PREA Facility Audit Report: Final

Name of Facility: Collins Correctional Facility
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 11/19/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Amy J. Fairbanks	**Date of Signature:** 11/19/2025

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	10/14/2025
End Date of On-Site Audit:	10/16/2025

FACILITY INFORMATION	
Facility name:	Collins Correctional Facility
Facility physical address:	Middle Road, Collins, New York - 14034
Facility mailing address:	

Primary Contact

Name:	Robin Hinman
Email Address:	Robin.Hinman@doccs.ny.gov
Telephone Number:	585-658-2871

Warden/Jail Administrator/Sheriff/Director	
Name:	Leanne Latona
Email Address:	Leanne.Latona@doccs.ny.gov
Telephone Number:	716-532-4588

Facility PREA Compliance Manager	
Name:	Mark Budziszewski
Email Address:	Mark.Budziszewski@doccs.ny.gov
Telephone Number:	716-532-4588
Name:	Janique Lowe
Email Address:	janique.lowe@doccs.ny.gov
Telephone Number:	716-532-4588
Name:	Leanne Latona
Email Address:	leanne.latona@doccs.ny.gov
Telephone Number:	716-532-4588
Name:	Marissa Crawford
Email Address:	marissa.crawford@doccs.ny.gov
Telephone Number:	716-532-4588

Facility Health Service Administrator On-site	
Name:	Dr. Edgar Bangsil
Email Address:	edgar.bangsil@doccs.ny.gov

Telephone Number:	718-532-4588 ext. 12

Facility Characteristics	
Designed facility capacity:	1099
Current population of facility:	548
Average daily population for the past 12 months:	771
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	20-75
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	445
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	175

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

Agency Chief Executive Officer Information:	
Name:	Daniel F. Martuscello III
Email Address:	commissioner@doccs.ny.gov
Telephone Number:	518.457.8134

Agency-Wide PREA Coordinator Information			
Name:	Jason Effman	**Email Address:**	jason.effman@doccs.ny.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
18	• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA

	coordinator • 115.16 - Inmates with disabilities and inmates who are limited English proficient • 115.17 - Hiring and promotion decisions • 115.21 - Evidence protocol and forensic medical examinations • 115.31 - Employee training • 115.32 - Volunteer and contractor training • 115.33 - Inmate education • 115.34 - Specialized training: Investigations • 115.35 - Specialized training: Medical and mental health care • 115.41 - Screening for risk of victimization and abusiveness • 115.42 - Use of screening information • 115.53 - Inmate access to outside confidential support services • 115.54 - Third-party reporting • 115.67 - Agency protection against retaliation • 115.71 - Criminal and administrative agency investigations • 115.73 - Reporting to inmates • 115.81 - Medical and mental health screenings; history of sexual abuse • 115.86 - Sexual abuse incident reviews
Number of standards met:	

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-14
2. End date of the onsite portion of the audit:	2025-10-16

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International, Crisis Services (provides emotional support for incarcerated individuals from this facility)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1099
15. Average daily population for the past 12 months:	771
16. Number of inmate/resident/detainee housing units:	17
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	638
25. 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
26. 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:	214
27. 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:	8
28. 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:	5
29. 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:	38
30. 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:	7

31. 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:	3
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	245
37. 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:	8

38. 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:	0
39. 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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Ensure that a selection of interviews was with an incarcerated individual from all areas of the facility, to include the Residential Rehabilitation Unit.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
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".	
47. 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
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. 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:	2

50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	This was verified with medical staff.
51. 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:	1
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. 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:	2

54. 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:	5
55. 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:	5
56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	This was verified with interviews with the Superintendent, staff who supervisor segregated housing and overall observations.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
63. Were you able to interview the Agency Head?	◉ Yes ○ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☑ Other
If "Other," provide additional specialized staff roles interviewed:	food service staff, laundry staff, recreation staff, ASAT instructor, chaplain, storehouse staff, volunteer coordinator, grievance coordinator, Movement & Control Officer, program committee member
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☑ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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
73. 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
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

79. 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	13	0	0	13
Staff-on-inmate sexual abuse	11	0	0	11
Total	24	0	0	24

80. 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.

81. 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	4	0	0	0	0
Staff-on-inmate sexual abuse	6	0	0	0	0
Total	10	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	6	0	7	0
Staff-on-inmate sexual abuse	4	1	7	0
Total	10	1	14	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.

83. 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

84. 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

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	24

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	13
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	11
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations made of sexual harassment during the review period.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes ( ) No (●) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 · Policy on the Prevention of Sexual Victimization (updated annually)9/4/2024 · Sexual Victimization Prevention Policy Manual, 12/9/2024 · Employee Manual, 2019 · Memo from the Commissioner dated April 23, 2013, appointing the Agency-wide PREA Coordinator who currently holds the position today · Email announcement dated 12/13/2021 announcing Director of PREA Compliance · DOCCS Organizational Chart which indicates that the PREA Coordinator reports

directly to the Commissioner 4/24/2025

· Sexual Abuse Prevention and Education Office (SAPEO) Central Office organization Chart 4/24/2025

· Collins CF Organizational Chart

· Email from PREA Coordinator appointing ADS PREA to this operation 10/5/2023

· Email from Superintendent designating the Captain the PREA Point Person 8/24/2023

· Interview with the PREA Coordinator

· Interview with the ADS PREA

· Interview with the PREA Point Person

· Interview with the Superintendent

Evidence reviewed/analyzed by provision:

(a)Directive #4027 Sexual Victimization Prevention & Response, eleven pages defines the following:

Zero Tolerance Statement

PREA Coordinator

PREA Compliance Managers

Sexual Victimization Prevention Policy Manual

Policies to Ensure Referral of Allegations for Investigations

Reporting

Incarcerated Individual and Releasee Reporting

Third Party Reporting

Medical and Mental HealthCare

Agency Protection Duties

Monthly Report of Sexual Victimization Summary

Reports of Sexual Victimization

Sexual Abuse Incident Reviews

Audits

The Sexual Victimization Prevention Policy Manual provides authority and direction for

	the following standards: 115.6, 115.13, 115.41, 115.42, 115.53, 115.63, 115.65, 115.67, 115.86, 115.87, 115.88, and 115.89. It states, Sexual Victimization Prevention Policy Manual, The Sexual Victimization Prevention Policy Manual (SVPPM) supplements this Directive and shall have the same force and effect as a Directive in setting forth the Department's policies for the prevention of sexual abuse, sexual harassment, unauthorized relationships, and retaliation related to such incidents or investigations, and provides detailed operating procedures implementing the National PREA Standards. 1. The SVPPM is issued by the Associate Commissioner and electronically maintained and distributed by the Sexual Abuse Prevention and Education Office (SAPEO). Relevant sections of the SVPPM shall be distributed by the ADS PCM or designated PPP to staff who have an operational need within their respective disciplines. 2. Requests for interpretation of a SVPPM section or for a variance from the direction or requirements set forth in a section of the SVPPM shall be submitted, in writing, to the Associate Commissioner. 3. Each SVPPM section shall be coded as either "A B", "A", or "D" (as noted in the "Distribution" box in the printed heading) for distribution and security purposes using the distribution codification established by Directive #0001, "Introduction to the Policy and Procedure Manual. "The SVPPM is reviewed on an annual basis. Revisions to the content are made as warranted by SAPEO. The Employee Manual, dated 2019, reinforces numerous aspects of the agency's efforts to prevent, detect and respond to PREA requirements: zero tolerance for sexual abuse, sexual harassment or retaliation; professionalism when communicating with incarcerated individuals, particularly those who identify as transgender or gender non-conforming; reinforcing reporting requirements to include retaliatory actions; supervisory unannounced rounds and prohibition on alerting staff of the rounds; opposite gender announcements; and continuing duty to report any allegations made against them regarding sexual abuse as required in standard §115.17. (b)The following documents support that there is an agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities: · Memo from the Commissioner dated March 14, 2012, appointing the Agency-wide PREA Coordinator who currently holds the position today. · Email announcement dated April 25, 2013, announcing that Jason Effman holds the rank of Associate Commissioner. · DOCCS Organizational Chart which indicates that the PREA Coordinator reports directly to the Commissioner. Directive #4027 Sexual Victimization Prevention & Response states, PREA Coordinator: The Commissioner has designated the Associate Commissioner for PREA Compliance as the agency-wide PREA Coordinator, who is responsible for the implementation of policies and programs to address sexual victimization of

incarcerated individuals and others under the jurisdiction of the Department, unauthorized relationships, and related forms of misconduct. 1. The Associate Commissioner for PREA reports to the Commissioner and is a member of the Executive Team. 2. The Associate Commissioner for PREA oversees the Sexual Abuse Prevention & Education Office.

Director of PREA Compliance: The Director of PREA Compliance serves under the Associate Commissioner for PREA as the assistant agency-wide PREA Coordinator. The Director of PREA Compliance is responsible for administering the PREA Audit program; provides direct oversight of agency-wide PREA implementation activities; and assists in the development and implementation of programs and policies in areas relating to compliance with PREA and the reduction of sexual abuse, sexual harassment, and unauthorized relationships within the Department.

The interview with the Agency PREA Coordinator (Associate Commissioner) confirmed the following when asked if he has enough time to manage all of the PREA-related responsibilities: “Yes, my time is almost exclusively devoted to PREA compliance and the prevention of sexual victimization, as well as work on policy matters concerning our transgender and gender diverse population and workforce. In recognition of the evolving nature of the work, DOCCS established the Director of PREA Compliance in late 2021. In addition, we created within the Sexual Abuse Prevention & Education Office (SAPEO) an Assistant Deputy Superintendent for LGBTIQ+ Inclusivity in March 2022. I am able to manage agency PREA-related responsibilities, and to advance our work to mitigate all forms of sexual victimization within the Department. DOCCS has twenty-four (24) Assistant Deputy Superintendent PREA Compliance Manager (ADS PREA) items. In recognition of the evolving duties of this role, DOCCS added eight (8) additional items in 2023. This increase, together with the closures of a number of facilities, further reduced the number of facilities each ADS PREA works with. Each ADS PREA is responsible for PREA Compliance and executive functions at one (1) to three (3) facilities. In addition, each of the 42 facilities has a senior security supervisor (Lieutenant or higher) designated as the PREA Point Person. Director Woodworth has dual supervision over the ADS PREA Compliance Managers together with their Superintendents. Director Woodworth and I interact with the ADS PREA Compliance Managers routinely. We have a monthly conference call to discuss policy updates, new initiatives and to discuss any other concerns. In addition, Director Woodworth hosts a monthly mentor call which is used to more deeply explore policy updates, standards interpretation, practical implementation issues, and other day-to-day challenges that our staff must address. We email and speak on an ongoing basis as well. In addition, we meet as a group at least annually for training programs, often in conjunction with the Office of Special Investigations sex crimes investigative staff and/or our community-based “PREA Center” partners. The Director of PREA Compliance serves as the assistant agency-wide PREA Coordinator. The Director reports to me, has primary responsibility for the PREA Audit Program, provides direct oversight of agency-wide PREA implementation activities, and assists me in the development and implementation of strategies to reduce incidents of sexual victimization. As noted, the Director also runs a mentoring program to support each new Assistant Deputy Superintendent PREA Compliance Manager upon appointment

and as they become familiarized with their new role. Further, we have two Correctional Facility Operations Specialist (CFOS) items in the SAPEO Office in Albany who work with the ADS PREA Compliance Managers on a daily basis, and who have frequent contact with the designated PREA Point Persons. They answer questions, provide guidance, and share information. If they cannot answer a question, they bring the matter to the attention of the Director or to me. In addition, we have an Assistant Deputy Superintendent for LGBTIQ+ Inclusivity in the SAPEO Office. The ADS for LGBTIQ+ Inclusivity assists in the development of policy and training materials to further the inclusion of our gender-expanding population and staff. They facilitate review of requests for gender-aligned placement from incarcerated individuals who have a gender identity that differs from their assigned sex at birth, have a diagnosis of gender dysphoria, who identify as transgender, gender nonconforming, or nonbinary, or who are intersex (TGNCNBI), and assist in monitoring compliance with policies specific to this population.

When identifying an issue with complying with a PREA standard, the Associate Commissioner (PREA Coordinator) stated, “After a thorough review within SAPEO and, where appropriate, OSI, I review the matter with members of the Central Office or facility Executive Team with subject matter expertise to determine whether the issue is with the policy or implementation of the policy. Then, we either issue a revised policy, work with the proper Deputy Commissioner to prepare a policy revision or provide clarifying direction as appropriate. For significant issues, I will bring the matter to the attention of the Commissioner, the Executive Deputy Commissioner, and the Department’s Executive Team.”

The agency-wide PREA Director was on site during the audit (serving as the A/ADS PREA for this audit). Questions were addressed at that time as well as confirmation of the written interview responses received. The interview supports the fact that they have sufficient time and authority to ensure all activities required by the PREA standards can be addressed. This is further supported by the documentation provided prior to the on-site audit and addressed throughout this report, demonstrating an effort towards continual improvement. The review of the SAPEO Organizational Chart reflects the staffing as described. The SAPEO office was able to increase the number of ADS PREA throughout the state in 2024, affording the ADS PREA more time to devote to the facilities where they are assigned.

(c)Directive #4027 Sexual Victimization Prevention & Response states, PREA Compliance Managers: Each facility shall have a PREA Compliance Manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards and implementation of policies and programs to address sexual victimization of incarcerated individuals within the facility. 1. Assistant Deputy Superintendent (ADS) PREA Compliance Managers (PCM ADS PREA) shall be appointed to designated primary correctional facilities and may have PREA compliance oversight duties at one or more facilities as designated by the Associate Commissioner for PREA. An ADS PCM PREA is responsible for fulfilling PREA Compliance Manager duties at their primary correctional facility under the supervision of the Associate Commissioner for PREA, Director of PREA Compliance, and the facility Superintendent. a. Each ADS PCM PREA shall be responsible for coordinating and

	providing oversight of PREA Compliance activities and efforts to address sexual victimization at their designated cluster facilities in coordination with the Superintendent and facility executive team at each cluster facility. b. The ADS PCM PREA is expected to maintain ongoing communication with the Associate Commissioner, Director of PREA Compliance, Superintendent, and the Office of Special Investigations (OSI) to facilitate sexual victimization prevention efforts and investigative matters and shall keep the Associate Commissioner apprised of any issues requiring attention, including but not limited to matters regarding audit and compliance. Each Superintendent shall designate a Security Supervisor, not to fall below the rank of Lieutenant, as the PREA Point Person (PPP) for the correctional facility. Upon designation, the Superintendent shall send an email identifying the designee to the Associate Commissioner for PREA at PREA@doccs.ny.gov, with a copy to the Deputy Commissioner for Correctional Facilities. The designated PPP will be a liaison along with the facility's designated ADS PCM PREA in a joint effort to implement the PREA Standards within the facility, and during an extended absence or vacancy, shall fulfill the ADS PREA responsibilities. The auditor reviewed the facility organizational chart which reflects that the ADS PREA reports directly to the Superintendent. The A/ADS PREA (Agency PREA Director) was able to maintain all PREA activities in addition to her own responsibilities, as reflected before and during the audit. The teamwork reflected with the Superintendent, executive staff and her activities observed by the auditor demonstrated sufficient time and influence needed to ensure PREA needs continue to be priority. The Superintendent demonstrated to the auditor during the on-site audit her commitment to zero tolerance of sexual abuse and sexual harassment and her support for the efforts of the ADS PREA. The PREA Point Person was present throughout the audit, offering support and information when needed. Summary of evidence to support the finding of compliance: After reviewing the policies, memos, organizational charts, employee manual, observations and interviews with the Superintendent, A/ADS PREA, and the PREA Coordinator, the auditor concluded that the agency and the facility are committed to the prevention, detection and response to sexual abuse and harassment. This agency and this facility exceed the standards based on the detailed commitment to the standards that will be noted throughout this report, and the appointment of an ADS PREA and a PREA Point person for each facility, as well as the appointment of a Director of PREA Compliance.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · NYS CLS Correc §121 · Review of contracts for community confinement · Interview with the Contract Manager (Reentry Manager) · CBRP PREA Audit Schedule 2022-2027 · CRP Request for Application · Review of PREA audit reports posted on the agency website for community operations · PAQ The PAQ indicates there are twelve contracts with nine entities for the confinement of community residents. Evidence reviewed/analyzed by provision: (a) The Agency contracts for Community Based Residential Programs; the programs are required to adopt and comply with the PREA standards. The agency has provided a PREA schedule for nine agencies reflecting all have had a PREA audit and have had a recertification audit or are scheduled for a recertification audit. (b) The Request for Application for Community Based Residential Programs (CBRP) includes a requirement for compliance with the PREA standards. Effective May 1, 2017, CBRPs are required to become PREA compliant, including PREA certification. Completed reports are available on the NYSDOCCS website for review. A written interview with the agency Reentry Manager (2025), (contract monitor for community programs) yielded the following confirmation: “New York State contracts with a number of organizations to provide residential programs for releasees and others subject to community supervision upon release. These programs are referred to as Community Based Residential Programs (CBRP’s). Department Reentry Managers are responsible for contract monitoring of such programs. This includes ensuring that program staff participate in PREA training, that residents receive PREA educational materials, that information is posted, and that Program staff comply with reporting requirements as specified by the Department. When addressing the question regarding PREA compliance results being completed for each contract entered into agreement within the past twelve months, the response was as follows: “Yes. The new contracts require full PREA compliance and include a monthly PREA check list at each contractual site visit to ensure that each program is able to achieve full compliance with the PREA Community Confinement Facilities Standards within one year. Each CBRP is required to appoint a PREA Compliance Manager to be the PREA point person for any PREA incidents and to monitor compliance within all aspects of the CBRP. The PREA Compliance Manager

	will review all PREA screening forms, ensure all staff receive the required PREA training, ensure that all program participants have been provided with all required PREA information, signage is posted, and a plan has been established with local providers for medical and counseling services. The DOCCS Contract Manager makes monthly site visits to ensure compliance." "Contracts require programs to be subject to agency contract monitoring to ensure that the contractor is working to achieve compliance with the standards. Each will then be required to be audited under the PREA Community Confinement Facilities Standards. The Agency Contract Administrator Works in conjunction with AC Effman to establish an audit schedule for the CBRP contract programs to ensure that each program is audited on a 3-year rotating basis. We have established a pattern of 2 audits every May and October. Each CBRP is responsible for scheduling their audit with a PREA auditor and providing the Department with notice of the dates of the audit, as well as sharing both the interim and final audit reports with the Department. During the audit the DOCCS Contract Manager serves as a liaison between the auditor and DOCCS. Interviews are set up by the DOCCS Contract Manager with DOCCS staff as requested by the auditor." Summary of evidence to support a finding of compliance: Based on the interview and the review of the documentation provided, this Agency is deemed compliant with the requirements of the standard for community confinement operations – not applicable as they do not house inmates at other agencies.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual – Supervision and Monitoring 12/ 9/2024 · DIR #4001 Facility Administrative Coverage & Supervisory Rounds 1/30/2025 · Employee Manual 2019 · Annual Supervision & Monitoring Plan Review 2024, 2023, 2022 · Post Closure Reports 1/2025(sent with the PAQ) · Security Chart and Staff Review – 1/10/2024 9 pages · Form 4001A (Weekly administrative activity report) and 4001B (Daily security report) corresponding logbook entries received with the preaudit documentation 7/24,

	(8/24, 9/24, 11/24 both shifts) provided with the PAQ · Training curriculum (PREA) and training records – National Guard · Interview with the Superintendent · Interview with the PREA Coordinator · Interviews with the ADS PREA · Interviews with a supervisor who conducts unannounced rounds · Interviews with random staff · Observation of logbook demonstrating supervisor unannounced rounds – random review during tour · Observation of blind spot immediately corrected with addition of a mirror · PAQ The PAQ indicates that the average daily population since the last PREA audit is 819. The staffing plan is predicated on an incarcerated individual population of 1099. Deviations from the staffing plan are attributed to the following: Area closed, holiday schedules, emergency medical trip and specialized watch assignments. Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual – Supervision and Monitoring supports the following requirements: · Policy: Each facility will develop, document and comply with their staffing plan which will provide for adequate levels of staffing and where applicable, video monitoring, to protect incarcerated individuals against sexual abuse. · Procedure: Annually, or when there is a change in circumstances, each facility will submit their annual review by the due date which will be completed on a template which addresses all provisions of the standard. It is to be forwarded to the Director of Security Staffing, copy to the PREA Coordinator and Deputy Commissioner of Correctional Facilities. · It requires documentation and justification for deviations utilizing the Post Closure Key. · It reinforces the requirement for unannounced rounds. Evidence reviewed/analyzed by provision: (a)(b) The interview with the Superintendent and review of the staffing plan confirmed the following: (1) The facility has been maintaining accreditation status through the American

	Correctional Association (ACA). Additionally, security audits are conducted in accordance with the National Institute of Corrections (NIC) standards. (2) There are no judicial findings of inadequacy. (3) There are no findings of inadequacy from federal investigative agencies. (4) There are no findings of inadequacy from internal or external oversight bodies. (5) All components of the facility's physical plant are reviewed. (6) The composition of the incarcerated individual population includes maximum security with a focus on programming. (7) The number and placement of supervisory staff have been reviewed and determined to be adequate. (8) Institution programs occurring on a particular shift; there is detailed evaluation of the time and days of the programs occurring. Typically, programming is conducted during the day with some programs in the evening. (9) Any applicable State or local laws, regulations, or standards are reviewed. This includes the Halt Act which has affected restricted housing operations. (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse is addressed. There were no substantiated allegations of sexual abuse or sexual harassment during the previous twelve months. (11) There is limited video monitoring at this facility. Staff have recently been issued body worn cameras. (b) After reviewing the documentation provided in the PAQ and onsite, the auditor confirmed that Post Closure Reports are completed when a post is closed, explaining the reason. Hours closed had documentation showing how the hours were reconciled. There were no active posts which had direct supervision of the incarcerated individuals that had been closed. Additionally, while on site, the auditor observed ample staff throughout the facility during the tour. The interview with the Superintendent confirmed that the "Plot Plan", based on security level, capacity, physical plant, programs, and general operation is utilized and regularly reviewed on an ongoing basis and formally annually. She noted that incidents of sexual abuse or sexual misconduct are considered among other factors. Video monitoring upgrades have occurred, and more camera monitoring is in progress. The Superintendent indicated there are assigned supervisors who constantly monitor staffing needs (lieutenant and sergeant), post closures and other temporary adjustments. During the onsite audit, it was observed that staffing was supplemented by paid volunteers (National Guard) who have received forty hours of training, including PREA training, and can operate in correctional officer capacity with limitations. (c) The facility completed the Annual Supervision and Monitoring Plan Review. The report for 2024 was reviewed by the auditor. It is a 5-page report specific to analysis

	and review of the (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors for Collins CF. The auditor reviewed this report with the Superintendent during her interview. The interview with the PREA Coordinator yielded the following: "I am consulted regarding assessments of, or adjustments to, facility staffing plans. In accordance with SVPPM 115.13, a formal written assessment is completed annually by the facility Superintendent and submitted for consideration by the Director of Security Staffing, the Deputy Commissioner for Correctional Facilities, and me. In addition, I am notified of all facility staffing plan adjustments through the Security Staffing Information Unit." Collins CF Security Chart and Staffing Review Report was reviewed. The purpose is to evaluate overtime, staff utilization, post closures, additional services usage, preplanning practices, leave policies and schedule, local agreements, supervisor charts and post descriptions. This document demonstrates that a review of staffing numbers, including supervisory staff, is reviewed by the agency regularly. (d)The Employee Manual indicates that employees are prohibited from alerting other employees that supervisory rounds are occurring unless the announcement is related to legitimate operational functions. DIR #4001 Facility Administrative Coverage & Supervisory Rounds requires Executive Team members and Division Heads to conduct weekly rounds and Security supervisors and complete the Daily Security Supervisor Report which specifically addressed rounds being unannounced. As noted, documentation of unannounced rounds was provided with the PAQ. Additionally, the auditor reviewed logbooks during the onsite visit, noting consistent and frequent rounds conducted by supervisors, and signatures noted in red ink. Supervisory staff sign in red ink and note "unannounced round". Interviews with supervisors indicated that a strategy is used to make rounds at irregular intervals. The auditor asked three correctional staff during random interviews if they see the supervisor on their shift conducting unannounced rounds. All confirmed they do, and they are not informed of his/her arrival, nor do they alert other staff when the supervisor makes rounds. Summary of evidence to support a finding of compliance: Based on the interviews noted above, policy, Employee Manual, documentation of the annual staffing review, security staffing review, randomly requested documentation, random security staff interviews and observations made during the tour, the auditor finds there is substantial evidence to support that this facility is compliant with all provisions of this standard.

115.14	**Youthful inmates**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Collins Correctional Facility DIR #0061 2/8/2023 · NYS CLS Correc §80 · Interview with the Superintendent · PAQ The PAQ indicates that there have been no youthful, incarcerated individuals housed at this facility. Collins Correctional Facility DIR #0061 states, “This facility is used for the general confinement of males 18 years of age or older. The State of New York passed a “Raise the Age Law,” effective April 10, 2017, New York Consolidated Laws Service > Correction Law (Arts. 1 — 35) > Article 4 Establishment of Correctional Facilities, Commitment to Department and Custody of Incarcerated individuals (§§ 70 — 79-c) § 77. Adolescent offender facilities. The state shall establish one or more facilities with enhanced security features and specially trained staff to serve the adolescent offenders sentenced to a determinate or indeterminate sentence for committing offenses on or after their sixteenth birthday who are determined to need an enhanced level of secure care which shall be managed by the department with the office of children and family services assistance, and services or programs. That law has since been amended, adopting Correction Law § 80, effective April 3, 2020, requiring DOCCS and the New York State Office of Children and Family Services to “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.” Correction Law § 77 is repealed, effective October 1, 2020. As of October 6, 2020, all offenders under the age of 18 have been transferred out of DOCCS custody and are now housed by the New York State Office of Children and Family Services. The interview with the Superintendent confirmed that there are no incarcerated individuals under the age of 18 at this facility. Summary of evidence to support the finding of compliance: 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
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #2230 Guidelines for Assignment of Male and Female Correction Officers 1/13/2025 · Directive #4910 Control and Search for Contraband 11/09/2023 · HSPM 1.37 Body Cavity Search 9/3/2021 · Directive #4001 Facility Administrative Coverage & Supervisory Rounds 1/30/ 2025 · HSPM 1.19 Health Appraisal 7/19/2024 · Form #1140 Report of Strip Search or Strip Frisk (June 2021) · Facility KHRT Course 01062 Contraband & Frisk in-service Contraband and Frisk Curriculum 17008 (academy) 1/2021 · Interviews with random staff · Interviews with random and targeted incarcerated individuals · Observations - showers/toilets, strip search areas, video monitoring · PAQ · FAQ The PAQ indicates that there has been no cross-gender strip or cross-gender visual body cavity searches of incarcerated individuals, no cross-gender strip or cross-gender visual body cavity searches of incarcerated individuals that did not involve exigent circumstances or were performed by non-medical staff. The PAQ indicates that 100% of all security staff have received training on cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manger, consistent with the security needs. Evidence reviewed/analyzed by provision: (a) Directive #2230 Guidelines for Assignment of Male and Female Correction Officers 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 #4910 Control and Search for Contraband 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. It reaffirms that cross gender pat frisks of female incarcerated individuals are not permitted, absent exigent circumstances. Exigent circumstances searches require the completion of documentation. HSPM 1.37 Body Cavity Search states that this type of search is only authorized by the Superintendent, Acting Superintendent or Facility Officer of the Day upon approval form the Deputy Commissioner/Chief Medical Officer, or designee when there is imminent danger to an incarcerated individual's health or facility safety. A correction officer of the same sex as the incarcerated individual will be present during the exam. This policy indicates that the exam is only conducted by primary care providers. (b) This facility only houses male incarcerated individuals. (c) As stated, the facility does not house female incarcerated individuals. The auditor was informed that strip searches and/or strip frisk would be reported on Form 1140 in accordance with policy which only affords a strip search/frisk of the same gender of staff. The auditor found no reason to dispute this during the audit process. (d) Directive #4001 Facility Administrative Coverage & Supervisory Rounds states that staff of the opposite gender shall verbally announce their arrival on a housing unit to avoid unnecessarily invading the privacy of incarcerated individuals of the opposite gender. It clarifies when the announcement is to be made (i.e. when gender supervision changes) and that it is to be logged into the housing unit logbook. Directive #2230 Guidelines for Assignment of Male and Female Correction Officers states that staff of the opposite gender shall verbally announce their arrival on a housing unit to avoid unnecessary invasion of privacy. It emphasizes the incarcerated individuals' privacy will be protected to the extent the Department is able to do so. It requires the use of and directions for the use of department-approved shower curtains. All 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. Most of the incarcerated individuals (28 out of 30) interviews confirm that the opposite gender staff are announcing when entering the unit, one indicated they are "most of the time", one indicated "never".. All random staff interviews confirmed that this is occurring. During the tour, the auditor and escort team were 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 showers located in the individual housing unit. They were individual stalls in some units and group showers in others. They were all covered by a curtain. These curtains provide privacy but maintain the ability to view sufficiently to ensure safety. Toilets are located in common bathrooms. All toilet area had a door front, urinals had side views blocked.

The auditor observed the area where strip searches are conducted in the Intake area and Visiting Room; the auditor found that the view does not afford the observer the ability to see breasts, buttocks, or genitalia. As indicated, body worn cameras have been issued to all staff. The auditor confirmed through numerous staff that only a very select staff are able to view the camera coverage from these cameras which provide appropriate safeguards to protect the privacy of the incarcerated individuals. Informal conversations confirmed that both staff and incarcerated individuals are mostly pleased with the issuance of body worn cameras.

(e) HSPM 1.19 Health Appraisal supports that a facility shall not search or physically examine a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. If an incarcerated individual's genital status is unknown, the facility will determine genital status during conversations with the incarcerated individual, by reviewing medical records. It further states that a medical practitioner may conduct a full physical examination of an incarcerated individual when relevant to the treatment; such an exam will be conducted privately and with the patient's consent. A full physical exam, including assessment of genital status, can be done during the initial and periodic health appraisals in accordance with DOCCS policies and as needed according to professional judgement. Medical staff shall conduct a physical exam of an incarcerated individual at the direction of the facility's security or administration, not for the sole purpose of determining the incarcerated individual's genital status. If such an exam becomes necessary as part of an assessment for Gender Dysphoria, in connection with hormone treatment or in connection with incarcerated individual placement; then an exam can be done only upon direction and approval of the Deputy Commissioner/Chief Medical Officer.

Directive #4910 Control and Search for Contraband and excerpts from the training curriculum supports that staff are provided specific training which emphasizes professionalism, dignity and respect when searching incarcerated individuals and when searching transgender incarcerated individuals.

In accordance with the FAQ, four options are in current practice for searches of transgender or intersex incarcerated individuals/residents/detainees: 1) searches conducted only by medical staff; 2) pat searches of adult incarcerated individuals conducted by female staff only, especially given there is no prohibition on the pat searches female staff can perform (except in juvenile facilities); 3) asking incarcerated individuals/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search, and 4) searches conducted

	in accordance with the incarcerated individual's gender identity. Review of the Contraband and Frisk Curriculum 17008 concluded that it is a sixty-two (62) page presentation that teaches that any incarcerated individual who is to be pat frisked who has gender dysphoria, is intersex, or who is transgender and has a permit to possess and wear gender affirming/transgender clothing may request that a correction officer of the incarcerated individual's preferred gender conduct the pat frisk, with the documentation. It is the policy of the Department to honor that request whenever possible, as determined by the area supervisor. It then describes the pat frisk procedure. Additionally, techniques for pat frisks for males and females are part of the curriculum. Directive #4910 confirms that a strip frisk of an incarcerated individual who has been diagnosed with Gender Dysphoria shall presumptively be conducted by staff of the same gender as the gender classification of the facility. This presumption is subject to review by Central Office on a case-by-case basis following an incarcerated individual's transfer to a facility consistent with their gender identification or identification of other factors that may warrant a different determination. Staff shall apply procedures as appropriate based upon the anatomy of the incarcerated individual. The facility (administration/security) shall not search or physically examine a transgender or intersex incarcerated individual for the sole purpose of determining the incarcerated individual's genital status. If the incarcerated individual's genital status is unknown, a medical provider may determine the incarcerated individual's genital status during conversations with the incarcerated individual, 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. All staff interviewed readily acknowledged they are aware of this requirement. Interviews with transgender incarcerated individuals confirmed there were no issues with searches. (f) Directive #4910 Control and Search for Contraband supports that staff are provided specific training which emphasizes professionalism, dignity and respect when searching incarcerated individuals and when searching transgender incarcerated individuals. Training Curriculum, Contraband and Frisk 17008 and 10162 address cross-gender pat frisks and searches of transgender/intersex incarcerated individuals, emphasizing professionalism and respect, and using the least intrusive manner possible consistent with security needs. Additionally, it provides detailed information about the techniques to be used for the different aspects of searches. Training records provided to the auditor (KHRT records) confirm that staff have been trained in contraband control and frisk searches. This updated curriculum is provided to new security staff. Updates for status employees have been observed by this auditor, previous PREA refresher courses provided to all current security staff. All staff interviews confirmed they have been appropriately trained in how to conduct cross-gender pat-frisk searches, and searches of transgender and intersex incarcerated individuals. Most articulated to the auditor the different techniques that would be used. Summary of evidence to support the finding of compliance: Policy as articulated, observations made during the on-site portion of the audit, the training curriculum, as well as all interviews with staff support the finding of compliance with this standard.

	All staff interviews confirmed that they are aware that transgender incarcerated individuals are not to be searched for the sole purpose of determining genital status. All staff and incarcerated individual interviews support that incarcerated individuals are allowed to change clothes, shower and use the toilet 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. In accordance with FAQ clarifications, policy was updated to allow a transgender/ intersex incarcerated individual to designate the gender of the staff to frisk search in accordance with the incarcerated individuals preferred gender. Interviews all confirmed that they have been appropriately trained regarding how to search transgender/intersex persons and cross-gender pat searches. The auditor is finding this facility is compliant with this standard.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #2612 Incarcerated Individuals with Sensorial Disabilities 02/15/2023 · Directive #4490 Cultural and Language Access Services 10/26/2022 · SVPPM 115.33 Incarcerated Individual Education 12/9/2024 · Language Access Policy & Procedure 2025 · Ending Sexual Abuse Behind the Walls: An Orientation video · Pamphlet translations – The Prevention of Sexual Victimization in Prison: What You Need to Know (13 languages) · PREA Statewide Rape Crisis Hotline pamphlets · Form 4021A revised 4/2022 · Interview Commissioner · Interview with the Intake Sergeant · Interview with bi-lingual staff · Interviews incarcerated individuals who are LEP, blind/limited vision, hard of hearing and physical challenged (ten total)

	· Interviews with randomly selected security staff · Testing of access to the language line services · Observations during the tour – pamphlets located in the library, law library and medical area · Observations of posters – Incarcerated Individuals with Disabilities Notice of Rights Under the Americans with Disabilities Act · PAQ The PAQ indicates that the number of instances where incarcerated individual interpreters, readers, or other types of incarcerated individual assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations is zero. SVPPM 115.33 Incarcerated Individual Education states the following: The Department is responsible to educate all incarcerated individuals on the zero-tolerance policy regarding sexual abuse and sexual harassment, as well as how to report incidents or suspicions of sexual abuse or sexual harassment. It addresses the following: · At intake each incarcerated individual will receive the brochure, "Sexual Victimization in Prison: What You Need to Know" in their dominant language · PREA Education provided at Transitional Services Phase I · Facility Orientation within thirty days of arrival to include the gender appropriate version of the film "Ending Sexual Abuse Behind the Walls An orientation in addition to other discussion regarding this. · Participation is documented through Form #115.33 – Report of Incarcerated Individual Training Participation · Reasonable Accommodation for Incarcerated Individuals · Limited English Proficient · Sensorial Disabilities · Limited Reading Skills · On-going PREA Education - Use of brochures (availability in the law library, general library, medical/dental waiting areas, guidance/religious services waiting area and transitional services) and postings (Report Sexual Abuse and Zero Tolerance) · Facility Orientation Handbooks Evidence reviewed/analyzed by provision:

	(a) Directive #2612 Incarcerated individuals with Sensorial Disabilities references the Americans with Disabilities Act, noting that programs and services provided cannot discriminate against individuals with a disability who are qualified to receive them. It further states, “Qualified Sign Language Interpreting Services: A sign language interpreter certified by the National Registry of Interpreters for the Deaf or other National or New York State credentialing authority, or a sign language interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. The qualifications of an interpreter are determined by the actual ability of the interpreter in a particular interpreting context to facilitate effective communication. Except as otherwise indicated below, qualified interpreters may include incarcerated individuals and correctional staff, including Correction Officers and volunteers, when their skills meet the above definition and factors such as emotional or personal involvement and considerations of confidentiality will not adversely affect their ability to interpret effectively, accurately, and impartially; or jeopardize the safety and security of the incarcerated individual.” SVPPM 115.33 Incarcerated Individual Education further reinforces these requirements. The auditor observed posters throughout the facility - Incarcerated Individuals with Disabilities Notice of Rights Under the Americans with Disabilities Act. Testing occurs at the reception intake facility, to determine if the incarcerated individual has limited intellect or mental health issues. Other facilities are designated to house those with cognitive deficiencies – special needs units (SNUs). Physical and mental health needs are identified at the intake facility and during the intake process for this facility. Appropriate staff (medical and education) are available to address any needs in addition to the assigned case worker. This facility is not designated to house individuals with serious mental needs; it houses those who can function in general population and be managed with medication. Interviews with targeted incarcerated individuals yielded no concern to the auditor. This facility is not designated to house incarcerated individuals with sensorial deficiencies. Those with needs for blind/low vision and/or deaf/hard of hearing are housed at designated facilities which can meet their needs. Incarcerated individuals interviewed with physical challenges (two low vision, two hard of hearing, one physical limitations) yielded no concern regarding their needs being met and their understanding of their rights under this law. (b) The interview with the Commissioner confirms the following: “DOCCS has a system-wide language access policy that ensures that individuals who require assistance with language can still fully participate in critical functions. This includes using Language Line Solutions for translation of written documents or interpretation of spoken language. Our Office of Cultural and Language Access Services is responsible for implementing DOCCS’ Language Access Plan and ensuring that Limited English Proficient (LEP) individuals can access the Department’s programs, services and benefits. In keeping with State language access policies, DOCCS makes vital documents available in the most common non-English primary languages within

	the state. This includes the Department's PREA information brochures and our incarcerated individual education film. Languages are periodically updated based upon data regarding language dominance in the State. As of August 2022, these languages include Arabic, Bengali, Chinese (simplified), French, Haitian-Creole, Italian, Korean, Polish, Russian, Spanish, Urdu, and Yiddish." "Similarly, DOCCS has designated facilities and established programs to meet the needs for sensorial disabled incarcerated individuals. The facilities have additional resources for the incarcerated individuals in their populations including but not limited to manual translators (i.e., sign language interpreters), electronic reading devices, magnifiers, and other accommodations as appropriate to ensure access to all programs, including the Department's PREA program." Directive #4490 Cultural and Language Access Services ensures incarcerated individuals with limited English skills will have meaningful access to programs, services and benefits." SVPPM 115.33 Incarcerated Individual Education further reinforces these requirements. Pamphlet translations – "The Prevention of Sexual Victimization in Prison What You Need to Know" is available in English, French, Arabic, Spanish, Bengali, Simplified Chinese, Haitian Creole, Korean, Polish, Yiddish, Urdu and Russian. The language needed is noted on the receipt of the PREA Sexual Abuse Brochure provided at the intake process. This process was supported when interviewing the intake sergeant. "Ending Sexual Abuse Behind the Walls: An Orientation" is available with audio tracks and closed captioning in English, Spanish, Mandarin Chinese, Haitian Creole, Korean, Polish, Italian and Russian. It can be viewed on the agency website. For previous audits, the auditor previously received video copies that contain closed captions for these languages. The Victim Support brochure is available in the following languages: English plus French, Arabic, Bengali, Chinese (Simplified), Haitian-Creole, Italian, Korean, Polish, Russian, Spanish, Urdu and Yiddish. Pamphlets with additional languages were observed in the intake area, library and medical unit by the auditor. The agency has a Language Line Manual. During random staff interviews, many staff, including the intake sergeant, were aware of the availability of the line if its use is needed. The auditor, while interviewing a nurse, requested a demonstration of use of the language line. An Arabic speaker was requested and immediately provided. Interviews with an LEP incarcerated individual supported that this language need was addressed upon intake and his views regarding which materials he preferred were addressed. The auditor interviewed the bi-lingual Offender Rehabilitation Counselor (ORC) who confirmed that those with language barriers (Spanish) are assigned to her caseload and she is called upon to translate from time to time. (c) Directive #2612 Incarcerated individuals with Sensorial Disabilities supports that

	generally an incarcerated individual will not be used to interpret for another incarcerated individual for confidential/sensitive matters unless there are exigent circumstances. Directive #4490 Cultural and Language Access Services states, generally staff shall not rely on an incarcerated individual, family member or friend to interpret for communications that involve sensitive confidential or privileged information. As stated, the PAQ indicates that no incarcerated individual has been used to interpret for another incarcerated individual regarding confidential information. Interviews with random staff confirmed that an incarcerated individual will not be used to interpret and has not been used to interpret for confidential information; responses indicated they would seek the assistance of a bi-lingual staff or the Language Line, as noted above. After prompting, most random staff interviews acknowledged they were aware that if no other recourse was available, use of another incarcerated individual can occur; other interviews required prompting to confirm this. Without having a specific scenario to relate this question to, the auditor found no concerns with these responses. Summary of evidence to support a finding of compliance: Review of the policies and other documents noted above support that the facility has gone above and beyond by providing information and video captions in seven additional languages, written information in up to thirteen (13) different languages. The documentation for the intake process indicates that language needs are assessed immediately upon arrival, as are any disability needs. The written interview with the Commissioner reiterated his support for all these processes in place. The language line is readily available for needs that arise. Physical, intellectual and mental health needs are also addressed at the intake facility and during the intake process for this facility. Appropriate staff (medical, mental health and education) are available to address any needs in addition to the assigned case worker. The agency has designated facilities to address physical needs, vison/hearing needs, and limited cognitive skills needs, which the auditor has audited previously. For these reasons, the auditor finds that the facility is in substantial compliance with this standard. The finding of exceeds standard is due to the numerous language options readily available for educating the incarcerated individuals about PREA.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #2216, Fingerprinting/Criminal History Inquiry - New Employees and Contractors – 11/01/2018 Attachment A

	· Directive #2232 Non-competitive and Labor Class appointments 8/5/2024 · Personnel Procedure Manual #407 – Civilian Promotions, Personal Procedure Manual #407A – Security Promotions, 4/29/14 · Security Personnel canvas letter · NYS Department of Correctional Services Personnel Procedure Manual #406A Recruitment Process – 4/8/16 · Employment Telephone Verification · Recruitment Process checklist (406A, 406A1, 406A2) · Memo: from Deputy Commissioner and Counsel, 8/18/15, RE: Prison Rape Elimination Act (PREA) – Background Checks – Appendix · Directive #2112, Report of Criminal Charges – 01/03/2023 · Employee Manual Revised 2019 · Directive #2012, Release of Employee Personnel and Payroll Information – 10/7/2019 · Promotional Personal History Form 1253 · Employment Application: Personal History and Interview Record & Employment Application Part 1 and 2 · Interviews with Human resource staff · Interview with the PREA Director · Documents - Personnel files status employees 12 total randomly requested · New employee files – two total, one contractual staff personnel file, one promotional file, one mental health staff file · Facility example and requested documentation Form 1253 Derogatory Denial or Approval on Background Check · Email confirmation Coordinator- Employee Investigative Unit (EIU) fingerprint verifications (security staff maintained in the central office file) · PAQ The PAQ indicates that four staff have been hired who may have had contact with incarcerated individuals in the previous twelve months, seven staff contracts for services. Evidence reviewed/analyzed by provision: (a)(b) Directive #2216, Fingerprinting/Criminal History Inquiry - New Employees and

Contractors –states, All employees and contractors of the Department of Corrections and Community Supervision (DOCCS) 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. Employees and contractors may also be fingerprinted in accordance with this directive. This policy applies to all titles as defined in Section II, Definitions. Information Technology Services (ITS) staff, Department of Motor Vehicles (DMV) staff, and Office of Mental Health Staff (OMH) will have criminal history inquiries conducted. Policy indicates a request is submitted to the Employee Investigative Unit (EIU) via email transmittal; a response must be received with non-derogatory indicated prior to the first day of employment. The policy has Attachment A which designates how this background check is conducted on potential employees, contractors and staff from other agencies.

NYS Department of Correctional Services Personnel Procedure Manual #406A Recruitment Process –– Forms: PPM 406A1, Recruitment Process Checklist, PPM 406A.2 Employment Telephone Verification outlines steps to be taken to prior to filing a position with a candidate. It specifically address sexual harassment inquiries,

(c)(d)(e) The following documents support the finding of compliance:

· Directive #2216, Fingerprinting/Criminal History Inquiry - New Employees and Contractors –requires the background check for all employees, contractors and per diem employees as well as verification of information on the employment application. Attachment A identifies the process for fingerprinting potential employees, employees, contractors and interns.

· NYS Department of Correctional Services Personnel Procedure Manual #406A Recruitment Process –specifically requires that previous employers shall be contacted for candidates previously employed by a prison, jail, lock up community confinement or juvenile facility. The contact is documented on the form PPM 406A.2 Employment Telephone Verification. This requirement is included on the Forms: PPM 406A1, Recruitment Process Checklist and PPM 406A2 Employment Telephone Verification

· Personal Procedure #407 states, Prior to appointment, every candidate selected for a potential promotional appointment will be reviewed for prior incidents of sexual abuse, a conviction for a disqualifying sexual offense, or a civil administrative fine for such sexual acts. The review will also identify any incidents of sexual harassment.

· Memo: from Deputy Commissioner and Counsel, Division of Criminal Justice Services, RE: Prison Rape Elimination Act (PREA) – Background Checks – Appendix and Directive #2112, Report of Criminal Charges. All staff and contractors are fingerprinted prior to employment. The EIU is notified if an arrest is made corresponding to the employee/contractor fingerprint.

The auditor observed documentation regarding staff fingerprints (background check conducted, LIVE SCAN) when reviewing personnel files, twelve status employees and one promotional files. The auditor reviewed the detailed process outlined for the

personnel staff to use when needing to acquire background information on all candidates. The Employee Investigative Unit (EIU), centrally established, provides information as needed (observed during the review of the personnel files). By fingerprinting, the agency would receive a report of any arrests that have occurred with these employees nationwide (as confirmed by the interview with the Human Resource staff). There is notation to check prior institutional employers on the checklist.

(f) The following documents support a finding of compliance:

· Electronic Mail Memo: from Director of Personnel, RE: Fair Chance Hiring Application Revisions and Statewide Employment Application reinforces the use of the Application Form 1253 as a supplement as it contains PREA related questions to be asked per the requirement of this standard.

· Form 1253 - Personal History and Interview Record Availability Inquiry Correction Sergeant, Availability Inquiry Correction Lieutenant. Form EIU23 - Personal History Questionnaire – (Rev. 6/15) specifically asks all candidates if they have been convicted of a crime involving sexual activity by overt or implied threats of force, or coercion or if the victim did not consent; or if the victim was unable to consent as well as if the candidate has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, and, who may have contact with incarcerated individuals who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution

· Promotional inquiries within the system (lieutenant, sergeant) include the questions regarding whether the candidate has been involved in an allegation of sexual abuse or sexual harassment, if the allegations were substantiated, if they have been civilly or administratively adjudicated to have engaged in sexual activity in the community by force, overt or implied, or coercion, etc.

· Promotional Personal History Form for other promotional candidates (sergeants, lieutenants)

The auditor observed ten randomly reviewed personnel files (status employees and newly hired employees), which contained the application that they directly asked the questions noted in provision (a) and (b). The auditor was provided documentation showing that one promotional candidate was directly asked the questions during the promotional process (new application completed). The auditor signed acknowledgements of the Employee Manual which directs staff that they have a continuing affirmative duty to disclose any such misconduct (14 total personnel files). The auditor received verification of fingerprint/background checks for four security staff (files maintained in the central office).

(g) Form EIU23 - Personal History Questionnaire The beginning of the questionnaire specifically informs all candidates that all questions must be answered truthfully as the state law and civil service commission rules have the force and effect of law and provide penalties for making a false statement of material fact in any application. Applicants sign this form acknowledging this. This was observed on the applications

	in the files reviewed for staff. (h) Directive #2012, Release of Employee Personnel and Payroll Information states information about a former employee will be provided to State agencies without authorization and provided to parties other than state agencies with authorization. The interview with the Human Resource Manager confirmed that she would refer to her representative in central office for directions, if a request was received. The PREA Director confirmed also that inquiries received regarding candidates who are no longer forking for this department applying at other correctional facilities are sent to the central office PREA department for input. Summary of evidence to support the finding of compliance: Review of policy directives, Employee Manual, and the application process support compliance. The application process requires all new applicants and promotional candidates to answer the questions required in provision (a) and (b). The agency has an Employee Investigative Unit (EIU) designated to conduct background checks which does conduct a national search for criminal records. The agency uses a system which notifies them when a current employee has been arrested so that the circumstances can be investigated. The Employee Manual, in which each member of staff signs an acknowledgment of receipt, notifies employees of a continuing duty to report. Reference checks are conducted by the central office; information provided to other states would be provided by central office with a signed release. The investigative unit has a process to ensure that this check would reveal if the employee quit pending an investigation. This was all reiterated during the interview with the Human Resource supervisor. After analysis of the noted written documentation, interviews and observations, the auditor finds that agency/facility in compliance with this standard. A finding of exceed standard is provided due to the fingerprinting operation in which any criminal activity would be immediately and continually reported.

115.18	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #3053, Alterations and Construction Request 6/9/2025 · Form 1612 · Interviews Commissioner · Interview Superintendent · PAQ

	The PAQ indicates the facility has made substantial expansions or modifications of existing facilities since the last PREA audit and has installed or updated a video monitoring system, electronic surveillance system, and other monitoring technology since the last PREA audit. Evidence reviewed/analyzed by provision: (a)(b) Directive #3053, Alterations and Construction Request specifically notes that prior to submitting a request to alter or construct a building, the ability to protect incarcerated individuals from sexual abuse must be reviewed. In addition, it states, when designing or acquiring any new facility or planned any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect incarcerated individuals from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect incarcerated individuals from sexual abuse. Form 1612 Part IV addresses these requirements, specifically requiring that the ability to enhance safety and protect the incarcerated individual from sexual abuse is addressed prior to approval of the plans. The interview with the Commissioner confirmed the following: "In accordance with Department Policy (Directive #3053 "Alterations/Construction Requests"), each facility Superintendent must obtain Central Office approval for any alteration or construction project. As a part of that process, the Superintendent submits a Form 1612 Alterations/Construction Requests form. The Superintendent is required to evaluate the scope of the alteration and consider the effect of the design, acquisition, or modification upon the ability to protect incarcerated individuals from sexual abuse. The Superintendent indicates on the form whether the alteration's impact will enhance, be neutral, or have a negative impact on the ability to protect incarcerated individuals from sexual abuse. Our Division of Facilities Planning and Development reviews these requests and obtains comments from the Associate Commissioner for PREA Compliance, and other appropriate Central Office units, before approving any request." "The Department has wide-spread audio/video surveillance in a number of its facilities, and also coverage in specialized units such as Special Housing Units, Behavioral Health Units, and our Residential Rehabilitation Units. When a report of sexual abuse or sexual harassment is received, standard protocol calls for the facility to secure surveillance footage for the date, time and location of the reported incident for use in either an Office of Special Investigations (OSI) or facility investigation. Video surveillance has provided corroborating evidence used to help obtain convictions and has also assisted in vindicating wrongfully accused staff. In recent years, the Division of Facilities Planning and Development has worked hand-in-hand with our Office of Special Investigations and the Sexual Abuse Prevention & Education Office to review areas of concern for possible adjustment of existing camera systems, or to make recommendations for augmentation of the system. Facility-wide CCTV/audio coverage is currently present in eleven (11) facilities. The expansion of CCTV has been

	prioritized in 2025 with support of the Governor. CCTV construction projects are underway at six (6) additional facilities. Another eleven (11) projects to install new or upgrade existing facility-wide CCTV/audio monitoring systems are in design. The long-term goal is to install full-coverage camera systems at all maximum and medium-security facilities. Since 2017, DOCCS has used Body-Worn Cameras in several correctional facilities. DOCCS initially piloted body-worn camera systems using a local storage solution. The Department has phased out the original model in favor of Axon body-worn camera systems using a cloud-based storage solution. The body-worn camera program is undergoing expansion as rapidly as our vendor and broadband suppliers can support. The body-worn camera program is fully implemented at twenty-six (26) Correctional Facilities. In addition, body-worn cameras are in partial use at an additional fifteen (15) sites, each of which will transition to full implementation upon installation of a dedicated data circuit. A civilian pilot program was started on March 25, 2024, at Franklin Correctional Facility. The Department's Office of Special Investigations (OSI) and the Corrections Emergency Response Team (CERT) have a full deployment of body-worn cameras for use by their staff." The interview with the Superintendent confirmed the commitment to ensure that any updates to the physical plant or video monitoring will include the facility's ability to enhance incarcerated individuals' safety from sexual abuse and sexual harassment. An example of form 1612 was providing indicating it was for storage for the newly added body worn cameras. Summary of evidence to support a finding of compliance: Policy noted above supports that sexual abuse and sexual harassment prevention will be considered when making changes to the physical plant or upgrading the camera system. A process is in place, form 1612, to ensure this is considered. An example of this form was provided with the pre-audit documentation. The Superintendent confirmed that the designs will consider incarcerated individual safety and prevention of sexual abuse, as did the placement of the camera system. Written responses by the Commissioner further ensure that any upgrades to facilities and/or monitoring equipment has a process in place that ensures that changes will be evaluated to protect incarcerated individuals from sexual abuse. For all these reasons, the auditor finds there is substantial evidence to support the finding of compliance.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response 12/1/2023 · Directive #0700 Office of Special Investigations (OSI) 5/16/2025

· HSPM1.60 Sexual Assault 7/22/2022

· Uniform Evidence https://www.ncjrs.gov/pdffiles

· OSI Investigation Manual – confidential

· Sexual Victimization Prevention Policy Manual Coordinated Response 115.65 12/9/2024

· New York State Sexual Assault Victim Bill of rights

· Collins CF Coordinated Response Plan to An Incident of Incarcerated individual Sexual Abuse FOM 2010 2/5/2025

· Review of the Watch Commander response manual which provides information for the first three Hospitals that provide SANE exams locally

· OSI Sexual Abuse Incident Review Checklist

· Review of investigations- SANE exams

· Review of medical record SANE exams

· Interview with the Watch Commander

· Interview A/ADS PREA

· Observation of the Evidence kit

· PAQ

The PAQ indicates there have been two forensic medical exams, of which two SANE/ SAFE exams, no exams performed by a qualified medical practitioner during the previous twelve months.

Evidence reviewed/analyzed by provision:

(a) Directive #0700 indicates that the OSI has a Public Integrity Division (PID) division which specializes in investigation of unauthorized relationships, sexual abuse, sexual harassment and related misconducts between incarcerated individuals; they coordinate with outside law enforcement and prosecutors.

Directive #4027 ensures that an administrative or criminal investigation shall be completed for all allegations of sexual abuse, sexual harassment, and unauthorized relationships. Pursuant to Directive #0700, “Office of Special Investigations (OSI),” the Commissioner has designated OSI to conduct these investigations.

Sexual Victimization Prevention Policy Manual Coordinated Response states, Evidence Collection and Preservation (Incarcerated Individual-on-Incarcerated individual Sexual Abuse) 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. Note: Approved evidence collection procedures will be used as a guideline for staff collecting evidence in an Incarcerated Individual on Incarcerated Individual sexual abuse investigation. All evidence collected will be stored and secured in accordance with Directives #4931, "Aggravated Harassment of an Employee by an Incarcerated Individual" and #4910A, "Contraband/Evidence-Handling, Storage, and Disposition." 1. Sexual Abuse Evidence Bag and Recovery Kit: The Deputy Superintendent for Security shall ensure that a "Sexual Abuse Evidence Bag and Recovery Kit" is assembled and stored in the Watch Commander's Office. The Sexual Abuse Evidence Bag and Recovery Kit contains the necessary items with which to collect and preserve evidence from a sexual abuse crime victim and incarcerated individual perpetrator. The auditor observed the Evidence kit which ensures that the proper contents as required are available (sealed). It is located in the Watch Commander office and was quickly retrieved when requested. Trained evidence collectors will perform this function at the direction of the OSI investigator assigned to the case. (b)The New York State Department of Corrections and Community Supervision (DOCCS) does not conduct on-site forensic medical examinations. In accordance with DOCCS policies, when evidentiarily or medically appropriate, a victim of sexual abuse shall be transported to an outside hospital and shall be provided treatment and services as required by the laws, regulations, standards and policies established by the State of New York and administered by the New York State Department of Health. The New York State Department of Health requires hospitals to follow "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents". The auditor verified this on the agency webpage - health.ny.gov/professionals/safe/. (c)(d)(e) HSPM1.60 Sexual Assault states the following: The DOH requires hospitals to establish policies and procedures for the treatment of sexual assault victims and the collection and maintenance of forensic evidence. All treatment, including outside hospital services, will be provided to victims without financial liability and regardless of whether or not the victim cooperates in any investigation arising from the incident. all victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. Incarcerated individual victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Expeditious transportation will

	be coordinated with the Watch Commander to take the I/I victim to an outside hospital emergency department staffed with a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE) or any other hospital upon confirmation that a SANE/SAFE and a Victim Advocate are available to provide services. An investigator from OSI is immediately dispatched to the hospital to document evidence and the process. The OSI Sexual Abuse Incident Review Information documents the offer of a victim advocate and whether it was accepted by the incarcerated individual. In reviewing investigations, two indicated a SANE was conducted; two indicated it was offered and refused by the incarcerated individual. Review of the medical record confirmed transported to the ER, SANE exam conducted, prophylactic treatment provided. Further written authority confirming compliance with this is in the confidential OSI Policy Manual (provided to and reviewed by the auditor). Coordinated Response Plan to An Incident of Incarcerated individual Sexual Abuse FOM lists the three closest SANE services. The auditor observed the contact information for the three closest SANE certified hospitals to the facility in the FOM, located in the Watch Commander office. The auditor interviewed the Watch Commander and requested this information; he was immediately able to find the manual and locate the three hospitals listed. Review of the state's involvement with the Victim Advocates confirmed the availability of a victim advocate is addressed by hospital staff. (f) The New York State Department of Corrections and Community Supervision (DOCCS), Office of Special Investigations (OSI), and the New York State Police (NYSP), Bureau of Criminal Investigation (BCI) work cooperatively in the investigation of incarcerated individuals' sexual abuse that may rise to criminal conduct as supported by the Directive #0700 Office of Special Investigations (OSI) and a memo to the Superintendent of the New York State Police provided to the auditor. (g)Auditor is not required to audit this provision. (h)Not applicable to this facility. This was supported by the interview with the A/ADS PREA. As noted, the hospital Sexual Assault Team will provide this individual with a qualified victim advocate from the community. Summary of evidence to support a finding of compliance: Policy supports the requirements of the provisions. Processes are in place to ensure an incarcerated individual is sent to a hospital for a SANE/SAFE exam when allegations are made to support a referral. State law and policy support that a qualified advocate is available through the hospital. The facility procedure, review of investigations and interview with the Watch Commander provided assurance of this process and knowledge of this process to the auditor. 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 additionally ensuring a uniform accurate evidence protocol is followed. For this reason, and due to the specialized nature of the investigators, the memo confirming the cooperation between this department and the New York State

	Police, and the back up evidence kit, the auditor finds that the facility exceeds the standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response 12/1/2023 · Directive #0700 Office of Special Investigations 5/16/2025 · Collins CF Coordinated Response Plan to An Incident of Incarcerated individual Sexual Abuse FOM 2010 2/5/2025 · Quick Reference Chart to Sexual abuse and Sexual Harassment allegations · Monthly Report of Sexual Victimization · Interviews Commissioner · Interviews investigative staff · Interview with Watch Commander · Review of investigations · Observations · PAQ The PAQ indicates that there were twenty-four allegations of sexual abuse and sexual harassment that were received; twenty-three were referred for a criminal investigation. For the previous twelve months, there have been no substantiated allegations of sexual abuse. Evidence reviewed/analyzed by provision: (a)(b) Directive #4027 ensures that an administrative or criminal investigation shall be completed for all allegations of sexual abuse, sexual harassment, and unauthorized relationships. Pursuant to Directive #0700, “Office of Special Investigations (OSI),” the Commissioner has designated OSI to conduct these investigations. The interview with the Commissioner confirmed the following: “In accordance with my authority under Section 112 of the New York State Correction Law, I have designated

	the Department's Office of Special Investigations (OSI) as the Department's investigative branch to investigate allegations of serious misconduct in the facilities. The Office of Special Investigations conducts criminal and administrative investigations of allegations of sexual abuse. Allegations of sexual harassment may either be investigated by OSI or by the facility as appropriate based upon the circumstances of the report. 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." Coordinated Response Plan to An Incident of Incarcerated individual Sexual Abuse requires the Watch Commander to contact OSI when an incident of sexual abuse has occurred. The interview with the investigators confirmed that they have been notified timely of all allegations of sexual abuse, sexual harassment and/or retaliation. The review of the investigations supported this as well. All allegations are documented. Documentation demonstrating this was provided with the pre-audit documentation. The interview with the Watch Commander confirmed knowledge of the reporting process as articulated in the facility procedure. When reviewing investigations, the auditor reviews the following: date of report, date of incident, date of completion, how reported, type of report, was notification immediate, was staff reassigned pending the investigation, was evidence gathered and preserved, need for forensic examination, credibility assessed individually, assessment of staff actions/failures, criminally referred, retention, files maintained in secure area, investigation continued when abuser or victim left the facility, findings, referred for prosecution and/or licensing board, and notification to abuser. (c) This is not applicable to this facility as OSI is a part of the agency although outside of the facility/department. (d) Auditor is not required to audit this provision. (e) Auditor is not required to audit this provision. Summary of evidence to support a finding of compliance: Policies noted above, interviews with the investigators and watch commander and review of nineteen investigations from the established twelve-month audit time frame support that investigations are all appropriately addressed by the OSI involving sexual abuse and sexual harassment, or retaliation and staff neglect that led to sexual abuse or sexual harassment. These investigations are initiated promptly with investigators being contacted immediately in accordance with the facility's coordinated response. This was determined from the review of the investigations, the investigative process and the interviews with the investigators and watch commander. It was established that OSI has legal investigative authority within the State of New York and collaborates with the State Police on any matters that may appear to be criminal as established by the confidential manual. Therefore, the auditor finds there is sufficient evidence to support the finding of compliance.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Training Manual Section: 0.100 - Frequency Training Chart and Training Bulletins – 1/30/2025 · Training Manual Subject 8.300A – Recruit Training Catalog of Courses 11/1/2023 · Training Bulletin 1/30/2025 No. 7 Sexual Victimization Prevention and Response · Training Manual Subject #7.000 – Initial Employee Training/40-hour Orientation 1/5/2024 · Training Manual Section #7.100 Employee Familiarization In-Service Training Program 11/1/2023 · Training curriculum 17093 (one for males, one for females) PREA Introduction Transfer Lesson plan · 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 – refresher training · KHRT #35029 PREA Training new employees' curriculum · KHRT #35029 signatures noting understood the training · KHRT #17078 signatures noting understood the training · KHRT #17078 curriculum Refresher training · Documentation of orientation training 17093 – 15 examples, additionally observed in personnel files · Interview with two Offender Rehabilitation Coordinators (ORCs) – confirming orientation when admitted directly into the Residential Rehabilitation Unit (RRU) from another facility · Interviews random staff · Informal interviews with staff – food service staff, storehouse staff, chaplain, ASAT instructor, recreation staff, and laundry staff (newly hired)

	· Review of National Guard training curriculum · Records of completion of training - National Guard · FAQ Evidence reviewed/analyzed by provision: (a)Training Manual Section: 0.100 - Frequency Training Chart and Training Bulletins confirm that PREA Training is provided every two years, and a module on Professional Boundaries provided every two years. 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. Documentation was observed during the review of the employee personnel files. 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 ensure 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 –for 17078. It demonstrates that training covers the following topics: Definitions, Zero Tolerance Policy, Reporting, Unauthorized Relationships, Red Flags, and Professional Behavior. The auditor reviewed the training curriculum for the National guard. It addresses the

following:

· Defining sexual victimization, sexual abuse, sexual harassment, unauthorized relationship and key terms

· Response Plan

· Reviewing DOCCS zero-tolerance policy for sexual victimization. No retaliation

· Learning how to Report and Respond to Sexual Victimization, duty to report, private reporting

· Explaining the importance of professional boundaries in avoiding unauthorized relationships with incarcerated individuals.

· Reviewing the importance of professional and effective communication with the population, including specialized populations.

· A brief history of PREA and PREA standards

· Effective communication

· Confidentiality

· Grooming behavior (dynamics of abuse in confinement)

· Red flags

All topics as required in provision (a) are addressed.

(b) Training Manual Section #7.100 Facility Familiarization In-Service Training Program specifies that all transfer staff receive familiarization on compliance with PREA and the Department's Sexual Abuse Prevention and Response procedures. It further states that the training will be tailored to the gender of the incarcerated individuals at the facility, including gender dynamics, for staff who are transferring from a facility that houses the opposite gender staff that they on they worked.

Orientation training is provided to all employees, whether corrections officers or civilians. They receive PREA training prior to assignment in the facility which supports compliance with the FAQ issued October 2014, September 2015 and March 2019. Training is specific to males, or females based on the population of the facility. (Curriculum 17093 Female forty (40) slides specific to PREA and females; Curriculum 17093 Male facilities forty (40) slides). Documentation supporting this was observed in the personnel files reviewed.

(c) Training Bulletin 7 ensures that PREA refresher is addressed at line-up training annually for uniformed line staff, and as a written refresher for non-uniformed and supervisory staff. It includes the following topics: zero tolerance for sexual abuse and sexual harassment; review of the Employee Manual requirements, limits to cross gender viewing and searches, reporting and investigation, and supervision and monitoring.

	Memo – Commissioner RE: Policies and Standards Generally Applicable to all Employees reinforces that Prevention of Sexual Abuse is to be complied with by all staff. All random staff interviews confirmed that staff are trained regularly, and training includes the topics required in the provision. Staff additionally confirmed refresher training during line-up, noting they sign a form confirming and understanding the refresher information. As stated, Training Manual Subject: 0.100 - Frequency Training Chart and Training Bulletins - confirms that PREA Training is provided every two years. The documents provided confirm that staff have received PREA Refresher training. All random staff interviews and informal interviews confirmed to the auditor that staff have been trained as required by this standard. (d) The training form signed by staff after completion of training (RTF) states, “By signing below you confirm that you participated in the Prevention of Sexual Abuse – PREA training program and that you understand the training that you have received.” One example of this form was provided with the PAQ. Summary of evidence to support the finding of compliance: After review and analysis of the policies, documentation and interviews with staff, the auditor concludes that the standard is deemed compliant. The training curriculum supports the fact that all ten topics required by the standard are thoughtfully and thoroughly addressed in the curriculum. The orientation to the facility training provides information specific to working with male incarcerated individuals and additionally ensures that staff receive PREA training prior to having contact with the incarcerated individuals. Training occurs every two years with refresher information annually. All staff interviews (security and non-security) confirm that staff have received the training, and staff were knowledgeable regarding the various aspects required by the standard. Due to the orientation training in addition to refresher training and the Training Bulletin, the auditor finds that the facility exceeds the standard.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4750 Volunteer Services Program 5/2/2024 · Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 · Training Manual 7.150 Orientation for Per Diem and Non-Departmental Employees 11/1/2023

	· Directive #4071 Guidelines for Construction Projects 3/10/2023 – two examples · Volunteers' packets (four examples provided with PAQ) Standards of Conduct for Volunteers, Application for Volunteer Status, Background clearance) three sent with the PAQ, five randomly reviewed onsite · Review of personnel file training documentation -agency nurse · Interview with the Volunteer Coordinator, review of four randomly selected volunteer files · Interview with a contractual agency nurse and contract vending machine staff · PAQ The PAQ indicates there are 445 volunteers and contractual staff who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Evidence reviewed/analyzed by provision: (a)(b) 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. Volunteer Orientation If approved, the regular ongoing volunteer will be scheduled to attend a volunteer orientation conducted by the facility SCFVS and a member of the security staff. This 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. Four 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. An interview with a contractual agency nurse and vending machine contractor confirmed receipt and acknowledgement of the PREA training prior to being assigned inside the facility. 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 the finding of exceeds compliance with this standard due to the required annual refresher training for volunteers.

115.33	**Inmate education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · SVPPM 115.33 Incarcerated Individual Education 12/9/2024 · PREA – Sexual Abuse Prevention Orientation Outline 05/05/2022

	· Directive #4021 Incarcerated individual Reception/Classification dated 01/23/2019 · Directive 2612 Incarcerated Individuals with Sensorial Disabilities 2/15/2023 · Form 4021A rev. 4/2022 Draft Receipt (handbook, PREA Brochure) · Form 115.33 (Spanish orientation) · Transitional Services Phase I Manual - 2021 (males and 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) Report Sexual Abuse · Observations of Posters, pamphlets (Prevention of Sexual Victimization brochures – multiple languages available to the incarcerated individual population) · Interviews Intake staff · Observations – Phase I group in progress informal dialogue with presenter and participants · Demonstration of intake process · Demonstration of orientation · Interviews randomly selected incarcerated individuals · Documentation in twelve randomly selected guidance folders, five provided with the PAQ · PAQ The PAQ indicates that 1455 incarcerated individuals were admitted that were given information at intake, 1181 stayed past 30 days who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Both numbers represent 100%. SVPPM 115.33 Incarcerated Individual Education states the following: The Department is responsible to educate all incarcerated individuals on the zero-tolerance policy regarding sexual abuse and sexual harassment, as well as how to report incidents or suspicions of sexual abuse or sexual harassment. It addresses the following: · At intake each incarcerated individual will receive the brochure, “Sexual

Victimization in Prison: What You Need to Know" in their dominant language

· PREA Education provided at Transitional Services Phase I

· Facility Orientation within thirty days of arrival to include the gender appropriate version of the film "Ending Sexual Abuse Behind the Walls An orientation in addition to other discussion regarding this.

· Participation is documented through Form #115.33 – Report of Incarcerated Individual Training Participation

· Reasonable Accommodation for Incarcerated Individuals

· Limited English Proficient

· Sensorial Disabilities

· Limited Reading Skills

· On-going PREA Education - Use of brochures (availability in the law library, general library, medical/dental waiting areas, guidance/religious services waiting area and transitional services) and postings (Report Sexual Abuse and Zero Tolerance)

· Facility Orientation Handbooks

Evidence reviewed/analyzed by provision:

(a) Directive #4021 Incarcerated individual Reception/Classification states, each incarcerated individual is to receive the gender-specific Prison Rape Elimination Act (PREA) pamphlet, "The Prevention of Sexual Victimization in Prison: What You Need to Know," Form #DC055 for incarcerated individuals assigned to a male classified facility, upon arrival at the facility, and distribution shall be documented on Form #4021A, "Draft Receipt." PREA pamphlets are distributed to each offender upon arrival. . . . . Each incarcerated individual is to view the gender-specific version of the film "Ending Sexual Abuse Behind the Walls; An Orientation," during the reception and classification process. Viewing of the film is to be documented on Form #115.33, "Report of Incarcerated individual Training Participation."

The auditor randomly reviewed Guidance folders which contained documentation of receipt of the pamphlet and handbook at intake in addition to review of the initial and follow up risk assessments. Quarterly case notes were also observed where applicable. One was selected for arrival during each month of the previous twelve months. All reflected documentation of receipt of the pamphlet and facility incarcerated individual handbook.

(b) PREA – Sexual Abuse Prevention Incarcerated Individual Orientation Outline indicates presenters are available at orientation with a guideline of all information that should be presented. PREA – Sexual Abuse Prevention Incarcerated Individual Orientation Outline is provided to staff presenting the material. The auditor reviewed the guide. The guides ensure the following is addressed: PREA Mission, PREA Coordinator, ADS PREA, What is PREA, Zero Tolerance, Personal Safety, Standards of

	Incarcerated individual Behavior, What to do if Abused, Reporting Sexual Abuse, Consequences of false reporting, victim services, explaining Pat searches, Confidentiality, Why opposite gender staff verbally announce their presence. The auditor viewed the video. The video used at orientation has been filmed in New York DOCCS using incarcerated individuals confined in this state. It is twenty-four minutes long. It reviews personal testimony from numerous male incarcerated individuals emphasizing that sexual abuse and sexual harassment more commonly occurring through manipulation and how to avoid manipulation. It reinforces that incarcerated individuals can report to anyone anytime. It is their right to be free from sexual abuse, sexual harassment and retaliation. It addresses how to report outside the agency, to the Inspector General (IG) (now the Office of Special Investigations), Sexual Abuse Prevention & Education Office (SAPEO), outside Rape Crisis Center and how to have family/friends report. There is a personal message from the Commissioner and the PREA Coordinator. A link to this video is available on the agency website for anyone to view. It was noted and the auditor found credible, that incarcerated individuals received for reception center purposes do not attend orientation as they are not at the facility long enough to receive this. The process starts over at the receiving facility with intake and orientation is then scheduled. Additionally, PREA education is addressed at Transition Phase I education. Evidence to support this is located in the Transitional Services Phase I Manual. The auditor observed this education session during the audit, speaking informally with the presenter and the participants. (c) PAQ reports that all incarcerated individuals have received education on PREA. This agency has been actively pursuing PREA accreditation since 2014; therefore, the auditor finds this credible. The auditor interviewed one incarcerated individual who had resided at this facility since 2015 who confirmed the education process when PREA compliance was first initiated. (d) See comments to §115.16. (e)Form 115.33 Report of Incarcerated individual Training Participation Prevention of Sexual Abuse PREA requires the incarcerated individual to sign that he has seen the video “Ending the Sexual Abuse Behind the Walls: An Orientation.” It specifically states, “Report of Incarcerated Individual Training Participation Prevention of Sexual Abuse – PREA In accordance with Title 28 C.F.R. § 115.33/231(d), by signing below you confirm that you participated in the “Ending Sexual Abuse Behind the Walls: An Orientation” PREA training program.” One example of both types of documentation was provided to the auditor with the pre-audit documentation. (f) Numerous posters addressing this information were observed throughout the facility: · Report Sexual Abuse (blue large font on white background 8 ½ x 11 inches English and Spanish. · Right to be free from sexual abuse white font 9 x 13inches, picture of incarcerated individual in background, reporting information to include outside reporting (English and Spanish)

	· How to Report or Get Emotional Support located by phones with information on how to report in person, in writing, by phones, by email. White font blue background header, black font on white background, goldenrod border (English and Spanish) All incarcerated individuals interviewed verified that they were informed about their right to be free from abuse and harassment, which includes retaliation, and various methods available to them to initiate an investigation, including third party complaints, and how to file a complaint. The auditor viewed the pamphlets, and a reference binder located in the incarcerated individual library. It was conveyed to the auditor that any incarcerated individual can take and view without having to ask permission. The binder is labeled subtlety so that it is not easy for others to readily know what the incarcerated individual is viewing. Pamphlets are also visible in the medical area. The facility maintains posters on how to report sexual abuse or sexual harassment or get emotional support throughout the facility. The auditor verified they are posted by most phones through observation and some spot checking during incarcerated individual interviews. See comments in §115.51 and §115.53 regarding details of these posters. Additionally, much larger posters representing actual incarcerate individuals' faces who assisted with the educational video provides further information that no one has to tolerate any sexual abuse or sexual harassment while incarcerated. They were located in any area where an incarcerated individual might congregate (food service, gym, housing area communication boards, library, educational area, hallways, etc.). They are in color and are guesstimated to be approximately 15 inches by 20 inches, demonstrating ease of viewing as they were located on the wall at eye level. For those interviews where the response received was vague, the auditor confirmed that all are aware of the posters. Summary of evidence to support a finding of compliance: Review of the policies, review of guidance folders, incarcerated individual interviews regarding their knowledge of PREA and verification of the process in place, in addition to formal and informal interviews with staff all support that the facility is meeting the requirements of this standard. Incarcerated individual interviews confirmed that they are effectively educated regarding their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation, zero tolerance for sexual abuse or sexual harassment, how to file a complaint and agency policy regarding this. They readily pointed out that they have viewed the PREA video numerous times and see posters located by the phones throughout the facility. For all the reasons stated, the auditor finds ample evidence to support the finding of compliance. Additionally, the auditor believes the facility exceeds the standard based on the extensive information provided at intake via video and in person, the education provided at orientation, the additional education provided for incarcerated individual in Transition Phase I, the numerous culturally diverse posters located throughout the facility, the feedback received during the incarcerated individual interview, the availability of pamphlets and the video which can be given in numerous different languages.

115.34	**Specialized training: Investigations**

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

· Power Point Presentation: PREA Specialized Training – August 2022

· NIC training – PREA: Investigating Sexual Abuse in Confinement Settings outline

· Investigating Physical and Sexual Abuse in Institutional Settings, documentation of attendance

· Introduction to the Forensic Experiential Trauma Interview course outline

· Training spreadsheet documenting investigator training

· OSI Policy Manual – confidential

· Interviews Investigative staff – two total

· PAQ # of investigators agency

The PAQ indicates there are currently thirty-four (34) investigators trained to handle and respond to sexual abuse allegations.

Evidence reviewed/analyzed by provision:

(a)(b)(c) Office of Special Investigations (OSI) training curriculum for PREA investigators includes an overview of the PREA law, state law, staff and incarcerated individual sexual abuse definitions, duty to report, dispatch guidelines, evidence protocols, processing the crime scene, effective communication with special populations, privacy for interviews, techniques for interviewing victims, credibility assessment, criteria to determine substantiated, unfounded and unsubstantiated investigations, Miranda and Garrity warnings. Investigators also received standard PREA training, as confirmed by interviews with the investigators and documentation provided to the auditor.

Policy noted above and additional documentation showing the training curriculum support the finding of compliance. Documentation (a spread sheet showing training provided and hire dates) was provided to the auditor demonstrating the following:

All investigators have received the following:

· PREA training and PREA Refresher training

· OSI Investigative Course

· NIC Investigation Sexual Abuse in a Confinement Setting

· NIC Communicating Effectively and Professionally with LGBTI Offenders

	· Interview and Interrogation Course · Strangulation Other Specialized Courses received by some of the investigators include: · Forensic Experiential Trauma Interview (FETI) · Advocate Training · Basic Investigative Photography · Police Crime Scene and Evidence Specialist · Certified Inspector General Investigator · Reid Technique Interview and Interrogation · Cell phone search Interviews with the investigators supported the receipt of additional training in the specialized areas. (d) Auditor is not required to audit this provision. Summary of evidence to support the 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 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: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Training Manual Subject – 7.000, 40 Hour Orientation/Initial Employee Training – 1/5/2024 (Mandatory) · Training Manual 7.150 Orientation program for Per-Diem and Non-Departmental Employees 8/19/2022 · Office of Mental Health Memorandum of Understanding – 9/14/2016

	· Facility Medical Staff KHRT & RTF – Medical/Mental Health Training code 17098, 17099 · Training Curriculums for 17098 and 17099 September 2024 · Sexual Assault Post Exposure Protocol/PREA (Course 17083) October 2023 · Interviews of medical and mental health staff (Nursing administrator, nurse, Unit Chief) · Training records sent with the PAQ · PAQ The PAQ indicates that the facility has 42 medical staff and mental health staff; 100% have received specialized training. Evidence reviewed/analyzed by provision: (a)Medical staff are Department of Corrections employees. Mental Health staff work in Department of Corrections facilities for the Office of Mental Health through a Memorandum of Understanding. This MOU includes the requirement for PREA training including specialized training for medical and mental health staff. The auditor reviewed the specialized training curriculum for medical and mental health staff. Medical training provides the following information: definitions of sexual abuse and sexual harassment; how to detect signs of sexual abuse and sexual harassment; possible red flags; best practices; review of the policy and coordinated response; how to preserve evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; how and who to report allegations of sexual abuse and sexual harassment; health services policy. Mental health training addresses the following: history of PREA, what is sexual abuse, what is sexual harassment, review of PREA standards; review of the MOU with OMH; medical and mental health screenings; OMH referrals; best practices; prevention and risk reduction; using a victim centered approach when an incarcerated individual discloses sexual victimization; reporting. Regular PREA training additionally addresses the coordinated response plan (preserving evidence), how to detect signs of sexual abuse. The auditor concludes that both training modules, in addition to regular PREA training, provide the specialized training as required. Medical and mental health staff have attended Specialized PREA Training for Medical and Mental Health Providers. 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. (b) This is not applicable to this facility.

	(c)(d) Documentation was provided which demonstrated that medical staff have received specialized training. Staff sign the Report of Training Form acknowledging participation in the course; records are maintained by the training staff. The interview with the Unit Chief (mental health) and the Nurse supervisor and a nurse confirmed this training occurs. Both confirmed they receive refresher training for this as well. Additionally, medical staff attend regular PREA refresher training as required per §115.31(based on documentation and interviews). Additional training records were provided that demonstrated that medical and mental health staff receive specialized training upon hiring and also get refresher training, allowing the auditor to conclude that the facility exceeds the standard requirements. Summary of evidence to support the finding of compliance: Interviews with the medical staff, mental health staff, review of the curriculums, and review of training completion documents all provided sufficient evidence for the auditor to support the finding of compliance, exceeds compliance.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual Screening or Risk of Sexual Victimization and Abusiveness 12/9/2024 · Directive #4021 Incarcerated individual Reception/Classification (1/23/2019) · Collins Facility Operations Manual (FOM) PREA Risk Screening 2069 2/22/2023 · Forms 115.41M (1/2023); 115.41 GI (6/2020) · Completed Form 115.41 sent with the PAQ (12 examples sent from 9/24, 12/24, 3/25, 6/25, 8/25) · Completed Form 115.41GI sent with the PAQ · Random review of incarcerated individuals risk assessments – twelve · Interviews staff who perform risk screens (three ORCs and Intake Sergeant) · Interview PREA Coordinator · Interview A/ADS PREA · Interviews with random incarcerated individuals

· Demonstration of intake assessment

· FAQ

· PAQ

The PAQ indicates there were 1145 incarcerated individuals entering the facility within the past 12 months whose length of stay was for 72 hours or more, who were screened for risk of sexual victimization or risk of sexually abusing other incarcerated individuals within 72 hours of their entry into the facility. There were 1181 incarcerated individuals whose length of stay in the facility was 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days of their arrival.

Below is the analysis of the SVPPM:

Sexual Victimization Prevention Policy Manual: Screening or Risk of Sexual Victimization and Abusiveness states that all incarcerated individuals will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other incarcerated individuals or sexually abusive towards other incarcerated individuals.

The procedure requires the following:

· Each facility shall develop a Facility Operation Manual FOM.

· Screening shall be conducted using the approved risk screening form.

· The form addresses all the provisions of the standard.

· Risk assessments will be completed again within 14 days.

· They will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the assessment.

· Incarcerated individuals may not be disciplined for refusing to answer or not disclosing complete information.

· Information is not disclosed to anyone other than, when necessary, when making security decisions, housing/placement, programming, treatment, investigations or other security or management decisions.

· The screening will be conducted in a private setting.

Evidence reviewed/analyzed by provision:

(a)(b) Directive #4021 Incarcerated individual Reception/Classification further indicates, each incarcerated individual shall be initially assessed by a security supervisor for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals using the gender-appropriate PREA Risk Screening Form #115.41M.

	Facility Operations Manual (FOM) PREA Risk Screening specifies that all incarcerated individuals received into this facility are screened by a sergeant or above, within 24 hours (exceeding the requirement), reassessed by an ORC within 14 days, and a final review by the PCM or PREA Point Person within 30 days. It additionally emphasizes that this screening occurs in a private setting. Those are initially screened to be a high risk of victimization or are otherwise exhibiting concerning behaviors are immediately referred to the Watch Commander for appropriate placement to ensure safety. Incarcerated individual interviews and random review of incarcerated individual files all confirmed that this assessment is taking place immediately upon arrival, in a private setting, verbally. The auditor interviewed the Intake Sergeant who demonstrated how he completes the intake assessment with incarcerated individuals in a private setting during the onsite audit. He confirmed that the questions were asked verbally and affirmatively to the incarcerated individuals. He ensured the auditor that he would make a subjective opinion about appearing effeminate; it would be noted on the risk screen. This meets the requirements set forth in the FAQ October 2016. An interview with three ORCs affirmed the same information. (c)(d)(e) An objective screening tool is used that considers the following information: Risk of Sexual Victimization: · mental, physical, development disability · age · physical build (different criteria for males and females) · incarcerated for less than two years · Is criminal history exclusively nonviolent · convictions for sex offense against an adult, adolescent or child · self identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming (allows for a subjective opinion, score is different for males and females) · previous experience as a victim of sexual abuse (offer for mental health referral) · incarcerated individual’s perception of risk for sexual abuse · detained solely for civil immigration Risk of Sexual Abusiveness: · conviction for a crime related to sexual abuse in an institutional setting or community (offer for mental health referral)

· history of committing institutional sexual abuse, convicted of or known history (offer for mental health referral)

· known history of committing sexual abuse in an institutional setting

· convicted of a violent offense

· history of institutional violence

On the form is the following: Screening Must Be Conducted in A Private Setting. It states, Incarcerated individuals may not be disciplined for refusing to answer or provide complete responses to these questions and distribution of this information goes to the following: guidance folder, classification/psychiatric/medical, ADS PREA.

There is a gender identity interview process. 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 connection with decisions regarding housing and placement. Examples of this completed form were provided with the PAQ. Two additional examples were provided to the auditor during the onsite interview along with corresponding documentation of intake, risk assessment and chronological case notes.

(f) FOM PREA Risk Screening states that incarcerated individuals will be reassessed by an assigned ORC ordinarily within 14 days of arrival. A final risk assessment determination shall ordinarily be made by the Assistant Deputy Superintendent ADS PREA or PREA Point Person within thirty days of the incarcerated individual's arrival at the facility. Directive #4021 Incarcerated individual Reception/Classification also requires the following: Each incarcerated individual shall be re-assessed by an ORC for their risk of being sexually abused by other incarcerated individuals or sexually abusive toward other incarcerated individuals using the gender-appropriate PREA Risk Screening Form #115.41M or #115.41F, in accordance with the facility-specific PREA Risk Screening Facility Operation Manual. Sexual orientation and gender identity information from PREA Risk Screening shall be used to assign Other Security Characteristics as appropriate. The interviews with the randomly selected incarcerated individuals confirmed that they are being interviewed privately and verbally and asked the relevant questions at intake and then a second time. Completed Risk Assessments were randomly reviewed in each folder, representing the initial risk assessment and a second assessment within thirty days was reviewed. The same form is used for reassessment. One column is designed to be completed by the Intake Sgt, the other by ORC. This allows the ORC to have an immediate review of the information received at the first assessment. Interviews with staff who completes the 30-day risk assessment verified to the auditor that they will make a notation if they believe an incarcerated individual is demonstrating effeminate mannerisms but will also note the response given the by individual. Additionally, they confirmed that all questions are reviewed a second time with the incarcerated individual in person. Therefore, the procedure is compliant with the clarifications in the FAQ issued August 2019 for this standard.

(g) FOM PREA Risk Screening states, 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 incarcerated individual's risk of sexual victimization or abusiveness, an incarcerated individual's risk level will be reassessed. Reassessment is noted utilizing a new intake screening Form. Additionally, the ORC, as required by the agency policy, reviews a portion of risk assessment at least every 90 days when the incarcerated individuals have their quarterly assessment with the ORC. If behavior changes are observed, a new risk assessment can be conducted, if warranted. This risk assessment process was confirmed by the interview with the ORC and most random incarcerated individual interviews.

(h) FOM PREA Risk Screening states, incarcerated individuals will not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked. Incarcerated individuals interviewed were asked if they believed they would be disciplined for not answering the questions. Most indicated without hesitation that they had not. As stated, the form also states, incarcerated individuals may not be disciplined for refusing to answer or provide complete responses to these questions. This was also stated by the sergeant who conducts the initial risk assessment, and an ORC who regularly completes the follow up reassessment.

(i) FOM PREA Risk Screening states, PREA Intake Screening Forms are confidential. The completed form shall be filed in the Guidance Folder (Assessments Section), and distribution shall be limited to the Watch Commander, Assistant Deputy Superintendent ADS PREA and Captain/PREA Point Person. Access to completed forms is limited to the Executive Team and Guidance Staff with a business necessity to review the completed forms. The interviews with the ORCs, and ADS PREA confirmed that the forms are stored in a secure location, so access is limited. This additionally included Guidance folders for incarcerated individuals who are housed in the RRU. The auditor observed this area during the onsite audit. The auditor confirmed with the intake sergeant that forms are hand carried to the appropriate secure area for the initial review, follow up review and final review by the ADS PREA.

The interview with the PREA Coordinator confirms that the information is securely retained. To paraphrase, he indicated the following: "Yes, this is addressed in Sexual Victimization Prevention Policy Manual (SVPPM) item 115.41 and the approved risk screening Facility Operations Manual template. During the risk screening process, the screening form is routed to the ADS PREA Compliance Manager and the designated PREA Point Person at the respective facility. Policy dictates that the PREA Intake Screening Forms are confidential. The completed forms are filed in each incarcerated individual's Guidance Folder with other sensitive and protected assessments. Access to completed forms is limited to the Executive Team and Guidance Staff with a business necessity to review the completed forms. Completed PREA Risk Screening forms are part of the document package that will be reviewed when a transgender incarcerated individual requests placement in a correctional facility consistent with their gender identity. In such an instance, review is limited to the Executive level and legal staff who are involved in making the case-by-case placement determination. An incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive" is made available to staff as necessary in furtherance of the goal to keep separate those incarcerated individuals

	at high risk of being sexually victimized from those at high risk of being sexually abusive. An incarcerated individual's assessment as potentially being at "high risk of sexual victimization" or "high risk of being sexually abusive" is provided to the facility Movement and Control Office, who use the information to inform housing and bed assignments, and to the Program Committee Chairperson, who uses the information to inform work, education, and program assignments. In early 2024, DOCCS added a field to our mainframe system that allows for the recording of an incarcerated individual's risk of sexual victimization, sexually abusiveness, or combination thereof. This, together with other measures previously put in place, facilitate proper steps to protect those at high risk of sexual victimization from being hosed in close proximity to those at high risk of being sexually abusive, and also aids in the assessment of program assignments, while protecting the privacy of the individual responses to the questions asked during risk screening." Summary of evidence to support the finding of compliance: To review, the intake screening process is conducted upon arrival by the intake sergeant to determine any triggers which are documented and immediately addressed (Form 115.41M). The process/form was demonstrated during the on-site audit. Any pertinent information is immediately reported to the Watch Commander, and ADS PREA. This was confirmed by the interviews with these staff. Within a few days (seven to fourteen) of being assigned to the housing unit, the ORC meets with the incarcerated individual for an additional follow-up assessment. The ADS PREA reviews and makes a final determination on the risk assessment. The auditor confirmed through interviews where the assessments are stored and that only staff with authorization have access to view them. There were staff interviews with one sergeant that is assigned to conduct the screenings at intake, three ORCs who is responsible for completing the follow up risk assessment. The staff were extremely knowledgeable of their roles and were able to demonstrate to the auditor the importance of the information that they receive and the reason it needs to remain confidential. The auditor showed the area in which this review takes place, which is private. To further assess compliance, the auditor requested random incarcerated individual Guidance Folders who had been received; all had the appropriate risk assessment initially completed by the sergeant and reviewed by the ORC. The auditor finds that the facility qualifies for a finding of "exceeds standard" based on the immediate review, secondary, third and final review of the assessment process, re-assessment every ninety (90) days, as well as the procedure to ensure the communication of the safety needs of the incarcerated individual based on the finding of the risk assessment.

115.42	**Use of screening information**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard:

	· Sexual Victimization Prevention Policy Manual: Use of Screening Information 12/9/2024 · Directive #4021 Incarcerated individual Reception/Classification Transgender/Intersex Incarcerated individual Classification and Placement 1/23/2019 · Directive #4017 Incarcerated Individual Transfer Procedure 6/6/2022 · Directive #4401 Guidance & Counseling Services 8/21/20 · Facility Operations Manual (FOM) PREA Risk Screening 2069 2/22/2023 · Risk Screening Form 115.41M · Gender Identity Interview Form - 115.41GI 6/20/20 three examples provided with the PAQ, two additional documents reviewed onsite · Directive #4009, Minimum Provisions for Health and Morale, 12/22/2023 · PREA Risk Tracking · Documentation for housing, bed, work, education, program Form 115.42 (1/22/2024) Report of Risk Screening Information (three examples sent with the PAQ – 9/24, 11/24, 1/25)) · Interview PREA Coordinator · Interviews A/ADS PREA · Interview staff who conduct risk screens – ORC, intake sergeant · Interview with the Watch Commander · Interview with the Movement and Control Officer · Interview with a Program Committee member · Observations Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Use of Screening Information states, the Department shall use information from the risk screening, including any change of circumstances, reassessment to inform housing, bed, work, education and program assignments with the goal of keeping separate those incarcerated individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. Procedure: 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

The facility reports they currently house one incarcerated individual at high risk for sexual victimization and zero incarcerated individuals at high risk for sexually abusive behavior.

Evidence reviewed/analyzed by provision:

(a)(b) 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 is done via a telephone call to the Watch Commander and the housing assignment information is noted using form 115.41M.

Documentation supporting this process was provided to the auditor with the review of the randomly requested documentation. A PREA Tracking form and process is used. The interview with the A/ADS PREA confirmed that she monitors and updates at least weekly and ensures the proper staff (Program Committee, Watch Commander and Movement and Control officer) have the current tracking sheet. The interview with the Program Committee members 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. The interview with the Movement and Control Officer confirmed the receipt so that housing and bed placement can be determined to ensure safety.

(c)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 non-conforming 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.

(d) 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. Incarcerated individual 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. (f) 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. Documentation is provided to the incarcerated individual to provide to the officer. The interviews confirmed no issues with showers. (g) 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 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, 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 related to sexual abuse/harassment safety. This was confirmed by staff interviews, individual interview, and random review of Guidance folders which contain this risk assessment. Based upon this analysis of written authority, completed documentation, interviews with the intake sergeant, ORCs, PREA Coordinator, A/ADS PREA, all provides the auditor with sound evidence for the auditor to find the facility substantially exceeds compliance with this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4948 Protective Custody Status 1/13/2025 · Forms #2168A (4/2022), 2170A (4/2022) and #4948A (8/2021) · Interviews Superintendent · Interview with staff who regularly work in the Special Housing Unit SHU and RRU · PAQ The PAQ states that no incarcerated individuals have been placed in involuntary protective custody due to their high risk of sexual victimization. The auditor found no evidence to dispute this during the audit process. This facility no longer has any form of restrictive housing; the auditor verified this during the onsite audit. Evidence reviewed/analyzed by provision: (a)Directive #4948 Protective Custody Status Involuntary Protective Status states, Definitions: An incarcerated individual who is appropriate for Involuntary Protective Custody (IPC) solely because they are at high risk for sexual victimization, as determined by an assessment conducted pursuant to the SVPPM and Title 28 C.R.F. § 115.41 of the National Prison Rape Elimination Act (PREA) Standards, or following a report that the incarcerated individual was the victim of sexual abuse, where 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, and who does not voluntarily accept admission into PC status. Sexual Victimization Involuntary Protective Custody: An incarcerated individual who is appropriate for IPC solely because they are at high risk for sexual victimization as determined by an assessment conducted pursuant to the SVPPM and Title 28 C.F.R. § 115.41 of the National PREA Standards, or following a report that the incarcerated individual was the victim of sexual abuse, may be placed in IPC on such basis only after an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the incarcerated individual in IPC for less than 24 hours while completing the assessment using Form #2168A, “Sexual Victimization – Involuntary Protective Custody Recommendation.” 1. If an IPC assignment is made pursuant to subsection V-D, the assigned Assistant Deputy Superintendent/PREA Compliance Manager or, if the

	facility does not have an assigned Assistant Deputy Superintendent/PREA Compliance Manager, the facility PREA Point Person must be notified no later than the next business day. The Assistant Deputy Superintendent/PREA Compliance Manager or the facility PREA Point Person shall notify the Associate Commissioner/PREA Coordinator, in writing, of the date and time Form #2168A was completed, and, if applicable, the date and time of the incarcerated individual's removal from IPC. Additionally, the facility shall clearly document: a. The basis for the facility's concern for the incarcerated individual's safety. b. Whether a determination has been made that there is no available alternative means of separation from likely abusers, including documentation of what alternatives were considered and assessed to be unavailable. This information will be recorded on Form #2168A. Placement in IPC pending a hearing may only be authorized by the Watch Commander or above. NOTE: If the incarcerated individual is placed in IPC prior to completion of the recommendation form, the assessment of all available alternatives must be completed within 24 hours of admission. c. An incarcerated individual placed in IPC on this basis shall have a hearing conducted within 14 days, in accordance with the provisions of Directive #4932, to determine the need for PC admission. 2. Incarcerated individuals placed in PC on this basis shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document on Form #4948A, "Restriction of Incarcerated Individual's Program Participation": a. The opportunities that have been limited b. The duration of limitation c. The reasons for such limitation 3. The facility shall assign such incarcerated individuals to IPC on this basis only until an alternative means of separation from likely abusers can be arranged, and such assignment shall not ordinarily exceed a period of 30 days. An incarcerated individual in IPC on this basis shall have such status reviewed every seven days for the first two months, and at least every 30 days thereafter, by a three-member committee consisting of a representative of the facility Executive Staff, a Security Supervisor, and a member of the Guidance and Counseling staff at the facility where the incarcerated individual is housed. The results of such review shall be documented on Form #2170A and forwarded to the Superintendent for final determination. (a)Policy addresses all requirements of the provisions of this standard. (b) Directive #4948 Protective Custody Status, Involuntary Protective Status states that incarcerated individuals placed in Involuntary Protective Custody shall have access to program, privileges, education and work to the extent possible. It notes that

	it will be documented on Form #4948A Sexual Victimization Involuntary Protective Custody. (c)Directive #4948 Protective Custody Status, Involuntary Protective Status states, 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. Directive #4948 also ensures that placement shall not ordinarily exceed 30 days. If that should occur, the incarcerated individual will be reviewed every seven days; documentation noted on Form #2170A Protective Custody Review. (d) Form #2168A Sexual Victimization - Involuntary Protective Custody provides an avenue to document the facilities rationale behind the placement. (e) Directive #4948 also ensures that placement shall not ordinarily exceed thirty (30) days. If that should occur, the incarcerated individual will be reviewed every seven days for the first two months, and at least every thirty (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; documentation is noted on Form #2170A. Summary of evidence to support the finding of compliance: The interview with the Superintendent, and staff who regularly work in SHU/RRU confirmed that an incarcerated individual has not been placed in these specialized housing areas related to being at high risk for sexual victimization or having alleged sexual abuse). Based upon the written authority, observations and these interviews, the auditor finds the standard is compliant.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 121/2023 · SVPPM Coordinated Response 12/9/2024 · FOM Coordinated Response to Reports of Sexual Victimization 2010 2/5/2025 · Employee Manual 2019 · Sexual Abuse Prevention and Response (SAPR) Lesson Plan (refresher training 17078) 2024

	· How to Report Poster, How to Get Emotional Support, our Safety and Security are Important (OSI reporting) · Letter The New York State Commission of Correction (SCOC) Incarcerated individual and Resident reporting 4/2/2025 · Prevention of Sexual Victimization in Prison: What You Need to Know brochure (3/2022) · PREA Pocket Card (4/2022) · Two examples of PREA reports provided with the PAQ (one from mental health staff) · Interview with the Grievance Coordinator · Interviews incarcerated individuals · Interviews random staff · Review of investigations · Observations of the PREA posters Evidence reviewed/analyzed by provision: (a)Directive #4027 Sexual Victimization Prevention & Response states, Incarcerated Individual and Releasee Reporting: The Department provides multiple internal ways for incarcerated individuals and releasees to privately report sexual abuse and sexual harassment, retaliation by other incarcerated individuals, releasees, or staff for reporting sexual abuse and sexual harassment, unauthorized relationships, and staff neglect or violation of responsibilities that may contribute to such incidents. a. As set forth in the Employees' Manual, Section 2.20, and this Directive, staff are mandated to accept reports of sexual abuse, sexual harassment, and unauthorized relationships made verbally, in writing, anonymously, and from third parties. Incarcerated individuals and releasees may report to OSI. Reports may be made by writing to: DOCCS Office of Special Investigations, 1220 Washington Ave., Building 4, Albany, NY 12226-2050. Incarcerated individuals may also use the OSI Reporting Line by dialing 444 on the incarcerated individual telephone system during regular business hours. Calls to 444 are not monitored by facility staff. Releasees and family members may also contact the OSI reporting line at 1-844-OSI-4NYS, via email to OSIComplaint@doccs.ny.gov, or by submitting an online complaint at https://doccs.n-y.gov/doccs-office-special-investigations-osi. c. Incarcerated individuals and releasees may also report to the State Commission of Correction (SCOC), a separate State office that is not part of the Department by writing to: State Commission of Correction, Alfred E. Smith State Office Building, 80 South Swan Street, 12th Floor, Albany, New York 12210. Incarcerated individuals may use privileged correspondence for this purpose. The SCOC will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized relationships to OSI. An incarcerated individual

	or releasee may request that the SCOC allow them to remain anonymous and the SCOC will not include their name in the report. Below is the analysis of the SVPPM relevant to this standard: Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual or Releasee Report Policy: It is the policy of the Department that all allegations of sexual abuse, sexual harassment, retaliation against staff, an incarcerations individual, or a releasee for reporting such an incident or participating in an investigation will be thoroughly investigated. PREA posters, observed throughout the facility located next to phones, includes the following information: To report Sexual Abuse or Sexual Harassment in person: · Tell any staff · Ask a family member In writing: · Write to any staff · Write to investigators (address provided) · Write to an outside agency (SCOC address provided) By Phone: · Call 444 reporting line (8:00am to 5:00pm) (calls are not monitored by facility staff) Posters are laminated and include information on how to get emotional support. They are 8 1/2 inches by 11 inches, on white paper with blue and gold trim. Font is approximately size 11 to 16 depending on the information provided. Incarcerated individual interviews revealed that they are all aware of these posters, but not specifically the information on them, noting to the auditor, they had no reason to read them. Numerous phones were visible throughout the facility. Incarcerated individuals are issued tablets which afford them the ability to make phone calls. Review of the investigations demonstrated that allegations of sexual abuse and sexual harassment were received in the following methods: verbally to security staff, (thirteen out of twenty-four investigations), third party, and telephone call to OSI hotline. All staff interviews confirmed to the auditor that they immediately report any allegations of sexual abuse, sexual harassment, staff neglect that may lead to it and /or retaliation immediately to their supervisor or watch commander and follow up with

	a written report as directed by the supervisor. Analysis of incarcerated individual interviews confirmed to the auditor that they are aware of numerous methods for reporting sexual abuse or sexual harassment, most noting they would use the phone, with the second most common response was to tell staff. (b) The New York State Commission of Correction (SCOC) has agreed to receive all written incarcerated individual reports containing sexual abuse and sexual harassment allegations, including anonymous allegations, and will immediately forward them to DOCCS for investigation. This is confirmed by a memo from the Chairman of the Commission. This information is provided in the pamphlet given to incarcerated individuals upon arrival, The Prevention of Sexual Victimization in Prison: What You Need to Know. The New York State Department of Corrections and Community Supervision does not detain incarcerated individuals solely for civil immigration purposes. However, information on how to contact relevant consular officials is available in A Jailhouse Lawyer's Manual: Immigration & Consular Access Supplement located in all NYSDOCCS facility law libraries. (c) Policy requires that all staff are mandated to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Additionally, this is reinforced in the Employee Manual which states, All staff shall report immediately and according to Agency policy any know, suspicion, or information regarding an incident of sexual abuse, sexual harassment that occurred in a facility, any acts of retaliation against incarcerated individuals or staff for reporting such an incident or for participating in an investigation of an incident of sexual abuse or sexual harassment, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The duty to report includes third-party and anonymous reports. (d) 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. Most commented that they could contact OSI directly, noting the number on the Response Card for this. All staff had a Response Card accessible. Summary of evidence to support the finding of compliance: Policy, Review of documentation noted above supports the finding of compliance. Incarcerated individuals noted that there are several ways to file a complaint at this facility and shared examples of such. Staff are aware of the numerous avenues for filing a complaint, including third party and anonymous. Initial and refresher training emphasizes the different avenues for reporting. Staff interviews indicated they would report immediately and knew the process for documenting this. Responses were consistent with the report being made immediately and either through their direct supervisor to the Watch Commander, or directly to the Watch Commander. Although sexual abuse and sexual harassment complaints are not processed through the administrative procedure for incarcerated individual grievances, if a grievance is filed

	containing anything resembling an allegation, the grievance supervisor immediately sends a copy to the Watch Commander. The interview with the Grievance Supervisor confirmed that incarcerated individuals receive appropriate notification indicating that the complaint is deemed exhausted upon filing for Prison Litigation Reform Act (PLRA) purposes. A copy of this form was provided to the auditor for review. This interview further confirmed that anything that may resemble a PREA allegation is forwarded to the Watch Commander as appropriate for review. For all the reasons summarized, the auditor finds there is sufficient evidence to support the finding of compliance with all provisions of the standard.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · DOCCS Directive #4040, Incarcerated individual Grievance Program (IGP) 1/20/ 2016 · Memo Grievances concerning Sexual Abuse, Sexual Harassment, or Unauthorized Relationship -revised procedure. · Interview Grievance Coordinator · FAQ Summary of evidence to support a finding of compliance: The agency opts to be exempt to this standard. DOCCS Directive #4040, Incarcerated individual Grievance Program (IGP), confirms that an incarcerated individual is not required to file a grievance about sexual abuse or sexual harassment. It states that any incarcerated individual grievance that is filed regarding a complaint of sexual abuse or sexual harassment shall immediately be reported by the IGP Supervisor to the Watch Commander for further handling in accordance with Departmental policies. The memo issued to all Grievance Supervisors additionally confirms that any incarcerated individual grievance alleging sexual abuse or sexual harassment is immediately reported by the grievance staff to the Watch Commander for further handling in accordance with policy and it deemed exhausted upon filing for PLRA purposes, if the grievance does not set forth any additional mattes that require a response, the grievance is then closed. The incarcerated individual is informed of this via a memo which informed him that the complaint is deemed exhausted upon filing for PLRA purposes. If the grievance does not set forth any additional matters that require a response, the grievance shall be closed. This supports the expectations clarified in the FAQ issued July 2022 requiring clear agency policy and notice to incarcerated individuals that they are immediately converted to investigations. As noted, this process was confirmed by a brief interview with the Grievance Coordinator. The

	agency has opted to be exempt from this standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual: Incarcerated Individual Access to Outside Confidential Support Services 12/9/2024 · Poster How to Report Sexual Abuse and Sexual Harassment or Get Emotional Support · Pamphlet Help for Victims of Sexual Abuse in Prison Victim Support information · Directive #4423 Incarcerated individual Telephone Calls 1/15/14 · Directive #4421, Privileged Correspondence 6/02/2016 · Directive #4404 Incarcerated individual Legal Visits 9/18/19 · Collins Correctional Facility MailSecur Screening FOM 3054 8/7/2025 · Contract NYSCASA and designated Rape Crisis Programs · Unity House Hotline contract – NYS Domestic & Sexual Violence Hotline · Crisis Services, Sexual Assault Services insert in Handbook · Crisis Services, Sexual Assault Services Scope of Services (contract) · Poster PREA brochures, “Help for Victims of Sexual Abuse in Prison” · Email correspondence with advocacy group that provides services · Email correspondence with Program Coordinator for the Unity House · Verification of phone calls made · Interview with the Director of PREA · Interviews randomly selected incarcerated individuals · Testing of access to the emotional support services from an incarcerated individual phone · Observations of the area afforded to make legal calls

	· Review of documentation of meetings/private phone calls arranged with victim advocate staff Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Incarcerated Individual Access to Outside Confidential Support Services states the following: Policy – DOCCS, in partnership with State and non-governmental partners, makes available emotional support and victim advocacy services for incarcerated survivors of sexual victimization. These services are provided by community-based Rape Crisis Programs. DOCCS Rape Crisis Hotline is intended to provide crisis counseling and referrals for emotional support. Ongoing emotional support and advocacy services are available through partner PREA Centers. Procedure: Statewide rape crisis hotline – 777 (Unity House) Calls for the intended purpose are confidential by law Calls will be reported if the caller reveals intent to commit a crime or harmful act Crisis hotline staff have been trained in the appropriate reporting mechanisms Ongoing services can be provided Duration, Frequency and number of calls Cancelled calls Protection of confidentiality of the incarcerated individual Rape Crisis Program Legal Visits Rape Crisis Program Correspondence Evidence reviewed/analyzed by provision: (a) Directive #4421, Privileged Correspondence Rape Crisis Programs- incarcerated individuals can send and receive privileged correspondence. It addresses that any local, state or national organization authorized to provide rape crisis services, victim advocacy services, and emotional support services is considered privileged correspondence. Mailroom staff confirmed that correspondence with these organizations is considered confidential and handled in the same manner as legal mail. Incarcerated individuals in restrictive housing areas are issued tablets in which they can make phones call, for up to four hours daily. Mail is collected in these areas by staff who place the mail directly into a lock box, as confirmed by an incarcerated

	individual. Therefore, the auditor finds the facility provides reasonable communication. (b) Posters announcing the service were visible throughout the facility, located by most incarcerated individual phones. On the poster, it indicates that the calls are confidential and are not monitored by the facility but that they are recorded in the event of misuse. It also provides the agency's address should an incarcerated individual wish to correspond instead of talking on the phone. It further educates the incarcerated individual population that the counselors are only allowed to report information back to the Department with the permission of the incarcerated individual. PREA brochures, "Help for Victims of Sexual Victimization in Prison" are widely available to incarcerated individuals. In addition, this pamphlet provides victim support information on how to report abuse, and outlining the PREA Statewide Rape Crisis Hotline, and it provides contact information regarding the community-based Rape Crisis Program (RCP) for rape crisis counseling victim advocacy and emotional support services throughout the state. It too reinforces that calls are confidential, will not be monitored but are recorded. It further informs the incarcerated individuals that they do not have to have 777 on their approved telephone list. Telephone numbers to a specific Rape Crisis Program can be added at any time to their approved telephone list. The following policy directives support this process: Directive #4423 Incarcerated individual Telephone Call states, an incarcerated individual may add an attorney, or Department of Health approved Rape Crisis Program to their telephone list. Directive #4404 Incarcerated individual Legal Visits there is an area designated for confidential visits and as stated, Directive #4421, Privileged Correspondence, Rape Crisis Programs- incarcerated individuals can send and receive privileged correspondence. Collins Correctional Facility MailSecur Screening FOM provides guidelines for additional screening for potential privileged correspondence using a device to detect foreign substances. It continues to persevere the confidentiality of mail to the victim advocates, detailing the process if the device detects abnormal material. The interview with the Mailroom staff confirmed this process. The poster announcing the audit was readily visible in the mailroom so that mail to the auditor could be handled as legal mail. (c) The Agency has signed a contract with the New York State Office of Victim Services and the New York State OPDV to provide emotional support services. These State agencies in turn contract with a community service provider to provide both a state-wide rape crisis hotline and, through additional community services providers, a partnership that provides emotional support and victim advocacy services to incarcerated individuals in all of the State's forty-two (42) correctional facilities. The Unity House 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 demonstrated that 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 survivors 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 survivors of sexual assault with rape crisis counseling, advocacy and emotional support services, follow-up with incarcerated survivors 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, complete forms to track project services among other requirements. At this facility the Crisis Services, Sexual Assault Services provides on-going support following a referral from the statewide hotline or as arranged by the PREA Compliance Manager. A Help for Victims of Sexual Abuse in Prison pamphlet does provide detailed information on how to obtain this service. Phone numbers and addresses are provided for agencies throughout the State of New York. This is available throughout the facility in areas accessible to incarcerated individuals. Contact information for Crisis Services is also posted on housing unit bulletin boards and is printed in the facility Incarcerated individual Orientation Handbook. There is a private area where incarcerated individuals can use a phone without anyone in the vicinity listening (same phone provided for legal calls) located outside the living areas, with the assistance of the ADS PREA, PREA Point Person or ORC. This area was observed during the tour. Random incarcerated individual interviews revealed that the population is aware that there is the ability to call this number by dialing 777 for reporting. Incarcerated individual interviews mostly acknowledged they knew of the number for reporting and believed it was free and confidential. They said they knew of the poster with information if they believed they needed to use that service. They acknowledged seeing an address on the poster as well. Most were not aware of the ability to get emotional support by calling the phone but indicated they didn't have any need for that, so they didn't concern themselves with this. Some indicated they did not believe it was confidential as they had to use their personal identification number (PIN), others said they didn't know if it was or not. When clarified by the auditor that specific information is available on the poster, they did not dispute this. During the audit, the Director of PREA further explained that the recording for phones can only be accessed by authorized staff, outside of the authority of staff at the facility if there is a concern regarding the misuse of this service. Documentation was provided to the auditor reflecting that the 777-hotline number was called seventy-nine (79) times in the previous twelve months. This information is contained in a report that gives the number for facilities, broken down by the length of calls (one to five minutes, five to ten minutes, ten to fifteen minutes, over fifteen minutes) as well as a reflection on any trends occurring for the month. The auditor tested access to the emotional support hot line from an incarcerated phone and was able to connect and communicate briefly. The auditor communicated with the Director of Crisis Servies. She confirmed that her

	organization can provide these services through the mail, in person or over the phone. Services can include the following: emotional support services, crisis intervention, information and relevant referrals. Depending on how the request is received this may also include accompaniment during forensic medical exams and accompaniment during investigatory interviews and court proceedings. Staff who perform these services are certified by the New York State Department of Health. All individuals who require services receive the agency service guidelines and confidentiality limitations through the mail. They are discussed during the first session with the individual to ensure the content is understood. Individuals receiving these services are referred by the statewide crisis service phone number or a direct referral from the facility (ADS PREA). Additionally, she discussed her organization's ability to address limited English services. The auditor attempted to communicate with the Program Director for Unity House which is the organization that receives all calls statewide from the 777 number but was unsuccessful. In past communication with this organization (one year ago), the following was confirmed: Unity House serves as the vendor of the New York State PREA Rape Crisis Hotline for incarcerated survivors within DOCCS facilities on behalf of the NYS Office for the Prevention of Domestic Violence. The organization provides the following: emotional support services, crisis intervention, and information. Contact is made via the phone. The individual can then receive follow up services from specialized rape crisis programs that provide PREA related services. Callers can select English or Spanish on the PREA Hotline at time of call. If another preferred language is required, Hotline staff have access to live, over the phone, interpreting through a contracted company. Hotline staff undergo forty (40) Hours of Rape Crisis and Domestic/Family Violence Advocate certification in addition to a several weeklong on the job orientation and onboarding training. Following that, staff receive regular 1:1 supervision and group supervision. Staff are required to maintain at least ten hours of professional development towards certification annually. Summary of evidence to support a finding of compliance: As illustrated, this facility provides crisis service and on-going emotional support services to incarcerated individuals. Review of policies, observation of the area where the phone calls can be made, and strong knowledge of the availability of the service as demonstrated by the incarcerated individual interviews all support the finding of compliance. Communication with the organizations that provide these services, testing of access from an incarcerated phone in addition to confirming that correspondence with these organizations is treated with confidentiality in the same manner as legal mail all support compliance. The auditor believes these enhanced services provide incarcerated individuals in the NYSDOCCS comprehensive services therefore meeting the criteria for "exceeds standards".

115.54	**Third-party reporting**
	Auditor Overall Determination: Exceeds Standard

	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 · DOCCS website · Test of complaint form on the agency website · Review of investigations – third party allegations · Observations Evidence reviewed/analyzed by provision: Directive #4027 Sexual Victimization Prevention & Response, states, Third-party reporting (PREA Standard 115.54/254): Third-party reports on behalf of anyone under the Department's custody or supervision can be made to any employee. The receiving employee shall immediately forward such report to the facility Superintendent or Bureau Chief. Immediate after-hours reports concerning an incarcerated individual may be made to the facility Watch Commander. Anyone may report an incident of sexual victimization involving an incarcerated individual or a releasee to the DOCCS OSI through the OSI reporting line at 1-844-OSI4NYS, via email to OSIComplaint@doccs.ny.gov, or by submitting an online complaint at https://doccs.ny.gov/doccs-office-special-investigations-osi. The auditor tested the online complaint form and received a response within hours of submitting the test complaint. Random staff interviews confirmed to the auditor that they are aware that a third-party allegation is treated the same and must be reported immediately. Incarcerated individual interviews confirmed for the most part that they were aware they can make a third-party allegation. The others said, "I know now". The auditor reviewed investigations that were initiated form third party allegations. Summary of evidence to support the finding of compliance: The auditor reviewed the NYSDOCCS website which has a link to PREA 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. Previous interviews with the agency investigators confirmed that they have received complaints through this process. The auditor tested the system and received an email confirming receipt of the test complaint within a couple hours. Random staff interviews and incarcerated individual interviews further provided the auditor with further evidence to make a determination of compliance with the requirements of this standard. Therefore, the auditor finds this standard to be deemed compliant. The auditor finds a determination of exceeds due to the report form which allows the complainant to remain anonymous and ensures confidentiality.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 · Employe Manual 2019 · HSPM 1.01 Incarcerated individual Orientation to Health Care Services – 8/9/2021 Form 3102 Health Services Orientation 8/9/2021 · Office of Mental Health MOU · Vulnerable Persons law · Coordinated Response Plan specific to Collins Correctional Facility · Watch Commander Quick Reference Chart for Sexual Abuse/Sexual Harassment related complaints · Watch Commander Sexual Abuse Response Checklist · PREA Pocket card · Review of investigations · Interview with the Watch Commander · Interviews random staff · Interview Nursing supervisor, Unit Chief and a nurse · Interviews with incarcerated individuals · Observations Directive #4027 Sexual Victimization Prevention & Response states, Staff Reporting a. All staff shall report to a supervisor immediately: (1) Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not the facility is part of the Agency, and any unauthorized relationship. This duty to report includes any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of a releasee whether in a community based residential program or while under Community Supervision, and any unauthorized relationship with a releasee. (2) Any acts of retaliation against an incarcerated individual, releasee, or staff for reporting such an incident or for participating in an investigation of an incident of sexual abuse, sexual harassment, or an unauthorized relationship. (3) Any staff neglect or violation of responsibilities that

	may have contributed to an incident or retaliation.(4) Any report of or substantial risk of imminent sexual abuse. Risk of imminent sexual abuse generally involves a narrow and specific threat made by an identifiable source. b. 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. c. The duty to report includes verbal, written, third-party, and anonymous reports, regardless of whether staff personally believe the information to be true or reliable. Facility staff who receive a report shall immediately notify a security supervisor. Community Supervision staff who receive a report shall immediately notify their supervisor. All staff who receive a verbal report shall ensure that the details of the report are documented in a signed written memorandum no later than the end of the shift. d. Staff may privately report suspected sexual abuse, sexual harassment, or an unauthorized relationship by calling the Department of Corrections and Community Supervision’s (DOCCS) OSI at 1-844-OSI4NYS or 518-457-2653, or via the online reporting portal. e. 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 Agency policy including, but not limited to, the SVPPM, to make treatment, investigation, and other security and management decisions. Policy addresses all provisions of the standard, providing clear direction on how this is to be implemented. Evidence reviewed/analyzed by provision: (a) Policy noted above, the FOM, and 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 incarcerated individual or staff who report such an incident and any neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews confirmed that they are trained and aware of this requirement to report 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; retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The interview with the Watch Commander and observation of the Response Plan provided the auditor with further assurance that staff receive all required allegations and suspicions, report them verbally and then complete a follow-up report. Review of investigations and incarcerated individual interviews did not reveal any evidence that would lead to the contrary. (b) Random staff interviews confirmed that they are trained and aware of this requirement to maintain confidentiality after they have reported to the appropriate supervisor and completed appropriate actions and reports. They maintain a pocket-sized Response Card that addresses these requirements, all staff interviewed had this on their possession or readily accessible, including non-security staff.

	(c) HSPM 1.01 Incarcerated individual Orientation to Health Care Services Form 3102 Health Services Orientation states the following: 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 information is available to incarcerated individuals with limited English proficiency in a language they can understand. Provide each incarcerated individual with Form 3102 “Health Services Orientation” (English). Form 3102 “Health Services Orientation” (Spanish) is available on the Health Exchange share drive. The incarcerated individual will sign Form 3102, attesting to the fact that they received orientation and received Form DOH-5032. Form 3102. Disclosure of Sexual Abuse – Limitations of Confidentiality: Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners 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. Interviews with medical and mental health staff confirmed to the auditor their awareness of the limits of confidentiality and their duty to report these limitations, explaining the process described above. (d)There are no incarcerated individuals under the age of eighteen (18) years old; incarcerated individuals are not included in the state Vulnerable Person’s Central Register (New York Consolidated Laws, Social Services Law, Section 488-497). The PREA Coordinator confirmed, as of August 6, 2020, DOCCS no longer houses any individuals under the age of 18. Further, DOCCS is not included within the statutory jurisdiction of the State entity that investigates allegations concerning vulnerable adults. (e) As stated, the appropriate investigating agency is OSI. Directive #0700 Office of Special Investigations (OSI) supports the following: OSI conducts investigations involving unauthorized relationships and sexual misconduct between incarcerated individuals or parolees and Departmental staff, as well as incarcerated individual-on-incarcerated individual sexual abuse. Furthermore, OSI coordinates with outside law enforcement and prosecutors in the development of these cases for criminal prosecution. OSI also collaborates with others within the Department to ensure compliance with the Prison Rape Elimination Act (PREA). In addition, the MOU with OMH supports that mental health staff will report any knowledge or suspicion of sexual misconduct directly to the Watch Commander. The interview with medical and mental health staff confirmed their obligation to report any knowledge or suspicions relating to sexual abuse or sexual harassment. Summary of evidence to support a finding of compliance: Policy, interviews with security staff, security supervisors, the Watch Commander, and non- security first responders support a strong knowledge of the process. The auditor did not find any instance of an allegation that was not reported using this process during the PREA

	audit. In addition, staff have been issued pocket cards that reflect the process. All staff interviewed had the card on their person. Interviews with the investigators ensured they are receiving all allegations of sexual abuse or sexual harassment immediately for their review and action. All staff interviews confirmed their knowledge of the requirement to maintain confidentiality. For all reasons noted, the auditor finds this facility in compliance with the requirements of the standard.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 · Interviews Commissioner · Interview Superintendent · Interview random staff · Observations · PAQ The PAQ indicates there has been no time the facility determined that an incarcerated individual was at risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process. Evidence reviewed/analyzed by provision: Directive #4027 Sexual Victimization Prevention & Response states, Upon learning that an incarcerated individual is subject to a substantial risk of imminent sexual abuse, the facility shall take immediate action to protect the incarcerated individual. It provides a list of protection measures that can be considered and ensures that the Superintendent is conducted regarding implementation of the steps taken to protect the incarcerated individual from imminent sexual abuse. The interview with the Commissioner further elaborated, “The facility must take immediate action to protect the incarcerated individual who reports a risk of imminent sexual abuse, which generally involves a narrow and specific threat made by an identifiable source. Protection measures for an imminent threat of sexual abuse may include, but are not limited to, housing changes or transfers of reported abusers or victims, temporary removal of reported abusers from contact with reported victims, facilitating access to emotional support services, implementation of

	additional supervision measures, etc. Placement in Involuntary Protective Custody is a last resort and shall only be used in accordance with Directive #4948, “Protective Custody Status.” The interview with the Superintendent confirmed that an incarcerated individual at imminent risk of sexual abuse or any imminent risk of harm shall have immediate action taken to ensure his safety. All staff interviews confirmed to the auditor that they would take immediate action if they believed an incarcerated individual was at imminent risk of sexual abuse. Incarcerated individual interviews illustrated to the auditor that staff are approachable. Corrections Officers and supervisors confirmed that this request would be supported, and action would be taken to protect the incarcerated individual before the believed event occurred. Summary of evidence to support the finding of compliance: Based on interviews, policy the PAQ and overall observations during the audit, the auditor found this credible and to be an integral part of the culture of this facility.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual Report 12/9/2024 · Form 115.63 · Interview with Commissioner · Interview Superintendent · Observations · PAQ The PAQ indicates twenty-one allegations were received that incarcerated individuals were abused while confined at another facility, twelve allegations of sexual abuse were received from another facility. Evidence reviewed/analyzed by provision: (a)(b)(c) Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual Report

	Policy: Upon receiving an allegation that an incarcerated individual was sexually abused while confined at another facility, the heard of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. This notification shall be as soon as possible but no later than 72 hours after receiving the allegation. Procedure: The Superintendent shall notify the head of the facility or appropriate office of the agency or facility where the abuse allegedly occurred within 72 hours of receipt Preparation of the Notification: Among other specific directions, the procedure requires a follow-up phone call to the receiving facility to confirm receipt. The Deputy Superintendent for Security at each facility shall record the allegation in the Report of Sexual Victimization Logbook. Each form 115.63 will be electronically maintained in a designated folder. The OIC shall ensure that the report is or has been investigated. Interview with Commissioner (paraphrased): Allegations received at one facility involving a different facility are forwarded to the Superintendent of the facility where the abuse allegedly occurred, with a copy of the notification to OSI. Allegations from other agencies are typically received by the Office of Special Investigations or the Associate Commissioner/PREA Coordinator. The allegation refers to OSI for an investigation, and to the Superintendent or designee for appropriate documentation. If the incarcerated individual is currently in a DOCCS facility, the ADS PREA Compliance Manager also ensures that retaliation monitoring is initiated, and access to victim support and advocacy services is facilitated if desired. We have received reports following a transfer to another facility, as well as from other agencies. The interview with the Superintendent supported that these notifications are made by his office within 72 hours of receipt. Two examples were reviewed when reviewing investigations. (d) The PAQ and interview with the Superintendent confirms that in the past twelve (12) months, they have received allegations from another facility. Summary of evidence to support the finding of compliance: The policy, review of notification forms and interview with the Commissioner and Superintendent provided the auditor with sufficient evidence to support the finding of compliance. There is a process in place (Form 115.63) to ensure the requirements of this standard are met.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual or Releasee Report 12/9/2024 · FOM Coordinated Response to Reports of Sexual Victimization 1710 10/11/2024 · Watch Commander’s Sexual Abuse Response Quick Reference Chart 9/19/2023 · Watch Commander’s Sexual Abuse Response Sheet 12/9/2024 · Sexual Abuse Prevention and Response (SAPR) Lesson Plan · PREA Response Card · Random staff interviews · Informal interviews - food service staff, storehouse staff, chaplain, ASAT instructor, recreation staff, and laundry staff (newly hired) · Observations · PAQ The PAQ indicates that during the previous 12 months: There were twenty-four allegations of sexual abuse o One time the first security staff member to respond separated the alleged victim and abuser o One time staff was notified within a time period that still allowed for the collection of physical evidence. o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, one time 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 o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, one time 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: o Of these allegations where staff were notified within a time period that still allowed for the collection of physical evidence, zero 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:

	o There were zero incidents of alleged sexual abuse in which a non-security staff member was the first responder o Of those allegations responded to first by a non-security staff member, the zero times that staff member requested that the alleged victim not take any actions that could destroy physical evidence o Of those allegations responded to first by a non-security staff member, zero times that staff member notified security staff Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual or Releasee Report Policy: 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. Procedure: Each Facility Coordinated Response Plan shall be in the form of a Facility Operation manual (FOM) addressing Coordinated Response to Reports of Sexual Victimization which delineates facility-specific procedures to coordinate actions in response to an incident of sexual abuse and related matters, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Evidence reviewed/analyzed by provision: (a)(b) Watch Commander's Sexual Abuse Response Checklist, Sexual Abuse Prevention and Response (SAPR) Lesson Plan, PREA Pocket Card all address the requirements of this standard. Whether a first responder or not, all reports go to the immediate supervisor and to the Watch Commander. The scene would be immediately secured. An incarcerated individual victim is asked, and any alleged perpetrator is told to not take any action which could potentially destroy evidence such as washing, brushing teeth, changing clothes, urinating, defecating smoking, drinking or eating. The Watch Commander's Sexual Abuse Response Tracking Sheet would be initiated. All random staff responses supported this process. The auditor informally questioned non-security staff during the tour about training and their role if they become aware of an incident of sexual abuse and sexual harassment. All understood that they keep the incarcerated individual with them until security is contacted and would follow the instructions on the Response Cards issued. No staff were identified who have acted as a first responder at this facility. Both first responder staff and non-first responder staff attend training as required in 115.31; these requirements are reinforced at that time. Also, staff carry a Pocket Card to review in the event of a situation. All staff interviews demonstrated knowledge of the process. Summary of evidence to support the finding of compliance: Due to the evidence described, the auditor finds the facility in compliance with the requirements of this

	standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual or Releasee Report 12/9/2024 · Health Services Policy Sexual Assault 1.60 7/22/2022 · FOM Coordinated Response to Reports of Sexual Victimization 2010 2/5/2025 · Watch Commander Quick Reference Chart · Watch Commander’s Sexual Abuse Response Sheet · Sexual Abuse Prevention and Response (SAPR) Lesson Plan · PREA Pocket Card · Interview Superintendent · Interview with Watch Commander · Random staff interviews · Observation of the PREA evidence bag Evidence analyzed/reviewed by provision: Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual or Releasee Report Policy: 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. Procedure: Each Facility Coordinated Response Plan shall be in the form of a Facility Operation manual (FOM) addressing Coordinated Response to Reports of Sexual Victimization which delineates facility-specific procedures to coordinate actions in response to an

	incident of sexual abuse and related matters, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Coordinated Response Plan shall address coordination of the following actions as appropriate: 1. Assess victim's acute medical needs 2. Inform victim of their rights under relevant laws 3. Explain the need for a forensic medical exam and offer the victim the option of undergoing one 4. Offer the presence of a victim advocate or a qualified staff member during the exam 5. Provide crisis intervention counseling 6. Interview the victim and any witnesses 7. Collect evidence 8. Provide for any special need the victim may have Each Facility coordinated response plan shall be derived from the approved FOM Coordinated Response to Reports of Sexual Victimization which incorporates the Watch Commander Quick Reference Chart (Form #4027RC) and the Watch Commander's Sexual Abuse Response Sheet (form #4027WC) Evidence Collection and Preservation (Incarcerated Individual-on-Incarcerated individual) – Most cases evidence collection and preservation will be conducted by the OSI or State Police. However, if they are unable to respond promptly, facility staff may have to collect evidence required from the victim and suspected perpetrator as directed by the Superintendent/designee who will ensure that trained, uniformed personnel are designated to perform as Facility Evidence Collectors in the rare event that they are required to perform this duty. A current list of Facility Evidence Collectors will be maintained in the Watch Commander office. Additional details regarding the use of a Sexual Abuse Evidence Bag and Recovery Kit are noted. The Coordinated Response to Reports of Sexual Victimization provides a detailed format specific to the facility for their response. It addresses First Party/Victim Report action, Third-party, Anonymous report actions, the details of the Coordinated Response as directed by the Watch Commander. This includes notification to OSI, Health Services, and specifics on how to arrange for outside transport and what hospitals to use. It addresses post medical assessment, mental health staff actions, and emphasizes confidentiality. All staff interviewed were knowledgeable regarding the process. The interview with the Superintendent further confirmed that the facility has a Coordinated Response Plan in which staff are knowledgeable regarding it, reports are directed to the Watch Commander who ensures notifications and appropriate actions are made. The interview with the Watch Commander confirmed

	he receives notifications regarding PREA allegations. All staff interviewed had the PREA Response Card in their possession. Summary of evidence to support the finding of compliance: Based on the feedback in all interviews, the SVPPM and review of the plan, the auditor finds there is ample evidence to support the finding of compliance. The plan addresses coordination of actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership as the provision requires.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Six union contracts · Taylor Law Triborough amendment · Interview Commissioner Evidence analyzed/reviewed by provision: (a)(b) Review of the contracts found no evidence that the agency is restricted from removing staff. This was reinforced by the written interview responses from the Commissioner: The current collective bargaining agreement between the State of New York and the Public Employees Federation, AFL-CIO (PEF) covers the period of 2023-2026. The current collective bargaining agreement between the State of New York and The Civil Service Employees Association, Inc. (CSEA) covers 2022-2026. The collective bargaining agreement between the State of New York and the New York State Correctional Officers and Police Benevolent Association, Inc. (NYSCOPBA) covers the period of April 1, 2023 – March 31, 2026. The collective bargaining agreement between the State of New York and the New York State Law Enforcement Employees Union, Council 82 (Council 82) was recently ratified and is for the period of 2023-2026. Expired contracts are controlled by the operation of law until a new contract is executed. When responding to the inquiry about the ability to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted. The Commissioner replied, “Yes, the applicable contracts permit the agency to take appropriate action when warranted to remove alleged staff sexual abusers from contact with any incarcerated

	individual pending the outcome of an investigation or a final determination of whether and to what extent discipline is warranted. The contracts permit the agency to suspend an employee without pay or 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." Summary of evidence to support the finding of compliance: Interview with the Commissioner, and review of contracts provided the auditor with sufficient evidence to support the finding of compliance.

115.67	**Agency protection against retaliation**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual or Releasee Report 12/9/2024 · Employee Manual 2019 · Retaliation Monitoring Form 115.67-I, 115.67 -S 7/2023 · Retaliation Tracking Sheet, 2022 · Interviews Commissioner · Interview Superintendent · Interview with designated staff members charged with monitoring for retaliation (ADS – PREA) · Review of Retaliation Monitoring reports (six sent with the PAQ) · Observations · PAQ The PAQ indicates that there were no reported incidents of retaliation that occurred. The auditor found this credible after conducting all audit activities. Below is the excerpt from the SVPPM: Sexual Victimization Prevention Policy Manual: Official Response Following an Incarcerated Individual or Releasee Report

	Policy: It is the policy of the Department to protect all incarcerated individuals, releasees, and staff who report sexual abuse, sexual harassment, unauthorized relationships, or who cooperate with an investigation into such incidents, from retaliation by other incarcerated individuals or staff. Further, it is the policy of the Department to protect any other individual who cooperates with an investigation of sexual abuse, sexual harassment, or unauthorized relationships and who expresses fear of retaliation for doing so. Procedure: A. Each facility shall employ steps to protect any incarcerated individual and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation. 1. After consulting with the Superintendent, the Assistant Deputy Superintendent PREA Compliance Manager shall implement steps to protect any incarcerated individual and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation. 2. Protection measures may include, but are not limited to, housing changes or transfers of reported abusers or reported victims; facilitating access to emotional support services; temporary removal of reported abusers from contact with reported victims; removal of staff from contact with incarcerated individuals; restricting staff from being assigned to specific posts; implementation of additional supervision measures; implementation of a full-time body-worn camera order; directing staff to participate in training; monitoring of reporting incarcerated individuals and staff to protect against retaliation; and as appropriate may include providing a referral to EAP or an appropriate organization for emotional support services. Appropriate protection measures shall be assessed on a case-by-case basis in light of the nature of the allegation, the presence or absence of corroborating evidence, prior allegations involving the reported participants, and other relevant factors. Note: Central Office approval is required prior to removing staff from a post or implementing a body-worn camera order. 3. The Assistant Deputy Superintendent PREA Compliance Manager shall work with OSI to establish protective measures for anyone who is cooperating with an investigation of sexual abuse or sexual harassment. Further, if any other individual who cooperates with an investigation of sexual abuse or sexual harassment expresses a fear of retaliation, the facility and agency shall take appropriate measures to protect that individual against retaliation as well. B. 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: 1. An incarcerated individual who reported an incident of sexual abuse or sexual harassment (including a third-party reporter); 2. An incarcerated individual who was reported to have suffered sexual abuse or sexual harassment; and

	3. An employee who initiated a report of an incident of sexual abuse or sexual harassment of an incarcerated individual based upon their independent observations. C. Monitoring shall seek to identify changes that may suggest possible retaliation by incarcerated individuals or staff. 1. Monitoring of incarcerated individuals shall include review of any disciplinary reports, housing or program changes. Such monitoring shall include periodic in-person status checks approximately every 30 days. If no in-person check could be made due to extenuating circumstances (individual out to court, outside hospital, OMH watch, medical isolation, etc.), this shall be noted on Form 115.67-I. 2. Monitoring of staff shall include review of any negative performance evaluations or reassignments. In-person status checks are also encouraged for any staff who reported an incident of sexual abuse or sexual harassment. 3. In-person status checks may be conducted by the ADS PCM or may be coordinated with appropriate staff including the designated PREA Point Person, OMH staff, ORC's, etc. D. The facility's Assistant Deputy Superintendent PREA Compliance Manager will coordinate monitoring to prevent retaliation. The designated PREA Point Person will assist and serve as the backup for monitoring, which shall include seeing monitored incarcerated individuals and staff on rounds and reporting any complaints of retaliatory conduct. If the ADS PCM 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. E. The obligation to monitor the conduct and treatment of any incarcerated individual who reported an incident of sexual abuse or sexual harassment, or who was reported to have suffered sexual abuse or sexual harassment, shall terminate if the agency determines that the allegation is unfounded or if the monitored incarcerated individual is released. F. Report or Evidence of Retaliation. 1. The Office of Special Investigations shall be notified promptly of any complaint or evidence of retaliation. The complaint or evidence shall be reviewed by OSI for investigation or for further direction. 2. Upon consultation with OSI, the facility shall act promptly to remedy any such retaliation. 3. 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. G. Retaliation monitoring activities shall be documented on Form 115.67-S for staff and Form 115.67-I for incarcerated individuals.

	1. These electronic forms are to be updated as monitoring occurs. 2. When retaliation monitoring is complete (monitoring complete, terminated or continued), the Form 115.67-I or Form 155.67-S must be electronically signed and dated. The electronic signature must be applied after all other information on the form including the title and date is completed. 3. The completed form must be saved in a Retaliation Monitoring subfolder within the PREA Operations Exchange > Facility > PREA Records share folder. The final signed form will be subject to review during internal audits as well as PREA Compliance Audits. H. The ADS PCM shall maintain a Protection Against Retaliation Tracking Sheet (Retaliation Monitoring Tracking Sheet) which shall be a complete listing of all incarcerated individuals and staff who have been monitored to prevent retaliation. The Protection Against Retaliation Tracking Sheet shall be electronically maintained in a designated folder within the PREA Operations Exchange > Facility > PREA Records share folder. I. Transfer. The minimum period for monitoring to prevent retaliation is four (4) months. If the incarcerated individual or staff person being monitored transfers Department of Corrections and Community Supervision to another facility, the ADS PCM or PREA Point Person shall notify the ADS PCM or PREA Point Person at the new facility. 1. The notification shall be memorialized on both the individual Retaliation Monitoring Form 115.67-I or Form 115.67-S and on the Retaliation Monitoring Tracking Sheet. 2. The individual Form 115.67-I or Form 115.67-S shall be forwarded via e-mail to the ADS PCM or PREA Point Person at the new facility to be updated until such time as monitoring is concluded. J. Confidentiality. Completed retaliation monitoring forms are confidential and must be properly secured to prevent unauthorized viewing. Access shall be limited to the ADS PREA Compliance Manager, designated PREA Point Person, members of the Facility Executive Team, and Central Office representatives responsible for operations and PREA compliance. The auditor provides the excerpts from policy verbatim to represent the details noted to ensure compliance with all provisions of the standard and the procedure for ensuring they are completed timely and thoroughly. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e) Employee Manual 2.19 requires that all employees have a duty to report retaliation against incarcerated individuals or staff who reported such an incident. Form 115.67 Retaliation Monitoring Form ensures that all aspects of this standard are proactively monitored and documented. There is a monitoring form for incarcerated individuals and another form for staff. It also requires the facility to

	conduct periodic in-person status checks at least every thirty (30) days. The PREA ADS and PREA Point Person are responsible for coordinating these actions. In the event of an allegation, the OSI will be contacted promptly. With the consultation of the OSI, the facility shall promptly remedy the retaliation. Finally, it supports the following: “The obligation to monitor the conduct and treatment of any incarcerated individual who reported an incident of sexual abuse or sexual harassment, or who was reported to have suffered sexual abuse or sexual harassment, shall terminate if the agency determines that the allegation is unfounded or if the monitored incarcerated individual is released.” The interview with the Commissioner revealed the following: The Assistant Deputy Superintendent PREA Compliance Manager, with input from OSI, consults with the Superintendent and then implements steps to protect any incarcerated individual and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation. Protection measures may include, but are not limited to, housing changes or transfers of reported abusers or reported victims; facilitating access to emotional support services; temporary removal of reported abusers from contact with reported victims; removal of staff from contact with incarcerated individuals; restricting staff from being assigned to specific posts; implementation of additional supervision measures; spot checking of video; implementation of a full-time body-worn camera order; directing staff to participate in training; monitoring of reporting incarcerated individuals and staff to protect against retaliation; and as appropriate may include providing a referral to EAP or an appropriate organization for emotional support services. Appropriate protection measures are required to be assessed on a case-by-case basis in light of the nature of the allegation, the presence or absence of corroborating evidence, prior allegations involving the reported participants, and other relevant factors. In any case involving transportation to a hospital for a forensic examination by a SAFE/SANE provider, the incarcerated individual is returned either to the facility infirmary or the infirmary at a designated catchment facility. This ensures both a proper medical follow-up and that the incarcerated individual is placed in a safe environment while options are considered. Retaliation monitoring is initiated and continues for a minimum of four months, subject to extension when there is a report of retaliation, unless the allegation is unfounded. Monitoring includes review of any incarcerated individual disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. In the case of incarcerated individuals, retaliation monitoring includes periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident. With respect to access to emotional support services, information on the Department’s “777” PREA Statewide Rape Crisis Hotline, Victim Advocacy & Emotional Support Partnership is widely distributed in the facilities and is provided by medical staff when appropriate following a medical assessment for a significant exposure. The Department, in partnership with the State Office of Victim Services and State Office for the Prevention of Domestic Violence and a number of providers, launched a statewide rape crisis hotline in January 2019, expanding the nearly five-year old Enhanced Victim Services pilot program. In addition to hotline services, all facilities have the capacity to provide ongoing victim advocacy and emotional support services

	through their designated community-based victim assistance program. DOCCS works closely with Crime Victims Treatment Center (CVTC), which provides training and outreach for the PREA Centers, and coordination and clinical supervision on a statewide basis, to ensure that services meet or exceed community standards. When asked if an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation? The response was, “The Assistant Deputy Superintendent PREA Compliance Manager works with OSI to establish protective measures for anyone who is cooperating with an investigation of sexual abuse or sexual harassment who expresses a fear of retaliation. As with reporting individuals and victims, protective measures may include housing changes, transfers, or other protective measures such as those available to individuals who report sexual abuse or sexual harassment.” During the audit, the facility provided the spreadsheet tracking mechanism utilized to document these actions in addition making available all completed Retaliation Monitoring Forms for the previous twelve months. Six were analyzed: four demonstrated complete monitoring, one demonstrated extended monitoring and one demonstrated that it transferred to another facility for completion. They all supported the requirements of the audit and policy. It reflected monitoring for a complete one hundred twenty (120) day review, no extension required. The interview with the A/ ADS PREA confirmed that all aspects of the provisions are addressed and are reflected in the Retaliation Monitoring form. It was articulated that discretion is used when conducting periodic status checks to protect confidentiality. Summary of evidence to support the finding of compliance: Policy, interviews with the Commissioner, Superintendent, and ADS PREA all support that retaliation monitoring is taken seriously and well documented. Even if an incarcerated individual transfers, the retaliation monitoring is continued at the next NYSDOCCS facility. Review of the retaliation monitoring forms found it to be complete and meticulously documented. The agency uses a tracking form to monitor this action, even if transferred to another facility. Monitoring occurs for 120 days. For these reasons a determination of “exceeds standard” is given.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4948 Protective Custody Status 1/13/2025 · Form 2168A 4/22

	· Interview Superintendent · Interview with staff who regularly work in the SHU · PAQ The PAQ indicates there were no incarcerated individuals who allege to have suffered sexual abuse who were held in involuntary segregation in the past 12 months for one to 24 hours awaiting completion of assessment and no incarcerated individuals who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. The auditor found no reason to dispute this during the audit process. Summary of evidence to support the finding of compliance: See comments on §115.43. The PAQ indicates that no incarcerated individuals have been placed in segregated housing (SHU) due to suffering sexual abuse. This standard is deemed compliant.

115.71	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive 4027 Sexual Victimization Prevention & Response 12/1/2023 · SVPPM Data Storage, Publication and Destruction 12/9/2024 Retention schedule · New York Criminal Procedure Law 160.45 · Directive #0700 Office of Special Investigations (OSI) 5/16/2025 · Policy/Procedure Office of Special Investigations Confidential · Interviews with one supervisory investigator and one other investigator · Interview with the PREA Coordinator · Investigative reports · Observations · PAQ PAQ indicates no substantiated allegations of sexual abuse that appeared criminal were referred for prosecution since the last PREA audit.

	Evidence reviewed/analyzed by provision: (a) Directive #0700 Office of Special Investigations (OSI) states that they conduct 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. (b) All investigators who conduct sexual abuse investigations receive training. See 115.34 (c) Directive 4027 Sexual Victimization Prevention & Response specifies that OSI 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 investigators complete any evidence gathering required or direct the trained staff at the facility regarding evidence collection. It provides specific directions on reporting and where and how to document these reports. Interview with the OSI investigators supported the fact that they are and have been immediately contacted regarding all allegations. Additionally, the review of the completed investigations supported this requirement. (d)(e) 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. (f) 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. (g) 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 this requirement was confirmed by the review of the confidential manual and the interview with the investigators. OSI specialized investigators 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. (i) 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. (j)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. (k) Auditor is not required to audit this provision. (l) Directive #0700 Office of Special Investigations (OSI) states that specialized investigators conduct investigations involving sexual misconduct between incarcerated individuals and departmental staff as well as incarcerated individual-on-incarcerated individual sexual abuse. It further states they will assist outside law enforcement in the development of cases for criminal prosecution. The interview with the PREA Coordinator (Associate Commissioner) indicated the following: “DOCCS Office of Special Investigations (OSI), Public Integrity Division (PID) is the lead investigative body for our sexual abuse investigations. In 2025, DOCCS OSI has restructured its units to combine the former Internal Affairs Division and Sex Crimes Division. PID will also have two dedicated units, the Special Victims Unit (SVU) and Major Case Unit (MCU), to handle sexual assault cases and serious physical abuse cases, respectively. OSI will work cooperatively with a District Attorney’s Office (the local prosecuting authority), but the PID 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 will exchange information throughout the investigation will all relevant entities in order to move an investigation forward.” Summary of evidence to support a finding of compliance: Based on review of the policies, agency manual, investigations and interviews with the PREA Coordinator and investigators, the auditor concludes that investigators address investigations promptly, thoroughly, in a manner which will hold up in court, and with a review of incidents to address staff actions and assesses credibility consistently. The agency is given and “exceeds standards” due to the extensive training, demonstration of diligence when investigating and specialization of investigators in OSI.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #0700 Office of Special Investigations (OSI) 9/27/2024 · Policy/Procedure Office of Special Investigations Confidential · Interviews Investigative staff · Review of investigation using preponderance of evidence (administrative) · Observations Evidence reviewed/analyzed by provision: Directive #0700 Office of Special Investigations (OSI) and Confidential OSI Manual supports the use of a preponderance of evidence as the criteria to substantiate an allegation. The established definition for concluding that an investigation has been substantiated, unsubstantiated or unfounded supports that the agency uses a preponderance of evidence. This is noted in written policy for OSI and confirmed by interviews with investigators. Review of the administrative investigations supports that the agency uses a finding of substantiated, unsubstantiated, or unfounded based on a preponderance of the evidence. The auditor agreed with the reasoning, based on evidence, for the findings reached. Summary of evidence to support the finding of compliance: Based on the summary of evidence noted, the auditor finds there is sufficient evidence to support the finding of compliance.

115.73	Reporting to inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Office of Special Investigation Policy Manual (confidential) · Documentation of notifications (four with PAQ) · Interview Superintendent

	· Interviews with investigative staff · Interview with the mailroom staff · PAQ The PAQ indicates that one criminal and/or administrative investigation of alleged incarcerated individual sexual abuse were completed in the previous twelve months. Eleven incarcerated individuals who were notified, verbally or in writing, of the results of the investigation in the previous twelve months. Zero investigations have been completed by an outside agency in the past twelve months. Evidence reviewed/analyzed by provision: (b) The PAQ indicates that no investigations were completed by outside investigators. (a)(c)(d)(e)(f) The Office of Special Investigations Policy Manual is considered exempt from disclosure. The auditor reviewed the document and found it supports compliance with all requirements of this standard. Accordingly, the investigator ensures that the notification is made either through the Facility Superintendent or in person (when substantiated). The Superintendent confirmed that this is required for investigations. For those investigations that are unsubstantiated or unfounded, notifications are given to the Superintendent who then provides them to the ADS PREA who processes the notification through the legal mail process. If substantiated, the OSI investigator notifies the incarcerated individual in person. Five examples of notices were provided with the PAQ, demonstrating this process. The interview with the mailroom staff confirmed the process. The auditor observed the Audit poster visibly noticeable in the office to help ensure that any letters sent to the auditor were provided the added confidentiality. Summary of evidence to support the finding of compliance: Review of the OSI (confidential) Manual, interviews with the Superintendent, investigators, mailroom supervisor and ADS PREA and review of completed notifications provided sufficient evidence to support the finding of compliance. The auditor finds that the agency exceeds the standard by providing an enhanced level of confidentiality when providing this notification.

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive 4027 Sexual Victimization Prevention & Response 12/1/2023

	· Employee Manual 2019 · Directive #2111- Report of Employee Misconduct – 1/11/2023 · Memo: Daniel F. Martuscello III, Deputy Commissioner for Administrative Services – 2/5/16 RE: Prison Rape Elimination Act / Presumptive Disciplinary Sanction for Staff Sexual misconduct · OSI Manual (confidential) · Conversations with the Superintendent, investigators, PREA Coordinator and ADS PREA · Observations · PAQ The PAQ indicates that one staff has violated agency sexual abuse or sexual harassment policies, zero been terminated, zero have been reported to law enforcement or licensing boards following their resignation for violating sexual abuse or sexual harassment policies, no staff disciplined short of termination for violating sexual abuse/sexual harassment policies. Directive 4027 Sexual Victimization Prevention & Response states, All allegations of sexual abuse, sexual harassment, unauthorized relationships, and retaliation against staff, an incarcerated individual, or a releasee for reporting a sexual abuse or sexual harassment incident or for participating in an investigation will be thoroughly investigated. Furthermore, any perpetrator of sexual abuse, sexual harassment, an unauthorized relationship, or retaliation related to such an incident or investigation will be dealt with severely through discipline or prosecution to the fullest extent permitted by law. Evidence reviewed/analyzed by provision: (a) When investigation substantiates an allegation of sexual abuse and/or inappropriate relationships, it is the Department’s policy to refer such an incident to the appropriate law enforcement agency or prosecutor, through the Department’s Office of Special Investigations, for consideration of criminal charges. Any conduct constituting sexual abuse, sexual harassment, staff voyeurism, inappropriate relationships or any act of retaliation against an incarcerated individual, parolee, or employee for reporting an incident of sexual abuse, sexual harassment, staff voyeurism, inappropriate relationships, or for participating in an investigation involving any of those acts may be the basis for disciplinary action whether or not prosecution or a conviction results. Employee Manual reinforces that any perpetrator of sexual abuse, sexual harassment or act of staff voyeurism will be dealt with severally. It emphasizes the duty to report sexual abuse and sexual harassment. Directive #2111- Report of Employee Misconduct additionally confirms that staff will

	be disciplined, noting sanctions up to termination for sexual misconduct. (b) Memo: Daniel F. Martuscello III, Deputy Commissioner for Administrative Services – RE: Prison Rape Elimination Act / Presumptive Disciplinary Sanction for Staff Sexual misconduct supports that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. (c) Memo: Daniel F. Martuscello III, Deputy Commissioner for Administrative Services –RE: Prison Rape Elimination Act / Presumptive Disciplinary Sanction for Staff Sexual misconduct and Directive #2111- Report of Employee Misconduct supports that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (d) Office of Special Investigations Policy Manual is considered exempt from public disclosure. The auditor reviewed the document and found that it supports compliance with this which requires All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Summary of evidence to support a finding of compliance: The PAQ supports that no staff have been terminated/ referred to licensing bodies for violating agency sexual abuse and/or sexual harassment policy, no staff violated agency sexual abuse/sexual harassment policies. The auditor found this credible after conducting the pre-audit and onsite audit. Policy, written authority, and dialogue with the Superintendent, investigators, PREA Coordinator and A/ADS PREA support that all allegations against staff for sexual abuse, sexual harassment, retaliation or neglect are investigated and disciplinary action would be commensurate with the circumstances up to termination for sexual abuse. Therefore, this standard is deemed compliant.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4750, Volunteer Services Program 5/2/2024 · Standards of Conduct for Volunteers Within The New York State Department of Corrections and Community Supervision 2/2024 · Acknowledgements of Standards of Conduct for Volunteers and All Applicable

Policies (6/20)

· Review of volunteer records

· Interview Superintendent

· PAQ

The PAQ notes that no contractor or volunteer has been involved in an investigation regarding sexual abuse or sexual harassment towards an incarcerated individual. The auditor found no evidence to dispute this statement during the audit process.

Evidence reviewed/analyzed by provision:

(a)(b) Directive #4750, Volunteer Services Program requires that volunteers be notified of DOCCS zero tolerance policy and that they can be criminally liable for their behavior under the definition of sexual conduct with an incarcerated individual. It states, DOCCS has a zero-tolerance policy for sexual abuse. It is a crime for any employee to engage in sexual conduct or sexual contact with an incarcerated individual. For purposes of Penal Law §130.05, an employee also includes any person providing direct services to incarcerated individuals in a State Correctional Facility pursuant to a contractual arrangement with the Department or, in the case of a volunteer, a written agreement with the Department. Additionally, it stipulates the following: During volunteer orientation, volunteers must be informed that a formal suspension/dismissal procedure exists and what constitutes grounds for suspension and/or dismissal. Grounds for suspension/dismissal of volunteers are usually based on a violation of the Standard of Conduct for Volunteers.

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

The auditor observed that volunteers sign an acknowledgment that they have received this information, which confirms they will be held accountable and indicates they understand this. Examples were provided with the pre-audit documentation demonstrating compliance (see §115.32). In addition, as noted, the auditor randomly reviewed four volunteer folders and observed the signed acknowledgement. This acknowledgement is re-issued when the volunteer received refresher orientation.

The interview with the Superintendent confirmed that she is able and willing to

	temporarily suspend volunteers and contractual staff from entering the facility if there is a suspicion of misbehavior. Additionally, she confirmed that he has the authority to terminate the agreement and, if the incident appeared criminal, it would be referred for prosecutorial action. Summary of evidence to support a finding of compliance: After analysis of the PAQ, documentation, policy, and interviews, the auditor finds the standard to be compliant finding it credible that no volunteer or contractual staff have violated sexual abuse and sexual harassment policies during the review period. Processes are in place to address this if an incident occurs.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response 12/1/2023 · Directive #4401 Guidance and Counseling, 8/21/2020 · Hearing Officer Sanctioning Guidelines 7/2022 · Directive #4932 – Chapter V, Standards Behavior & Allowances – 2/18/2025 · Directive #6910 Criminal Prosecution of Incarcerated Individuals – 2/5/2025 · Standards of Incarcerated Individual Behavior Rule 1.00 · Memo -Policy on the Prevention of Sexual Victimization (September 2024) · SOCPT program – provided at this facility · Pamphlet Prevention of Sexual Victimization in Prison What You Need to Know · Interviews Superintendent · Interview with the Unit Chief for mental health · Observations · PAQ The PAQ indicates there have been no administrative findings or criminal findings of incarcerated individual-on-incarcerated individual sexual abuse. The auditor found no reason to dispute this during the audit process.

Evidence reviewed/analyzed by provision:

(a)Directive #4932 – Chapter V, Standards Behavior & Allowances. Category 101 addresses Sex Offenses. 101.10 Sex Offense An incarcerated individual shall not engage in or encourage, solicit or attempt to force another to engage in any sexual act. The Hearing Officer Reference Book provides recommended sanction ranges for different categories of sex offenses including forcing or attempting to force another to engage in any sexual act, encouraging or soliciting sexual act; and engaging in asexual act (when there is no Force or coercion). Similar guidance is provided for charges including 101.11 Forcible touching,101.20 Lewd Conduct, 101.21 Physical Contact, and 101.22 Stalking. Review of the investigations for the previous twelve months yielded no misconduct for sexual abuse, incarcerated individual-on-incarcerated individual, occurred during the audit review period. Directive #6910 Criminal Prosecution of Incarcerated Individuals describes the process for pursuit of criminal prosecution for acts deemed to involve criminal behavior.

(b) The auditor reviewed the Hearing Officer Sanctioning Schedule. It provides guidance for Hearing Officers when imposing sanctions on incarcerated individual's misconducts. Aggravating and mitigating factors are considered. These include the age of the incarcerated individual, incarcerated individual's medical condition, incarcerated individual's intellectual capacity, past disciplinary history and record of adjustment, and seriousness of the misconduct. Confinement/sanctions recommendations are based on the severity of the incident and formatted in a table to reflect appropriate graduated sanctions. For the most serious sex offense charge, recommended penalties consider whether the perpetrator used force or coercion or previously engaged in similar misconduct.

(c) Directive #4932 – Chapter V, Standards Behavior & Allowances –states, mental state or intellectual capacity. When an incarcerated individual's mental state or intellectual capacity is at issue, a Hearing Officer shall consider evidence regarding the incarcerated individual's mental condition or intellectual capacity at the time of the incident and at the time of the Hearing in accordance with this Section. This was confirmed by the interview with the Superintendent.

(d)Directive 4027 Sexual Victimization Prevention & Response states, Upon learning that an incarcerated individual has a history of committing an act of sexual abuse against another incarcerated individual, including, but not limited to, a finding of guilt of a Tier disposition per the Incarcerated Individual Rule Series 101 for a sex offense, penal law offense of a sexual nature, or attempt thereof while incarcerated, the Offender Rehabilitation Coordinator (ORC) shall complete a referral to Central Office Guidance for evaluation for the Sex Offender Counseling and Treatment Program (SOCTP) and Form #3150, "DOCCS - Mental Health Referral," for consideration by OMH for other appropriate mental health treatment to address sexual offending behavior. Directive 4401 Guidance and Counseling addresses treatment services, including sex offender treatment programs, available for incarcerated individuals in NYSDOCCS. It indicates that this will include guilty findings at a tier hearing per Incarcerated individual Standards of Behavior for any sexually abusive and/or assaultive act. Failure to participate can and will prevent an incarcerated individual

	from being released. (e) This provision states, the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Memo -Policy on the Prevention of Sexual Victimization (September 2024) indicates the following: “A staff person who engages in such an act is guilty of a sex offense even if the incarcerated individual or releasee willingly participates or manipulates the staff member.” (f) Pamphlet Prevention of Sexual Victimization in Prison What You Need to Know informs incarcerated individuals that a person may be charged or disciplined for making a false report, if after the investigation, it is proven that the person made the statement knowing it was false or baseless, or the person reported an alleged crime or incident knowing it did not occur. A report made in good faith is not falsely reporting an incident or lying even if the investigation does not substantiate the allegation. (g) Standards of Incarcerated Individual Behavior Rules, Penalties and Outline Procedure, and the Hearing Officer Sanction Guidelines Sex Offenses and penalty categories distinguishes between forcing or attempting to force another to engage in a sexual act, encouraging or soliciting sexual act, and engaging in sexual act (no forcer or coercion). Summary of evidence to support a finding of compliance: Review of the policies and documents noted above support a finding of compliance. The interview with the Superintendent and Unit Chief for Mental Health supported that sanctions are proportionate to the nature and circumstance and mental disability/illness is considered when determining sanctions in accordance with policy. Based on analysis of the evidence, the auditor finds the facility to be compliant with the requirements of this standard.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · HSPM 1.44 – Health Screening of Incarcerated individuals – 1/4/2023 · Directive #4101 Inmate Suicide Prevention 12/21/2023 · Collins PREA Risk Screening FOM 2069 2/22/2023 · Directive #4301 – Mental Health Satellite Services and Commitments to CNYPC – 2/1/2024

	· Form 115.41M; (complete demonstrating referral to OMH) · Mental Health Referral Form 3150 demonstrating completion of the referral · Form 3278, PREA Screening 6/2022 four examples sent with the PAQ · Interview staff responsible for conducting risk assessment (intake sergeant and ORC) · Interview mental health staff · Observations · PAQ The PAQ indicates that 100% of incarcerated individuals who disclosed prior victimization during screening were offered a follow up meeting with medical/mental health practitioner, 100% of incarcerated individuals who disclosed previously perpetrated sexual abuse during screening who were offered a follow up meeting with medical/mental health practitioner. Evidence reviewed/analyzed by provision: (a)(b) Directive #4101 Inmate Suicide Prevention confirms that health services will complete the Form #3278PREA upon arrival from a transfer, in addition to reception facilities. Form 3278PREA prompts screening staff to complete a mental health referral form #3150 for affirmative responses to prior victimization since their last transfer. PREA Screening Form directs the screener to forward a copy of the form directly to Mental Health to serve as the Mental Health Referral Form. The Mental Health Referral has a check box. Staff can also submit a referral form. Completion of the referral is noted at the bottom of the form by mental health staff. Collins Correctional Facility PREA Risk Screening FOM indicates, if during the screening process, it is determined that the incarcerated individual previously disclosed sexual victimization or perpetrated sexual abuse whether in an institutional setting or in the community, the Sergeant shall offer to refer the incarcerated individual to OMH. The Watch Commander will be notified of the referral. Form 115.41M directs the screener to ascertain if the incarcerated individual wants a referral to mental health is they indicate they have previously suffered sexual abuse. The interview with the intake sergeant, ORC all confirmed that a referral is completed if an incarcerated individual has a history of being sexually victimized or being a perpetrator. (c) The facility is a prison, not a jail. (d)(e) HSPM 1.44 – Health Screening of Incarcerated individuals states that any information related to sexual victimization or abusiveness that occurred in an

	institutional setting is 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. It also requires medical and mental health practitioners to obtain informed consent 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. The PREA Screening Form also notes an area for reports of sexual victimization that occurred outside the institutional setting. It includes a place for consent by the incarcerated individual. This was confirmed with the interview with the medical staff. Form 3278 includes a brief review again of whether the incarcerated individual has been sexually abused or victimized. It is completed by health care staff upon arrival. It affords a place to obtain consent for those who report abuse that occurred outside the prison to obtain consent. It is specified that it is for incarcerated individuals over the age of eighteen. It provides a referral for mental health and notification to the Watch Commander if the information triggers a concern, demonstrating that the information is only provided to staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. This was confirmed with the interview with the nurse administrator. Summary of evidence to support a finding of compliance: The PAQ notes the 100% of incarcerated individuals who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health, and 100% of incarcerated individuals who have previously perpetrated sexual abuse during the screening were offered a follow-up meeting with a mental health practitioner. The auditor finds this credible based on the process for intake. Review of the randomly reviewed risk assessments supported the fact that the procedure established by this agency is being followed. Policy, written authority, interviews with medical staff and intake staff support the finding of compliance with this standard. The auditor finds the facility exceeds the standard with the added review and referral process conducted by the nurse at intake.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 · HSPM 1.60 - Sexual Assault – 7/22/2022 · HSPM 1.12B Incarcerated Individual Bloodborne pathogens Exposure Protocol

12/3/2021

· Public Health Law 2807 no general hospital can refuse to provide hospital services to a person admitted from a correctional facility

· Documentation of medical evaluation related to PREA allegation (four examples)

· Facility Coordinated Response FOM 2010 2/5/2025 with Watch Commander Medical Quick Reference Chart

· Review of Coordinated Response Plan on site/interview with the Watch Commander

· Review of Binder with medical policies, directions located in the health care clinic

· Interviews with medical staff

· Review of medical record documenting SANE exam performed at the hospital and follow up prophylactic treatment provided

· Observations made during the tour

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d) Directive #4027 Sexual Victimization Prevention & Response states, Medical and Mental Health Care Access to emergency medical and mental health services. a. All reports of sexual abuse must be medically assessed immediately at the facility or by an outside hospital emergency department, regardless of whether or not the allegation has been independently verified prior to the victim's presentation for treatment (see Health Services Policy Manual, Section 1.60). b. If no qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, the Watch Commander will ensure that security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners pursuant to the facility specific Coordinated Response to Reports of Sexual Victimization FOM and shall document the action taken on Form #4027WC "Watch Commander's Sexual Abuse Response Sheet" (see SVPPM, Section 115.65). c. Incarcerated victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis per Health Services Policy Manual, Sections 1.12B and 1.60. Treatment services shall be provided to the victim without financial liability and regardless of whether or not the victim cooperates in any investigation arising from the incident as set forth in Health Services Policy Manual, Section 1.60.

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. These documents 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 interview with the nursing supervisor confirmed that incarcerated individuals would 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. Menal health treatment would be addressed by a referral to a nearby facility. Medical staff are available 24/7 daily. Mental health staff are located at the facility and are available for crisis intervention 24/7. Interviews with medical staff, the Superintendent and A/ ADS PREA support the requirement that victims receive immediate unimpeded access to emergency medical care in accordance with professionally accepted standards of care. Post Exposure prophylactic needs will be immediately evaluated prior to sending the victim to the hospital, in accordance with the HSPM 1.12B Incarcerated individual Bloodborne Pathogens Significant Exposure Protocol. A List of SANE/SAFE hospitals is maintained with Health Services located in a PREA Binder with all relevant information regarding medical services) and the Watch Commander. This was viewed in the Coordinated Response Plan during the on-site audit. Medical documentation was provided with the pre-audit documentation demonstrating a medical evaluation occurring after a PREA allegation. Summary of evidence to support the finding of compliance: Policy and interviews with medical and mental health staff support the requirements of the standard. Review of the Coordinated Response Plan and documentation demonstrating a medical evaluation post PREA allegation provided further evidence of compliance. The auditor finds there is sufficient evidence to support the finding of compliance.

115.83	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 12/1/2023 · HSPM 1.60 - Sexual Assault – 7/22/2022 · HSPM 1.12B Incarcerated individual Bloodborne Pathogens Significant Exposure Protocol – 12/3/2021

· Collins Correctional Facility Coordinated Response to Reports of Sexual Victimization FOM 2010 2/5/2025

· Directive #4401 Guidance and Counseling 8/21/2020

· OMH MOU

· Interviews medical staff

Directive #4027 Sexual Victimization Prevention & Response states, Ongoing medical and mental health care for sexual abuse victims and abusers (PREA Standard 115.83/ 283). a. The facility shall offer medical and mental health evaluations and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. b. The evaluation and treatment, as appropriate, will include follow-up services, treatment plans, and, when necessary, continuing care upon transfer or release. c. Incarcerated victims of sexual abuse will be provided with ongoing medical and mental health services consistent with the community standard of care, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. (1) Medical Care shall be in accordance with applicable sections of the HSPM. (2) Mental Health Services shall be in accordance with the current Memorandum of Understanding between DOCCS and the NYS Office of Mental Health (NYS OMH), and in accordance with policy promulgated by NYS OMH.

Evidence reviewed/analyzed by provision:

(a)(b)(c) HSPM 1.60 - Sexual Assault and Office of Mental Health Memorandum of Understanding confirms compliance with the requirement that all victims will be provided with ongoing medical and mental health services consistent with community standards. It states, treatment will include follow-up services, treatment plans, and if needed, continuing care upon release. The interview with medical and mental health staff confirmed they believe the care provided is consistent with community standards. HSPM 1.12 supports that treatment for STIs is in accordance with CDC guidelines.

(d)(e) These requirements are not applicable to this facility as it houses all males, no transgender males.

(f) HSPM 1.60 - Sexual Assault, HSPM 1.12B Incarcerated individual Bloodborne Pathogens Significant Exposure Protocol confirms that a victim will be offered appropriate tests for sexually transmitted infections, in accordance with medically established timeframes.

(g) HSPM 1.60 - Sexual Assault supports that medical treatment will be without cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) Directive #4401 Guidance and Counseling addresses treatment services available for incarcerated individuals at NYSDOCCS. HSPM 1.60 - Sexual Assault confirms that a mental health evaluation of all known incarcerated individual-on-incarcerated

	individual abusers will be conducted within sixty (60) days. They will be referred to the Sex Offender Counseling and Treatment Program per the guideline. In accordance with the SOCTP Guidelines, incarcerated individuals referred to the program receive an evaluation by specialized staff upon referral to the program. This program is provided at this facility. Summary of evidence to support the finding of compliance: Policies noted above, interviews with the medical staff and mental health staff, provide sufficient evidence to support the finding of compliance.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Directive #4027 Sexual Victimization Prevention & Response, 12/9/2024 · Sexual Victimization Prevention Policy Manual: Data Collection and Review 7/ 14/2023 · Sexual Abuse Incident Review Checklist – 8/24/2022 (three completed examples sent with PAQ) · Substantiated Unauthorized Relationship Incident Review checklist · Incident Review Recommendations Tracking Sheet · Interviews Superintendent · Interviews ADS PREA · Interview Incident Review Team Member (PREA Point Person) · Observations · PAQ The PAQ indicates that in the past 12 months, there were twenty-four (24) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Directive #4027 Sexual Victimization Prevention & Response states, Sexual Abuse Incident Reviews 1. Each facility is required 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 in order to facilitate the completion of those incident reviews. 2. At the conclusion of any PREA reportable substantiated or unsubstantiated investigation, OSI will submit the necessary Sexual Abuse Incident Review Information (SAIRI) to SAPEO. SAPEO will forward an incident review packet to the Superintendent, ADS PREA, and the designated PPP with instructions to conduct the incident review and report back to SAPEO with any findings and recommendations. 3. OSI will also provide SAPEO with the relevant incident review information for any substantiated non-PREA reportable unauthorized relationship investigations. Such incidents present significant security threats. Accordingly, these acts of misconduct are included in the incident review process with the goal of identifying policy and operational improvements that will help detect and prevent unauthorized relationships. Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Data Collection and Review, Sexual Abuse Incident Reviews Policy: Policy: A sexual Abuse Incident Review (SAIR) must be completed for reported allegations that fall within the definition of sexual abuse for all incidents that are substantiated or unsubstantiated. Procedure: Initial review: · Within 30 days of receiving a report, the ADS shall obtain documentation relevant to the initial handling of the report. · The ADS and indicated staff shall verify appropriate steps were taken · Identification and initiation of corrective action will be taken Review – will be completed within 30 days of the conclusions of the investigation unless it is deemed unfounded. Review team shall include upper-level management officials with input from the investigators, area sergeant, Crisis Intervention Unit, Health Services, Office of Mental Health and others deemed appropriate. Using the Sexual Abuse Incident Review Checklist, the review team shall: Examine whether policies were followed and whether they need to change policy or practice to better prevent, detect, and respond. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring

	technology should be deployed or augmented to supplement supervision by staff; and complete the Sexual Abuse Incident Checklist. Implementation of recommendations or reasons for not doing so. An Incident Review Tracking Sheet shall be used for each calendar year documenting corrective action and completion. A SAIR will be completed for all substantiated unauthorized relationships. As referenced, written authority addresses all provisions of the standard and how they will be met. Evidence reviewed/analyzed by provision: (a)(b)(c)(d)(e) The Sexual Abuse Incident Review Checklist is a 6-page form which addresses and requires assessment with all requirements of the standard. Three reviews sent with the PAQ demonstrated completion of the process as required by policy, to include corrective action, additional training, for one. They demonstrated team members to include the ADS PREA, PREA Point Person, (Deputy Superintendent of Security - DSS) with input from medical/mental health staff and Line Supervisor (lieutenant, sergeant). All SAIR reports were available to the auditor to review, three were sent with the PAQ. All demonstrated timeliness, and team members as required by the standard – ADS PREA, PREA Point Person, Lieutenant, and mental health input. Corrective action was noted with one and appropriate follow-up provided. Interviews with the Superintendent, and ADS PREA confirm that incident reviews are completed for each investigation, as indicated by the standard provisions, except those deemed unfounded. The agency/facility uses a spreadsheet to record and monitor status of corrective action noted from the sexual abuse incident review. The written authority, requiring a review of the incident 30 days after the report, not the investigation, enhances the effectiveness of the review prior to the conclusion of the investigation, allowing the facility to implement changes earlier. The formal SAIR is completed within thirty days of the investigation findings. The Substantiated Unauthorized Relationship Incident Review form demonstrates efforts to prevent sexual abuse by assessing the situations before sexual abuse has occurred. Summary of evidence to support the finding of compliance: Written authority, the established format for the SAIR, interviews with the staff that complete the incident reviews in addition to review of completed reviews, and review of the Recommendation Tracking Sheet all provided ample evidence for this standard to be deemed compliant. The A/ADS PREA demonstrated to the auditor how information is collected, organized in real time. The auditor finds the standards warrants a finding of Exceeds Standards” related to the development of the review of the Unauthorized Relationship investigation, demonstrating a process geared toward preventing sexual abuse and sexual harassment. No examples were available for review as they had not conducted any investigations regarding unauthorized relationships in the previous twelve months.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual: Data Collection and Review 12/9/2024 · Sexual Victimization Prevention Policy Manual: Introduction - Definitions used for collecting data 12/9/2024 · Facility Specific Form 2103SAII and 2103SASI · Interview with the PREA Coordinator · Interview A/ADS PREA · Completed SSV for 2024 · Observations Evidence reviewed/analyzed by provision: (a)(b)(c) Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Introduction provides the standardized definitions for collection of data; they are based on the definitions included in §115.6. Sexual Victimization Prevention Policy Manual: Data Collection and Review Policy: Procedures for data collection, review, storage and reporting of sexual abuse data. Procedure: Collection of uniform data for every allegation. · The PREA Analyst conducts preliminary reviews of OSI sexual abuse allegations weekly and organizes into five categories of sexual victimization. · The PREA Research Analyst utilized the definition of “sexual abuse” or “sexual harassment’ as defined by the standards. · Data is reviewed and amended throughout the year Data includes all necessary information to answer all questions from the Survey of Sexual Victimization (SSV). Yearly, upon request by the DOJ, DOCCS shall provide data requested by the deadline

	specified. OSI retains control and retention of all investigation files; the PREA Analyst maintains separate incident-based data from all available incident-based documents and ensures it is securely retained. Office of Program Planning Research and Evaluation – PREA Data Collection, Review, Retention and Publication Manual support that the facility will maintain monthly sexual abuse/threat incident summaries which are forwarded to the Deputy Commissioner for Correctional Facilities and the Associate Commissioner for Prison Rape Elimination Act (PREA). This provides information that can address the Survey of Sexual Victimization if requested from the Bureau of Justice Statistics. The information is used for the Agency report. An example of this monthly report specific to Collins Correctional Facility was provided with the pre-audit documentation. (d) Office of Program Planning Research and Evaluation supports that the data base is set up to capture agency data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. It describes the process for data collection, review, storage and reporting of sexual abuse data. (e) Documentation was provided demonstrating that information from the private agencies is not incorporated into the agency database and therefore not included as they only contract private entities for confinement of parolees. A separate area of the Annual Report provides statistics on community based residential program sites. (f) The agency provided documentation indicating receipt of the Survey of Sexual Victimization from the DOJ for data dated 2023, submitted in 2024. The PREA Coordinator confirmed the following: The agency does 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 and training. Summary of evidence to support a finding of compliance: As stated above, the policies, retention schedule, review of the data gathering operation, interview with the PREA Coordinator and ADS PREA all demonstrate that the requirements of this standard are addressed and therefore the standard is deemed to be compliant. There is a report available on the webpage for the agency that provides an in-depth analysis for the years 2014-2020. It includes aggregated data for 2022 and was completed and published in October 2024.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence

related to this standard:

· Sexual Victimization Prevention Policy Manual: Data Collection and Review 12/ 9/2024

· Annual Report on Sexual Victimization 2018-2022 published October 2024

· Interviews Commissioner

· Interview PREA Coordinator

· Interview ADS PREA

· Link to website

· Monthly Report of Sexual Abuse and Sexual Harassment

· Observations

Below is the analysis of the SVPPM:

Sexual Victimization Prevention Policy Manual: Data Collection and Review

Policy: The Department will review data collected and aggregated as indicated in SVPPM 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.

Procedure:

Data Review – Data is collected and reviewed by the review team: Associate Commissioner for PREA, the Deputy Chief of Investigations of OSI, Director of PREA Compliance and the PREA Analyst who meet annually.

Review for Corrective Action – Data collected is collected for the report which includes a comparison of allegations of sexual abuse and sexual harassment over a five-year period. This includes identification of problem areas, and corrective actions taken for each facility and the agency as a whole, the report avoids disclosure of personal identifying information or material which would present a clear and specific threat to the safety and security of any facility or the Department. The report is prepared by the Associate Commission for PREA for approval by the commissioner. Once approved, it is published and made available to the public through the Department’s website.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d) An annual report is prepared which compares the statistics from each year, compares the data for five consecutive years and action plans and assesses the program towards prevention. There are no personal identifiers in the report, as required by the manual. Information that may present a clear and specific threat to the safety and security of a facility can be redacted; however, an explanation of the contents would be provided. This report is available on the NYSDOCCS website and

	complies with the requirements of this standard. The auditor reviewed the annual reports which analyzed the data for 2018 to 2022, published in 2024. Facility specific corrective action is noted. It is twenty-three (23) pages. Problem areas are identified; an analysis of corrective action is provided. It is approved by the Commissioner and the PREA Coordinator (noted on the document as well as indicated in their interviews). Additionally, the interview with the A/ADS PREA supports that monthly reports are maintained and sent to central office for current analysis and notation of any trends occurring. This data accumulated as additional monthly information is added. Examples were provided with the pre-audit documentation. The interview with the Commissioner confirmed the following: Incident-based data is primarily used to identify facilities or locations within facilities that have recurring reports of abuse. The Department has funded a research item dedicated to work full-time on PREA matters. Research works with Associate Commissioner Effman, Director Woodworth and OSI in an effort to identify patterns and trends that may be addressed through training or policy changes. Through recent changes in the OSI case management system, Research now has an improved ability to track unauthorized relationship cases, which helps the Department identify trends in the type of behavior that is often the precursor to sexual abuse. The data also plays a key role in keeping the Department's training on sexual abuse prevention and response current. The Commissioner confirmed he approves the annual reports. The interview with the Associate Commissioner PREA Coordinator confirmed that the agency does take corrective action on an ongoing basis based on the data collected. He stated, "Yes. Director Woodworth and I review both regular and ad hoc reports produced by DOCCS Division of Program Planning, Research & Evaluation. We also work closely with our Office of Special Investigations and Research to monitor trends. We continue to adjust our prevention strategies based on our analysis of the data. A report is provided on a monthly basis to our 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. We are currently working to further improve our data points beyond what is required by the Bureau of Justice Statistics to provide our 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. . . . 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 electronic files, which are secure from unauthorized access." Summary of evidence to support the finding of compliance: Based on the evidence noted, policy and annual report, the auditor finds the standard compliant. The Annual Report on Sexual Victimization is a comprehensive analysis of the data and is available on the agency website.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed, gathered, analyzed and/or retained the following evidence related to this standard: · Sexual Victimization Prevention Policy Manual: Storage, Publication and Destruction 7/14/2023 · Interview PREA Coordinator · Documentation that it is on the website · Historical data since 2012 · Observations Evidence reviewed/analyzed by provision: (a)(b)(c)(d) Below is the analysis of the SVPPM: Sexual Victimization Prevention Policy Manual: Data Collection and Review Policy: Department will ensure all data collected is stored, published and retained in accordance with PREA Standard 115.89. Procedure: The annual report is available at About PREA | Department of Corrections and Community Supervision (ny.gov) (https://doccs.ny.gov/about-prea#anual-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 electronic files, which are secure from unauthorized access. Summary of evidence to support the 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
	Posters announcing the audit were visible throughout the facility on fluorescent pink and orange paper. Many incarcerated individuals acknowledged that they saw the posters, and they estimate having seen them for over one month. They indicated the following: THIS AGENCY IS BEING AUDITED FOR PRISON RAPE ELIMINATION ACT COMPLIANCE • The American Correctional Association is a private, non-profit organization • Collins Correctional Facility is voluntarily undergoing an audit to demonstrate its compliance with nationally established standards• The PREA standards compliance audit of this agency will be conducted on October 14-16, 2025. • Any person with information relevant to this compliance audit may confidentially* correspond with the auditor via the following address: *CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include but are not limited to the following: • if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); • allegations of suspected of child abuse, neglect or maltreatment; • in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction. No letters were received prior to the onsite audit. Private interviews were conducted with all staff and incarcerated individuals. The auditor was allowed free access to all areas of the facility, access to interview incarcerated individuals and staff selected randomly and intentionally, and to see or retain any documentation requested.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Review of the agency website reveals 192 PREA audit reports posted. This is the 1st year cycle.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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