>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.</p> <p>This information will be collected using Form #2103SAII, 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.</p> <p>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</p>

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 website.

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. 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. 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. 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. 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.

Conclusion:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- SVPPM- 115.88 Data Collection and Review 07/11/2022
- Annual Reports
- Website with sexual abuse data
- Interviews:
Staff

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.

Conclusion:

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 meets the requirements of the standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • SVPPM- 115.89 Data Storage, Publication and Destruction 07/14/2023

- Interviews:
PREA Coordinator

The annual report is available at About PREA | Department of Corrections and Community Supervision (ny.gov) (<https://doccs.ny.gov/about-prea#annual-reports>) The Department will maintain the sexual abuse data collected for at least 10 years after the date of the initial collection. Interview with the Investigators and PREA Coordinator supported that investigations are securely retained.

The auditor viewed where sexual abuse/sexual harassment data is retained at the facility in the guidance staff office (Guidance folders) and the ADS PREA office. Investigations are stored with OSI investigators at a secure location not at the facility. No personal identifiers require redaction on the published data. The Associate Commissioner/PREA Coordinator confirmed the following: Our Program Planning Research and Evaluation department works cooperatively with my office 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. My copies of the final data reports and other ad hoc reports are stored in my locked office.

Conclusion:

The auditor viewed the report along with historical data from 2016 on the agency website. Summary of evidence to support a finding of compliance. Based on the above, the auditor finds this standard to be in compliance.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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</p>

	<p>at least 10 years after the date of the initial collection.</p> <p>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.</p> <p>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.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The Auditor reviewed the NYDOCCS website, which contains a link for all PREA Audit Reports. Each audit report for all NYDOCCS facilities is accessible on the page. The NYDOCCS website is incredibly thorough and robust with respect to PREA related information. After a review, the Auditor determined the facility exceeds the requirements of the standard.</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.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

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

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

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

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

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

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	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.)	na
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.)	na
	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.)	na
	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.)	na
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.	no
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).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

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

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

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes