

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: 11/08/2016

Auditor Information			
Auditor name: Mark Stegemoller			
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Email: markronda@centurylink.net			
Telephone number: 513-805-5176			
Date of facility visit: October 17-18, 2016			
Facility Information			
Facility name: Rochester Correctional Facility			
Facility physical address: 470 Ford Street, Rochester, NY 14608			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (585)-454-2280			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Gerard Jones			
Number of staff assigned to the facility in the last 12 months: 28			
Designed facility capacity: 70			
Current population of facility: 64			
Facility security levels/inmate custody levels: Minimum Security			
Age range of the population: 19-57			
Name of PREA Compliance Manager: Kishon Walker		Title: ADS/PREA Compliance Manager	
Email address: Kishon.Walker@doccs.ny.gov		Telephone number: 585-685-3710 ext.2160	
Agency Information			
Name of agency: New York State Department of Corrections and Community Supervision			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 1220 Washington Ave, Albany, NY 12226-2050			
Mailing address: <i>(if different from above)</i>			
Telephone number: (518) 457-8126			
Agency Chief Executive Officer			
Name: Anthony J. Annucci		Title: Acting Commissioner	
Email address: commissioner@doccs.ny.gov		Telephone number: (518) 457-8134	
Agency-Wide PREA Coordinator			
Name: Jason D. Effman		Title: Associate Commissioner	
Email address: jason.effman@doccs.ny.gov		Telephone number: (518) 457-3955	

AUDIT FINDINGS

NARRATIVE

The PREA Audit of the Rochester Correctional Facility was conducted on October 17-18, 2016 by Mark Stegemoller, Department of Justice (DOJ) certified PREA Auditor. Approximately three weeks prior to the audit the ADS/PREA Compliance Manager for the Rochester Correctional Facility mailed the Auditor a USB thumb drive. The PAQ and supplementary documentation received was very well organized, highlighted and labeled appropriately. A folder for each PREA standard contained a detailed outline of primary and secondary documentation relating to the specific provision of each standard. The PAQ itself contained numerous files embedded/hyperlinked within it, which made the process for reviewing documentation much easier for the Auditor. Documentation contained on the thumb drive consisted of the Departmental Mission; aerial view and plot plan for RCF; and executive team chart with responsibilities of each deputy superintendent. PREA Audit - Pre-audit Questionnaire; documentation folders for each of the 43 PREA Standards; Camera schematics/facility layout for RCF; DOCCS Webpage home screen; DOH protocol; RCF FOM 009 coordinated response plan; RCF FOM 011 Screening for risk of victimization; RCF Inmate Orientation Pamphlet; 115.215 Cross Gender Training; ACA notice of accreditation report for October 24-25, 2013 audit; agency mission statement; population report for the daily facility's staffing plan showing offender population on the 1st, 10th and 20th day of each month for twelve months prior to the audit; training; and Directives #4027A and #4028A.

The Auditor met with Executive staff the night before for dinner and discussed the PREA audit process and what could be expected over the next two days. Later that evening, the Auditor met with Jason Effman, Associate Commissioner NYS DOCCS & Agency PREA Coordinator. Also in attendance were two staff members of Mr. Effmans. We discussed the logistics of the audit, as Rochester Correctional Facility is a small-minimum security community-based confinement facility and many of the residents come and go to work throughout the day/week. The Auditor needed to ensure he would receive an appropriate sample size of resident interviews to complete the audit.

On October 17, 2016 at 8:00 am the Auditor met with agency and facility staff for an entrance briefing. Shortly thereafter, we began with a tour of the entire facility. The standards require the auditor to observe all areas of the audited facility. Paying particular attention to those areas of the facility that must be observed carefully in order to verify compliance with the standards. 1). Intake/reception/screening area. 2). All housing units, including samples of individual rooms and all dormitories. 3). Health care (medical and mental health clinics, infirmaries, and housing units) if there are such facilities on site. 4). Recreation, cafeteria (if there is one), and work areas, other programming areas (e.g., education or special education areas) 5). Areas that were renovated, modified, or expanded. Rochester Correctional Facility has not undergone any renovations or modifications during the past 12 months. However, it should be noted in review of the PREA annual staffing plan the Rochester Correctional Facility has identified and submitted a request per agency DIR #3053 (Alterations and Construction Request- 4/5/16 – II, form (1612) for replacement doors entering into resident rooms. The request was made to enhance vision into rooms and comply with PREA recommendations. Every area of the facility was observed as the standard requires, and the auditor observed residents being supervised throughout the audit. Sight lines were closely examined as were the potential for blind-spots. Throughout the facility the Auditor observed numerous signage and PREA educational pamphlets in multiple languages advising residents of their right to be free of sexual abuse and harassment and how to report sexual abuse and harassment. While touring, random staff and residents were informally interviewed and questioned about their knowledge of PREA; staffing logs were reviewed for unannounced rounds being conducted by intermediate-level or higher-level supervisors.

After completion of the tour the Auditor began the formal interview process for both staff and residents. There are six (6) different PREA interview protocols consisting of the Agency Head, Facility Director, PREA Coordinator, Specialized Staff, Random Staff and Residents. These protocols are used by auditors to interview staff and residents as part of the audit. Answers from the interviews are part of the auditor's compliance assessment. On day one of the audit, Rochester Correctional Facility reported a count of (64) residents. The Auditor formally conducted (16) resident interviews comprising of 25% of the resident population. (1) LEP resident was interviewed utilizing the Agency's contract for interpretive services, through Directive #4490, "Culture and Language Access Services". Most residents interviewed demonstrated knowledge of the agency's zero tolerance policy for sexual abuse, harassment & retaliation, and were able to identify how to report allegations of sexual abuse, harassment & retaliation. Of the current resident

population, zero residents identified as LGBTI, and there were zero residents who reported sexual abuse or harassment. Rochester Correctional Institution employed (28) staff at the time of the onsite portion of the audit. The Auditor formally interviewed (12) random staff comprising of 42.85% of total staff employed. All Specialized Staff interviews were conducted in accordance with the PREA Guidelines for Auditors: Specialized Staff Interviews. The Agency Head and PREA Coordinator interviews had previously been conducted by another DOJ certified PREA Auditor and was accepted by this Auditor.

After the onsite audit was completed, the auditor conducted an exit-briefing with members of the Executive staff. The Auditor could not give a final outcome of the audit, but the Auditor did provide a preliminary status of his findings. The Auditor thanked the facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the Interim report writing period the Auditor conducted several additional phone interviews, reviewed modified policies & procedures and received additional documentation.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Rochester Correctional Facility is located on 1.2 acres at 470 Fort Street, Rochester New York 14608. The facility is classified as a Work Release facility and a residential treatment facility located in Rochester New York in Monroe County. The facility houses male offenders 18 years or older. The facility opened in 1973. The four-story brick building was constructed in 1906 as a convent for the Immaculate Conception Church of Rochester. The property was acquired in 1965 from a group home operated by the Division for Youth (DFY). After the DFY center closed in 1972, the property was transferred to the Department of Corrections.

Inmates are assigned to one of two “continuous temporary release” classifications: work release and day reporting. The primary focus of Rochester Correctional Facility is to involve inmates in community life through structured, closely supervised Temporary Release programs. These are intended to assist inmates in making a successful adjustment following their release. Short-term Temporary Release programs include Leave of Absence Program, Educational Release, Furlough Program, Community Service Leave Program and Substance Abuse Program.

The facility capacity is 90 inmates/residents who sleep two or three nights at the facility, sharing the 70 beds on a rotating squad system and spending the other nights at home on furloughs. As they near release on parole, the inmates usually graduate to day reporting status and live at home full time, reporting to the local New York State Parole Office as required for drug testing and to review their adjustment and progress under the higher day-reporting level of freedom and responsibility.

The main level of the facility is occupied by offices of the Superintendent, Assistant Deputy Superintendent, Head Account Clerk, Records Office, Offender Rehabilitation Coordinator, Administrative support, the chart office and the kitchen and dining facilities. The Chart office serves as the facility’s control center and monitors the front entrance and movement in and out of the facility. The second and third stories have a total of 24 rooms. Most beds are two-man bunk style with a range of 2-6 beds per room, allowing 15-38.5 square feet of unencumbered space per occupant. Both floors have four showers, two toilets, one urinal and five sinks. The basement contains a laundry room, a holding cell, storage space and a boiler room. The Offender Rehabilitation Coordinator has their offices located here also. There are two parole office/day reporting offices also in the basement. This office is also where equipment to conduct drug testing and urinalysis testing is maintained.

A two-story maintenance garage was constructed on the property in 2000. The main level of the garage serves as storage for lawn tractors, snow blowers, FCTC cabinets and tool storage. The upper level has offices for the Fire and Safety officer and the Maintenance supervisor. There is also a workshop area and additional storage for tools. There is an outside covered weight room connected to the garage structure. The facility does not have perimeter security walls or fences, razor ribbon, barred windows or yard towers. The inmate yard is surrounded by an eight foot tall wooden fence. There are eight security cameras (CCTV System) that monitor the yard, parking lot and outside grounds.

SUMMARY OF AUDIT FINDINGS

The onsite portion of the audit was completed on October 17-18, 2016. The Auditor utilized the PREA Compliance Tool to triangulate responses for each measure based on: Review of policies/procedures; Review of documentation; Review of data; Interviews with residents and staff; and Tour of Facility. The results of the Rochester Correctional Institution Audit is listed below.

Number of standards exceeded: 5 (115.211) (115.216) (115.231) (115.233) (115.234)

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 2 (115.212) (115.252)

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

NYS DOCCS has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting, and responding to such conduct through Directives #4027A, Sexual Abuse Prevention & Intervention, 3/4/16 Inmate on Inmate II; #4028A, Sexual Abuse Prevention & Intervention, 3/4/16 Staff on Inmate II & DOCCS Employee Manual Rev. 2013 2.19 & 2.20. Policies also include definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The agency employs an upper-level agency-wide PREA coordinator, Jason Effman, Associate Commissioner & PREA Coordinator, identified in the agency’s organizational chart. Mr. Effman has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. DOCCS operates more than one facility and has a designated PREA Compliance Manager; Kishon Walker, who has sufficient time and authority to coordinate the Rochester Correctional Facility’s efforts to comply with the PREA standards. Rochester Correctional Facility also has point person designated at the facility who oversees day to day PREA related matters.

The Auditor found DOCCS approach to mandating a zero tolerance toward all forms of sexual abuse and harassment was reflected in policy documentation as well as in practice. This was achieved through triangulating agency/facility policies & procedures, staff & resident interviews, and facility observations to determine compliance.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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.

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. The Rochester Correctional Facility does not contract with other entities for the confinement of residents. NYS DOCCS has not entered into or renewed any contracts for the confinement of residents after August 20, 2012.

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The Rochester Correctional Facility does not contract with other entities for the confinement of residents.

Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards. NYS DOCCS; The Rochester Correctional facility does not contract with other entities for the confinement of residents.

The facility is exempt from this standard making Standard 115.212. non-applicable

Standard 115.213 Supervision and monitoring

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

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.

Rochester Correctional Facility has developed and documented a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse through Agency Directive #4001, Facility Administrative Coverage & Supervisory Rounds 8/26/15 –VI A, C, Form 4001A, Form 4001 B 8/15, Security staff schedules, CCA staffing levels.

In calculating adequate staffing levels and determining the need for video monitoring, the facility takes into consideration: The physical layout of the facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. In circumstances where the staffing plan is not complied with, the facility documents and justify all deviations from the plan.

Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to the staffing plan. The annual staffing plan was documented/approved through email correspondence dated August 5, 2016 @ 10:39 am by way of Associate Commissioner Effman, PREA Coordinator; agency and facility level staff.

The Auditor found that the NYS DOCCS approach to developing and documenting a staffing plan for the Rochester Correctional Facility provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The Auditor determined his findings through triangulating; agency directives, supplemental documentation, agency & facility staff interviews, along with facility observations.

Standard 115.215 Limits to cross-gender viewing and searches

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

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.

RCF has not conducted any cross-gender strip searches or cross-gender visual body cavity searches in the past 12 months. RCF is an all-male facility, therefore 115.215(b) and parts of(c) are N/A as there are no female residents housed at RCF. This is outlined in NY DOCCS DIR #2230, Guidelines for Assignment of Male and Female Correctional Officers and DIR#4901, Facility Administrative Coverage & Supervisory Rounds.

NYS DOCCS DIR #2230, Guidelines for Assignment of Male and Female Correctional Officers and DIR #4401, Facility Administrative Coverage and Search for Contraband; outlines procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. The Auditor observed during the tour of the facility, staff of the opposite gender announcing their presence when entering an area where residents were likely to be showering, performing bodily functions, or changing clothing.

NYS DOCCS DIR #4910, Control and Search for Contraband; outlines the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Through interviews with staff and residents it was determined residents are not being strip searched for the sole purpose of identifying the residents genital status.

NYS DOCCS DIR #4910, Control and Search for Contraband; outlines how the agency trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The Auditor received secondary documentation of staff training records submitted with the PAQ and reviewed additional training records and lessons plans onsite. Through interviews with staff and residents it was determined proper cross-gender pat-down searches, and searches of transgender and intersex residents was conducted in accordance with policy& procedures.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

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.

NYS DOCCS DIR # 2612, Inmates with Sensorial Disabilities; #4490, Culture and Language Access Services; Rochester Correctional Facility, FOM #310 Language Access Services Plan dated 7/27/16 outlines the agency's direction for taking appropriate steps to ensure residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. The Auditor observed throughout the facility written materials, posters, pamphlets all in multiple languages advising inmates of their rights to be free from sexual abuse, sexual harassment & retaliation and how to report such.

NYS DOCCS DIR # 2612, Inmates with Sensorial Disabilities; DIR #4490 Culture and Language Access Services; Rochester Correctional Facility; FOM #310 Language Access Services Plan 7/27/16 outlines the agency's steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The Auditor utilized agency DIR #4490, Culture and Language Access Services contract during a random, limited English Proficient resident interview. The resident's primary language was Spanish. The resident informed this Auditor he received PREA information in Spanish and had a good understanding of what PREA was. The services provided through Culture and Language Access worked flawlessly during the resident interview process.

NYS DOCCS DIR #4490 Culture and Language Access Services; outlines the agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

Standard 115.217 Hiring and promotion decisions

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

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NYS DOCCS DIR #2216, Fingerprinting /Criminal History Inquiry New Employees and Contractors; NYS Department of Correctional Services Personal Procedure Manual #406A Recruitment Process; outlines the agency's procedures for not hiring or promoting anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who have 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); Have 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; or have been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

NYS DOCCS DIR #2216, Fingerprinting /Criminal History Inquiry New Employees and Contractors; NYS Department of Correctional Services Personal Procedure Manual #406A Recruitment Process; outlines the agency's procedures for considering any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

NYS DOCCS DIR #2216, Fingerprinting /Criminal History Inquiry New Employees and Contractors; NYS Department of Correctional Services Personal Procedure Manual #406A Recruitment Process outlines the agency's procedures before hiring new employees who may have contact with residents, the agency performs a criminal background records check; 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.

RCF hired (3) new employees within the past 12 months. Through interviews with staff and review of employee personnel records it is evident RCF does not hire, promote staff or contractors who have engaged in sexual abuse in Prisons, Jails, Lock-ups or other confinement facilities.

Memo: From Deputy Commissioner and Counsel to the NYS Division of Criminal Justice Services – dated 8/18/15 RE: Prison Rape Elimination Act (PREA)-Background Checks Appendix A; outlines the agency's protocols for conducting criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The Auditor verified compliance through staff interviews and review of submitted PAQ documentation and review of personnel records.

Memo: from Director of Personnel - dated 7/15/15 RE: Fair Chance Hiring Application Revisions and Statewide Employment Application. Form EIU23 – Personal History Questionnaire; outlines the agency procedures for asking all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct; material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The Auditor verified compliance through staff interviews; review of PAQ documentation; and review of personnel records.

NYS DOCCS DIR #2012-Release of Employee Personnel and Payroll Information; outlines the agency's procedures, unless prohibited by law, for providing 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. The Auditor verified compliance through staff interviews.

Standard 115.218 Upgrades to facilities and technologies

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

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NYS DOCCS DIR.#3053, Alterations and Construction request – 4/5/16 – II Form 1612; outlines the process in which designing or acquiring any new facility and in planning 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 residents 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 residents from sexual abuse. Compliance was determined through interviews with the agency PREA Coordinator, PREA Compliance Manager & Facility Superintendent and review of Rochester Correctional Facility’s Annual PREA staffing plan. The Auditor also reviewed a completed Alteration and Construction Request Form -1612 dated 6/1/2016, for the removal and replacement of (42) resident-room doors (to enhance vision into rooms and comply with PREA recommendations).

Standard 115.221 Evidence protocol and forensic medical examinations

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

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NYS DOCCS DIR # 4027B, Sexual Abuse Reporting Investigation, Inmate-on-Inmate, Attachment B, Appendix 1-5; Operational Guidelines-Office of Special Investigations(OSI) Immediate Dispatch, Inmate on Inmate/Staff on Inmate; outlines the agency’s approach to the extent the agency is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The NYS DOCCS is responsible for investigating allegations of sexual abuse and harassment. All reports of sexual abuse are investigated through (OSI) Sex Crimes Division. The Auditor determined policy meets practice through the review of documentation; random interviews with staff and agency OSI Investigator.

NYS DOCCS utilizes the Department of Health (DOH) Protocol for Acute Care of Adult Patient Reporting Sexual Assault. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or
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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. The Auditor determined compliance through review of NYS Division of Health (DOH) Protocol or Acute Care of Adult Patient Reporting Sexual Assault; that there is sufficient technical detail to aid responders in obtaining useable physical evidence.

NYS DOCCS Operational Guidelines-Office of Special Investigations (OSI) Immediate Dispatch, Inmate on Inmate/Staff on Inmate & NYS DOCCS Division of Health Services (HSPM) 1.60 Sexual Assault-8/3/15-II, III, A-1c; determines the agency shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The Auditor determined compliance through interviews with SAFE/SANE staff, RCF staff and review of policy & procedures that access to sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) or by other qualified medical practitioners would take place at the local hospital. Rochester Correctional Facility reported zero forensic medical exams conducted in the past 12 months.

NYS DOCCS Power Point Presentation Excerpt: PREA Specialized Training: Investigators – 8/4/15 outlines the process in which the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. NYS DOCCS does not utilize a qualified staff member for victim advocacy services. The Auditor determined compliance through interviews with the Agency PREA Coordinator; Facility PREA Compliance Manager, and documentation review that victim advocacy services are provided and documented.

The Auditor determined through interview with the Agency PREA Coordinator, and documentation review NYS DOCC DIR # 4027B, Sexual Abuse Reporting Investigation, Inmate-on-Inmate, Attachment B, Appendix 1-5; Operational Guidelines-Office of Special Investigations(OSI) Immediate Dispatch, Inmate on Inmate/Staff on Inmate; outlines the agency’s approach to the extent the agency is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The NYS DOCCS is responsible for is responsible for investigating allegations of sexual abuse. All reports of sexual abuse are investigated through (OSI) Sex Crimes Division. The Auditor determined policy meets practice through the review of documentation and random interviews with staff and OSI Investigators.

NYS DOCC utilizes the Department of Health (DOH) Protocol for Acute Care of Adult Patient Reporting Sexual Assault. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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. It is noted that the Department of Health is an external agency and thus its policies are beyond the scope of this audit. It is noted that the Department of Health is an external agency and thus its policies are beyond the scope of this audit. The Auditor determined through review of NYS DOH Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault that the DOH Protocol is the state’s minimum requirement to ensure that forensic evidence is properly collected and preserved, and mandating that every hospital meets the specialized needs of patients who have been sexually assaulted, whether those patients are inmates, residents or members of the community. Review of the DOH Protocol demonstrates that there is sufficient technical detail to aid responders in obtaining useable physical evidence.

NYS DOCCS Operational Guidelines-Office of Special Investigations (OSI) Immediate Dispatch, Inmate on Inmate/Staff on Inmate & NYS DOCCS Division of Health Services (HSPM) 1.60 Sexual Assault-8/3/15-II, III, A-1c; determines the agency shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The Auditor determined through interviews with SAFE/SANE staff, RCF staff and review of policy & procedures that access to Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) or by

other qualified medical practitioners would take place at the local hospital. RCF reported zero forensic medical exams conducted in the past 12 months.

NYS DOCCS Power Point Presentation Excerpt: PREA Specialized Training: Investigators – 8/4/15 outlines the process in which the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. NYS DOCCS does not utilize a qualified staff member for victim advocacy services. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The Auditor determined through interviews with the Agency PREA Coordinator, Facility PREA Compliance Manager, and documentation review that victim advocacy services are provided and documented.

The Auditor determined through his interview with the Agency PREA Coordinator; and documentation review, as requested by the victim, the victim advocate, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. RCF had zero residents report sexual abuse within the past 12 months.

To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The NYS DOCCS (OSI) Sex Crimes Division and the New York State Police (NYSP), Bureau of Criminal Investigation (BCI) work cooperatively in investigation of reported incidents of staff-on-resident and resident-on-resident sexual abuse that may involve criminal conduct. Both agencies will endeavor to meet relevant National Standards adopted under the Prison Rape Elimination Act (PREA) governing the conduct of such investigations. As a general matter, DOCCS is responsible for ensuring that an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment with the agency.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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.

The Auditor determined through interview with the Agency Head and review of NYS DOCCS DIR #4027B, Sexual Abuse Reporting and Investigation-Inmate-on- Inmate; DIR #4027B, Sexual Abuse Reporting and Investigation-Staff-on-Inmate; and Staff on Inmate Monthly Sexual Abuse/Threat Incident Summary: Form 2103; Inmate on Inmate Monthly Sexual Abuse/Threat Incident Summary Form 2103-SAII Rochester CF. the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Rochester Correctional Facility has had zero reports of sexual abuse or Harassment during the past 12 months.

NYS DOCCS DIR #4027B, Sexual Abuse Reporting and Investigation-Inmate-on- Inmate; DIR #4027B, Sexual Abuse Reporting and Investigation-Staff-on-Inmate; DIR #0700 Office of Special Investigations – 10/23/14 – I; III D;IV A; outlines the agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. The Auditor interviewed investigative staff from the Office of Special Investigations (OSI). Although the Rochester Correctional Facility had zero reported cases of sexual abuse or harassment during the auditing period, it is quite evident through discussion that OSI Investigators of the Sex Crimes Division are prepared to conduct investigations of sexual abuse and harassment.

115.222 (c) (d) (e) are Non-Applicable. The Acting Commissioner of Corrections and Community Supervision (DOCCS) has delegated the authority to conduct administrative and criminal investigations to the Office of Special Investigations (OSI) in accordance with Correction Law 112 and Directive #0700, Office of Special Investigations.” OSI works cooperatively with the New York State Police (NYSP), Bureau of Criminal Investigation (BCI) in the investigation of reported incidents of staff on inmate and inmate on inmate sexual abuse that may involve criminal conduct. DOCCS has not relinquished this authority to any separate entity. The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in New York State DOCCS facilities.

Standard 115.231 Employee training

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

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.

NYS DOCCS; Training Manual Subject: 0100 – Frequency Training Chart & Training Bulletins-9/23/15 – Entire; Training Manual Subject: 6.600-Initial Employee Training/40 Hour Orientation – 7/18/16–section II, VI page 5, attachment A page 7; Sexual Abuse Prevention and Response Lesson Plan-Report of Training Form; Sexual Abuse Prevention and Response (PREA) RTF-PREA (2/20/2015); outlines the approach in which the agency shall train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents’ right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The Auditor was able to determine compliance by conducting interviews with random staff, reviewing training curriculum/employee training files.

Training Manual Subject: 6:500-Facility Familiarization – 8/25/15; Sexual Abuse Prevention and Response Lesson Plan-Report of Training Form; Sexual Abuse Prevention and Response (PREA) RTF-PREA (2/20/2015) determines the agency’s method for training shall be tailored to the gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female

residents, or vice versa. The Auditor was able to determine compliance by conducting interviews with random staff, reviewing training curriculum/employee training files.

Memo: from Deputy Commissioner, and Jason Effman, Associate Commissioner-4/8/15 RE: Sexual Abuse Prevention and Response Training-Entire; Memo: from Deputy Commissioner, and Jason Effman, Associate Commissioner-7/8/16-RE: Policies and Standards Generally Applicable to all Employees-Entire; KHRT, 35028, Completed Training, Topic, Sexual Abuse Prevention and Response; outlines the approach how the agency's current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The agency shall document, through employee signature or electronic verification that employees understand the training they have received. The Auditor was able to determine compliance by conducting interviews with random staff, reviewing training curriculum/employee training files.

Standard 115.232 Volunteer and contractor training

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

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.

NYS DOCCS DIR #4027A-Sexual Abuse Prevention & Intervention -3/4/16 Inmate on Inmate IV A 2; DIR #4028A-Sexual Abuse Prevention & Intervention -3/4/16 Staff on Inmate V A 2; Outlines the agency's approach to ensuring that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The RCF has (4) volunteers who have been trained in PREA compliance. The Auditor determined through Interviews and the submitted PAQ; secondary documentation review of signed training documents, along with onsite documentation review that all volunteer and contractors have received the required PREA training.

DIR #4071-Guidelines for Construction Projects -3/1/16 D 3; DIR #4750 -Volunteers services Program-2/8/16 – IV C 4a demonstrates the agency's level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The Auditor determined through Interviews and the submitted PAQ; secondary documentation review of signed training documents, along with onsite documentation review that all volunteer and contractors have received the required PREA training. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Standard 115.233 Resident education

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

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.

NYS DOCCS DIR #4021 – Offender Reception & Classification – 3/20/13 II A 9, B11; Memo: Deputy Commissioner and Jason Effman, Associate Commissioner -6/18/15 RE: PREA: Inmate Orientation Film Implementation Spec. Housing Units; outline the agency's approach for the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The Auditor determined through random resident interviews; Interviews with Intake Staff; submitted PAQ & secondary documentation; Review of resident training curriculum; along with onsite documentation review all residents are receiving the required PREA training upon Intake.

NYS DOCCS DIR #4021 – Offender Reception & Classification – 3/20/13 II A 9, B11; #4027A-Sexual Abuse Prevention & Intervention -3/4/16 Inmate on Inmate IV A 2; Memo: Deputy Commissioner and Jason Effman, Associate Commissioner - 6/18/15 RE: PREA: Inmate Orientation Film Implementation Spec. Housing Units; Memo: Jason Effman, Associate Commissioner -12/28/15 Re: New & Updated PREA Materials-Entire; outlines how the agency s provides refresher information whenever a resident is transferred to a different facility. The Auditor determined through random resident interviews; Interviews with Intake Staff; Review of resident training curriculum; along with onsite documentation review residents are receiving additional training whenever a resident is transferred to another facility. There were (10) residents who transferred from a different facility during the past (12) months who received the required PREA training.

NYS DOCCS DIR #4027A-Sexual Abuse Prevention & Intervention -3/4/16 Inmate on Inmate IV A 2; Memo: Jason Effman, Associate Commissioner 10/27/14 RE: Reasonable Accommodations PREA Information outlines how the agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. The Auditor determined through random resident interviews; Interviews with Intake Staff; Review of resident training materials; along with onsite documentation review residents are provided education material in formats accessible to all residents. The Auditor observed resident educational material in many different formats/languages posted throughout the facility while conducting the facility tour.

NYS DOCCS Memo: Jason Effman, Associate Commissioner 10/27/14 RE: Reasonable Accommodations PREA Information; outlines the agency's approach that such education ensures key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The Auditor observed resident educational material in many different formats/languages posted throughout the facility while conducting the facility tour.

DOCCS has completed work on a pair of ground breaking comprehensive inmate educational films, Ending Sexual Abuse Behind the Walls: An Orientation,© addressing sexual safety in confinement. Using a PREA Demonstration Project Grant through the United States Bureau of Justice Assistance, DOCCS partnered with The Moss Group, LLC, and T.J. Parsell's Fish Films, LLC to develop two orientation films. These films represent a first in the nation approach to sexual safety education by PREA Audit Report

letting current inmates tell new inmates what they wish they knew when they first started serving their sentences. These short films impart essential information about the Department's Zero Tolerance for sexual abuse, how to report, and what to expect when a report is made. However, they go beyond the usual PREA educational materials by allowing "old timers" to explain what they learned on their own.

Standard 115.234 Specialized training: Investigations

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

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.

DOCCS played a key role in introducing legislation to make sexual conduct between an employee and an inmate under the Department's custody a crime. Shortly after that law was enacted in 1996, the Department established a "Sex Crimes Unit" within the Office of Special Investigations, one of the first in the nation. These specialized investigators work closely with the New York State Police Bureau of Criminal Investigations.

NYS DOCCS Office of Special Investigations (OSI) Policy and Procedures-9/1/15 Training requirements for Sex Crimes Investigations-Entire; ensures in addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. DOCCS has played a key role in introducing legislation to make sexual conduct between an employee and an inmate under the Department's custody a crime. Shortly after that law was enacted in 1996, the Department established a "Sex Crimes Unit" within the Office of Special Investigations, one of the first in the nation. These specialized investigators work closely with the New York State Police Bureau of Criminal Investigations. The Auditor interviewed DOCCS Chief Sex Crime Investigator; reviewed training records/logs for investigative staff and determined specialized training for sexual abuse investigations has been conducted for all DOCCS investigative staff. DOCCS currently employees (21) Investigators.

National Institute of Corrections Training (Section Overview) PREA: Investigating Sexual abuse in Confinement Settings (DOCCS Course Code #17072); PowerPoint Presentation Excerpt: PREA Specialized Training-9/16/15 RE: Investigations; PowerPoint Presentation: Sexual Abuse Investigations and PREA-2014 Update -9/16/15 regulates the agency specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Auditor interviewed DOCCS Chief Sex Crime Investigator; reviewed training records/logs for investigative staff and determined specialized training for sexual abuse investigations has been conducted for all DOCCS investigative staff.

NYS DOCCS Office of Special Investigations Policy and Procedures -9/1/15 Training requirements for Sex Crimes Investigations-Entire; Report of Training Form for PREA Specialized Training-8/5/15 RE: Investigations; documents that the agency investigators have completed the required specialized training in conducting sexual abuse investigations.

115.234 (d) is non-applicable. Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations

Standard 115.235 Specialized training: Medical and mental health care

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

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.

NYS DOCCS Training Manual Subject 6.600. Mandatory Initial Training, Non-Security Staff at Facilities -7/20/16 (Mandatory); Office Of Mental Health (OMH) Memorandum of Understanding-6/18/14; outlines how the agency shall 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; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Rochester Correctional Facility has one medical staff person employed. The Auditor interviewed the staff person and determined she was very familiar with the process in detecting and assessing signs of sexual abuse and sexual harassment and how to preserve physical evidence of sexual abuse.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. There are no employees at the Rochester Correctional Facility who conduct forensic exams. If a Forensic exam would be required, the resident would be transported to a local hospital.

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The Auditor reviewed training documentation; Regional Training Forms, Specialized Training Medical/Mental Health Staff. The Auditor received completed staff training records and reviewed additional documentation while onsite.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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.

NYS DOCCS DIR #4027A, Sexual Abuse Prevention & Intervention Inmate on Inmate -3/4/16 – IV B 1, 2; Memo: M.D., Deputy Commissioner/Chief Medical Officer, 3/16/15 RE: Health Screening Forms 3278RC & 3278TR; Rochester Correctional Facility, FOM #011, Screenings for Risk of Victimization and Abusiveness, 7/28/16; Outlines how all residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The Auditor interviewed staff who are responsible for Risk Screening and found that they are very accustomed with the day to day processes involved in the resident Risk Screening process. The Auditor interviewed a random sample of residents and most were able to describe the process of receiving a Risk Screening upon intake and transfers from one facility to another. The Auditor observed the Intake area while touring the facility and was given a demonstration of the PREA Risk Screening process for new residents.

NYS DOCCS DIR #4027A, Sexual Abuse Prevention & Intervention Inmate on Inmate -3/4/16 – IV B 1, 2; Intake screening shall ordinarily take place within 72 hours of arrival at the facility. The Auditor reviewed documentation samples of completed Risk Screenings and found that they are being completed within (72) hrs. or earlier. During the past (12) months Rochester Correctional Facility conducted (176) PREA-Risk Screenings.

Rochester Correctional Facility, FOM #011, Screenings for Risk of Victimization and Abusiveness -7/28/16: Such assessments shall be conducted using an objective screening instrument. Upon review of the Rochester Correctional Facility's PREA Risk Screening Form (115.241) the Auditor determined the Facility to be utilizing an objective screening instrument.

The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability; The age of the resident; The physical build of the resident; Whether the resident has previously been incarcerated; Whether the resident's criminal history is exclusively nonviolent; Whether the resident has prior convictions for sex offenses against an adult or child; Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability. In review the agency's Risk Screening process the Auditor determined that all (9) required elements to assess residents for risk of sexual victimization are being utilized.

The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. In review the agency's Risk Screening process the Auditor determined that all (3) required elements to assess residents for risk of being sexually abusive.

NYS DOCCS DIR #4027A, Sexual Abuse Prevention & Intervention Inmate on Inmate -3/4/16 – IV B 1, 2; Rochester Correctional Facility, FOM #011, Screenings for Risk of Victimization and Abusiveness, 7/28/16; Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The Auditor interviewed staff who are responsible for Risk Screening and found that they reassess the resident's risk of victimization or abusiveness within 30 days upon arrival. The Auditor interviewed a random sample of residents and most remember being reassessed and asks similar questions. The Auditor reviewed completed Risk Screening documentation while onsite of the audit and found reassessments are being completed timely. During the past (12) months Rochester Correctional Facility conducted (176) reassessments-PREA-Risk Screenings within (30) days of arrival to the facility.

A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Residents may not be 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. The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The Auditor determined compliance through staff and resident interviews; review of policy & procedures; and supplemental documentation is being met in all material ways.

Standard 115.242 Use of screening information

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

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.

NYS DOCCS DIR #4027A, Sexual Abuse Prevention & Intervention Inmate on Inmate -3/4/16 – IV B 1, 2; outlines the agency's use from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The Auditor determined compliance through review of Policy and Procedures; Interview with the PREA Coordinator & Staff responsible for Risk Screening.

NYS DOCCS DIR #4027A, Sexual Abuse Prevention & Intervention Inmate on Inmate -3/4/16 – IV B 1, 2; outlines the agency makes individualized determinations about how to ensure the safety of each resident. The Auditor determined compliance through review of Policy and Procedures.

Memo: Deputy Commissioner, RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identify (SOGI); outlines the agency's approach in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The Auditor determined compliance through review of Policy and Procedures; Interview with the PREA Coordinator & Staff responsible for Risk Screening.

NYS DOCCS DIR #4401 – Guidelines & Counseling Services -2/11/13 II B 1a, b, c, d, 2a; outlines the agency's approach that allow for a transgender or intersex resident's own views with respect to his or her own safety be given serious consideration. The Auditor determined compliance through review of Policy and Procedures; Interview with the PREA Coordinator & Staff responsible for Risk Screening. RCF had no transgender or intersex residents to interview while the Auditor was onsite.

Memo: Deputy Commissioner RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identify (SOGI); outlines the agency's approach for transgender and intersex residents shall be given the opportunity to shower separately from other residents. The Auditor determined compliance through review of Policy and Procedures; Interview with the PREA Coordinator & Staff responsible for Risk Screening. RCF had no transgender or intersex residents to interview while the Auditor was onsite.

NYS DOCCS DIR #4009 – Minimum Provisions for Health and Morale – 8/21/13 (Date last Revised 11/3/15) VII A; outlines how the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents. The Auditor determined compliance through review of Policy and Procedures, Interview with the PREA Coordinator & Staff responsible for Risk Screening. RCF had no transgender/intersex/Gay/Bisexual residents to interview while the Auditor was onsite.

Standard 115.251 Resident reporting

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

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.

Employee Manual Section -2.20; Directive #4027A, sexual abuse & Intervention -Inmate on Inmate 3/4/16 -IV C; DIR #4028A Sexual abuse & intervention -Staff on Inmate – 3/4/16 V B2; sexual abuse Prevention and response 9SAPR) Lesson Plan, (March 2015) Page 65-66; Resident education pamphlet, the Prevention of Sexual Abuse in Prison, “ What Inmates need to know” outlines how the agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor determines compliance through random interviews with staff and residents. The Auditor also made observations of signage posted throughout the facility for staff and inmates to privately report sexual abuse and sexual harassment.

Letter to Anthony J. Annucci, Acting Commissioner from , Chairman of The State Commission of Correction, 4/8/14 RE: Inmate on Inmate and resident reporting; Resident education pamphlet, the Prevention of Sexual Abuse in Prison, “ What Inmates need to know” outlines the procedures to inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The Auditor determined compliance through random interviews with staff and the PREA Coordinator. The Auditor also made observations of signage posted throughout the facility for staff and inmates to privately report sexual abuse and sexual harassment.

Employee Manual Section -2.20; Directive #4027A, sexual abuse & Intervention -Inmate on Inmate 3/4/16 -IV C; DIR #4028A Sexual abuse & intervention -Staff on Inmate – 3/4/16 V B2; Sexual Abuse Prevention and response (SAPR) Lesson Plan, (March 2015) Page 65-66; Resident education pamphlet, the Prevention of Sexual Abuse in Prison, “ What Inmates need to know” outlines how agency Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The Auditor determined compliance through random interviews with staff and residents; review of policy and procedures.

Sexual Abuse Prevention and response (SAPR) Lesson Plan, (March 2015) Page 65-66; outlines the agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The Auditor determined compliance through random interviews with staff and review of policy and procedures.

Standard 115.252 Exhaustion of administrative remedies

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

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.

The agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The Department of Corrections and Community Supervision is exempt from this Standard in accordance with Directive #4040 Inmate Grievance Program 701.3 General Policies 3(i) 01/20/2016. All inmate grievances filed regarding a complaint of sexual abuse or sexual harassment is immediately reported by IGP Supervisor to the Watch Commander for future handling in according with agency policy. The facility is exempt from this standard making Standard 115.52 non-applicable.

Standard 115.253 Resident access to outside confidential support services

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

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.

NYS DOCC DIR #4404-Inmate Legal Visits -1/27/16 -II A, E, IV J; DIR #4421 – Privileged Correspondence – 6/2/16 -II A 4, III A 2, C; DIR # 4423 Inmate Telephone Calls-1/15/14 and Rev. Notice 5/2/15 VIII C2; outlines the agency shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The Auditor reviewed policy and procedures; secondary documentation; conducted random interview with residents and made observations of signage posted throughout the facility providing residents access to outside victim advocates for emotional support serves related to sexual abuse.

NYS DOCC DIR #4404-Inmate Legal Visits -1/27/16 -II A, E, IV J; DIR #4421 – Privileged Correspondence – 6/2/16 -II A 4, III A 2, C; Memo: From Jason Effman, Associate Commissioner to All Superintendents / Concerned Inmate – 4/4/14 RE: Just Detention International Resource Guide; outlines the facility informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Contract extension between NYS DOCCS and designated rape crisis program (Good Samaritan Hospital) University of Rochester Medical Center Rochester, NY Rochester, the agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The Auditor determined compliance through review of policy & procedures; and amended MOU's.

Standard 115.254 Third-party reporting

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

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.

NYS DOCCS PREA Policy Web Page – 2/4/16 – Entire. Outlines the agency shall has established a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The Auditor reviewed the NYS DOCCS Policy Web page to ensure compliance with 115.254(a).

Standard 115.261 Staff and agency reporting duties

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

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.

NYS DOCCS employee Manual Section -2.20; DIR #4027 – Sexual Abuse Prevention & Intervention -3/4/16- Inmate on Inmate; DIR #4028A-Sexual Abuse Prevention & Intervention – 3/4/16 staff on Inmate -VB; outlines the agency shall 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; retaliation against residents 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 Auditor was able to determine compliance through policy and procedure review, and random staff interviews.

NYS DOCCS employee Manual Section -2.20; DIR #4027 – Sexual Abuse Prevention & Intervention -3/4/16- Inmate on Inmate; DIR #4028A-Sexual Abuse Prevention & Intervention – 3/4/16 staff on Inmate -VB; outlines apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The Auditor was able to determine compliance through policy and procedure review, and random staff interviews.

NYS DOCCS employee Manual Section -2.20; DIR #4027 – Sexual Abuse Prevention & Intervention -3/4/16- Inmate on Inmate; DIR #4028A-Sexual Abuse Prevention & Intervention – 3/4/16 staff on Inmate -VB; DIR #0700 – Office of Special Investigations -10/23/14 III D outlines unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. The Auditor was able to determine compliance through policy and procedure review, and Medical and Mental Health protocol interviews.

Memo: From Jason Effman, Associate Commissioner – 1/21/16 -RE: Sexual Abuse Response and Containment Checklist; outlines if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The Auditor was able to determine compliance through policy and procedure review; and review of the agency’s “Sexual Abuse and Response Containment Checklist form.”

Memo: From Jason Effman, Associate Commissioner – 1/21/16 -RE: Sexual Abuse Response and Containment Checklist; The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. The Auditor was able to determine compliance through policy and procedure review; Interview with the Agency Director, and review of the agency’s “Sexual Abuse and Response Containment Checklist form.” Rochester Correctional Facility has not had any reports of sexual abuse or harassment in the past 12 months.

Standard 115.262 Agency protection duties

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

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.

NYS DOCCS DIR #4040 – Inmate grievance Program – 1/20/16 701.6 Procedural Safeguards (m); #4948 – Protective Custody Status – 3/13/15 – II A, C III D 1- form (2168) outlines when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. Rochester Correctional Institution has not received any reports where a resident was at substantial risk of sexual abuse. The Auditor reviewed policy and procedures; Interviews conducted with the Agency Head, Facility Superintendent, and random staff to ensure compliance.

Standard 115.263 Reporting to other confinement facilities

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

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.

Memo: from Jason Effman, Associate Commissioner, RE: Reporting to other Confinement Facilities (Revised) PREA Standard 115.63 / 263 -2/12/16 -Entire Form 115.63 Report of Sexual Abuse -8/20/15 Jail Administrators contact Information; outlines the agency’s approach for receiving an allegation that a resident was sexually abused while confined at another facility and such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. In the past (12) months the Rochester Correctional facility had (1) report that a resident was abused while confined at another facility. The Auditor reviewed policy and procedures; documentation of the allegation that a resident was abused while confined at another facility and determined the facility was compliant in all material ways with standards 115.263(b).

Memo: from Jason Effman, Associate Commissioner, RE: Reporting to other Confinement Facilities (Revised) PREA Standard 115.63 / 263 -2/12/16 -Entire Form 115.63 Report of Sexual Abuse -8/20/15 Jail Administrators contact Information; outlines how the agency shall document that it has provided such notification. The Auditor reviewed policy and procedures; documentation of the allegation that a resident was abused while confined at another facility and determined the facility was compliant in all material ways with standards 115.263(c).

Memo: from Jason Effman, Associate Commissioner, RE: Reporting to other Confinement Facilities (Revised) PREA Standard 115.63 / 263 -2/12/16 -Entire Form 115.63 Report of Sexual Abuse -8/20/15 Jail Administrators contact Information; “Sexual Abuse Threat Incident Log Books” – Covers Inmate on Inmate / Staff on Inmate; outlines how the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Interviews were conducted with the Agency Head, Facility Superintendent who acknowledged notifications of abuse from one facility to another are investigated in accordance with standard 115.263 (d). The Auditor reviewed policy and procedures; documentation of the (1) allegation that a resident was abused while confined at another facility and determined the facility was compliant in all material ways with standards 115.263(d).

Standard 115.264 Staff first responder duties

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

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.

NYS DOCCS DIR #4027B, Sexual Abuse Reporting & Investigation- Inmate on Inmate – 2/17/2016 -V; #4028B, Sexual Abuse Reporting & Investigation- Staff on Inmate – 2/17/2016 -V; Memo: Jason Effman, Associate Commissioner-1/21/16 RE: Sexual Response and Containment Checklist; Sexual Abuse Prevention and Response (SAPR) Lesson Plan, March 2015-Pages 61, 62, 64; outlines upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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. The Rochester Correctional facility received zero allegations of resident sexual abuse within the past (12) months. The Auditor reviewed policy and procedures; conducted interviews with Security Staff and Non-Security Staff First Responders. Of Staff interviewed, all demonstrated they have received proper training and education needed to respond to allegations of sexual abuse and was able to explain most of the procedures to do so.

NYS DOCCS DIR #4027B, Sexual Abuse Reporting & Investigation- Inmate on Inmate – 2/17/2016 -V; #4028B, Sexual Abuse Reporting & Investigation- Staff on Inmate – 2/17/2016 -V; Memo: Jason Effman, Associate Commissioner-1/21/16 RE: Sexual Response and Containment Checklist; Sexual Abuse Prevention and Response (SAPR) Lesson Plan, March 2015-Pages 61, 62, 64; outlines if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. The Rochester Correctional facility received zero allegations of resident sexual abuse within the past (12) months. The Auditor reviewed policy and procedures; conducted interviews with Security Staff and Non-Security Staff First Responders. All Staff interviewed verified they have received proper training and education needed to respond to allegations of sexual abuse and was able to explain most of the procedures to do so.

Standard 115.265 Coordinated response

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

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.

Memo: Jason Effman, Associate Commissioner, - 1/21/16 RE: PREA Coordinated Response Plan – Entire, Attachment A – Sexual Abuse Response and Containment Checklist; Rochester Correctional Facility: FOM 009, 7/27/16, Coordinated Response Plan to an Incident of Inmate Sexual abuse; outlines how the agency/facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Auditor reviewed policy and procedures; Rochester Correctional Facility’s Coordinated Response Plan to an Incident of Inmate Sexual abuse and found it to be compliant in all material ways. The Auditor conducted and interview with Facility Superintendent who demonstrated his knowledge of the facility’s coordinated response plan.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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.

NYS DOCCS DIR #2110, Employee Discipline-Suspension from Duty during the Continuation of Disciplinary Proceedings – 4/27/15 – III; DIR #2114, Functions of the Bureau of Labor Relations -7/17/15 -IV I, K; New York state Governor’s Office of Employee Relations (GOER); outlines neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The Auditor was able to determine compliance through policy and procedure view; State Union Contracts documentation; interview conducted with the DOCCS Agency Head. Nothing in this standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276; or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. The Auditor determined compliance through policy and procedure view; State Union Contracts documentation; Interview conducted with the DOCCS Agency Head.

Standard 115.267 Agency protection against retaliation

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

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.

NYS DOCCS Employee Manual 2.19 – Rev. 2013; Memo: from Jason Effman, Associate Commissioner, RE: Agency Protection against retaliation, PREA standard 115.67/267. 8/20/15; outlines how the agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. The Auditor determined compliance through review of policy and procedure.

Memo: from Jason Effman, Associate Commissioner, RE: Agency Protection against retaliation, PREA standard 115.67/267. 8/20/15; outlines the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Auditor determined compliance through review of policy and procedures; Interviews conducted with the Agency Head, Facility Superintendent, Designated staff member charged with monitoring retaliation. The Rochester Correctional facility had zero reports of sexual abuse reported in the past 12 months.

Memo: from Jason Effman, Associate Commissioner, RE: Agency Protection against retaliation, PREA standard 115.67/267. 8/20/15; outlines the agency will for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Auditor determined compliance through review of policy and procedures; Interviews conducted with the Facility Superintendent, Designated staff member charged with monitoring retaliation. The Rochester Correctional facility had zero reports of sexual abuse reported in the past 12 months.

Memo: from Jason Effman, Associate Commissioner, RE: Agency Protection against retaliation, PREA standard 115.67/267. 8/20/15; outlines in the case of residents, such monitoring shall also include periodic status checks. The Auditor determined compliance through review of policy and procedures; Interviews conducted with the Facility Superintendent, Designated staff member charged with monitoring retaliation. The Rochester Correctional facility had zero reports of sexual abuse reported in the past 12 months.

Memo: from Jason Effman, Associate Commissioner, RE: Agency Protection against retaliation, PREA standard 115.67/267. 8/20/15; outlines If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The Auditor determined compliance through review of policy and procedures. The Rochester Correctional facility had zero reports of sexual abuse reported in the past 12 months.

Memo: from Jason Effman, Associate Commissioner, RE: Agency Protection against retaliation, PREA standard 115.67/267. 8/20/15; outlines the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The Auditor determined compliance through review of policy and procedures. The Rochester Correctional facility had zero reports of sexual abuse reported in the past 12 months.

Standard 115.271 Criminal and administrative agency investigations

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

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.

NYS DOCCS OSI Policy and Procedures: Training Requirements for Sex Crimes Investigators – 9/1/15; Office of Special Investigations (OSI) Sex Crimes Division Inmate on Inmate Sexual Abuse; Office of Special Investigations (OSI) Sex Crimes Division Staff on Inmate Sexual Abuse; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15 outlines when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

NYS DOCCS DIR #0700 – Office of special Investigations -10/23/14 – Entire; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15 outlines where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Office of Special Investigations (OSI) Sex Crimes Division Inmate on Inmate Sexual Abuse; Office of Special Investigations (OSI) Sex Crimes Division Staff on Inmate Sexual Abuse Investigators; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15 outlines how the agency shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

NYS DOCCS OSI Policy and Procedures: Training Requirements for Sex Crimes Investigators – 9/1/15; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; Letter: superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; outlines when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

NYS DOCCS OSI Policy and Procedures: Training Requirements for Sex Crimes Investigators – 9/1/15; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; Letter: Superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; outlines how the agency will validate the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Letter: Superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; DIR #2011 – Disposition of Departmental records – 2011 -Entire 1B 1, 3 D2 b, IIB- attachment A; outlines how Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Letter: Superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; DIR #2011 – Disposition of Departmental records – 2011 -Entire 1B 1, 3 D2 b, IIB- attachment A; outlines criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Letter: Superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; DIR #2011 – Disposition of Departmental records – 2011 -Entire 1B 1, 3 D2 b, IIB- attachment A; outlines that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

OSI Policy and Procedure: Intake and case Management Unit -2/5/16 Entire-Complaint Processing & Case File Management; Letter: Superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; DIR #2011 – Disposition of Departmental records – 2011 -Entire 1B 1, 3 D2 b, IIB- attachment A; outlines the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Letter: Superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Auditor determined compliance through review of policy and procedures; additional supporting documentation and training logs; Interview conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Letter: Superintendent New York State Police - 5/2/14 RE: Implementation of the PREA Standards; PowerPoint Presentation: PREA specialized Training Investigations 8/4/15; outlines how outside agencies investigate sexual abuse; the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Auditor determined compliance through review of policy and procedures; Interviews conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division; Facility Superintendent; and PREA Coordinator. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Standard 115.272 Evidentiary standard for administrative investigations

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

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.

Memo: NYS DOCCS Deputy Chief of Investigations – 7/29/15 RE: Sex Crimes Division (SCD) Close Out Procedures; PowerPoint Presentation Excerpt: PREA Specialized Training Investigations – 8/4/15 outlines how the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Auditor determined compliance through review of policy and procedures; Interviews conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Standard 115.273 Reporting to residents

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

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.

Memorandum: Chief, Office of Special Investigations, 9/14/15 RE: Notification of Investigative Determination; Memo: Deputy Chief, Office of Special Investigations, 7/29/15, RE: Sex Crimes Division (SCD) Close Our Procedures; outline following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Auditor determined compliance through review of policy and procedures; Interviews conducted with DOCCS OSI Senior-Investigator with the Sex Crimes Division; and Facility superintendent. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. 115.273(b) is non-applicable as NYS DOCCS OSI (Sex Crimes Division) conducts investigations into allegations of sexual abuse, harassment or sexual misconduct.

Memo: Deputy Chief, Office of Special Investigations, 7/29/15, RE: Sex Crimes Division (SCD) Close Our Procedures; outlines how the agency will, following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the resident’s unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The Auditor determined compliance through review of policy and procedures. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Memo: Deputy Chief, Office of Special Investigations, 7/29/15, RE: Sex Crimes Division (SCD) Close Our Procedures; outlines how the agency will, following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The Auditor determined compliance through review of policy and procedures. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Memo: Deputy Chief, Office of Special Investigations, 7/29/15, RE: Sex Crimes Division (SCD) Close Our Procedures; outlines how the agency will demonstrate all such notifications or attempted notifications shall be documented. The Auditor determined compliance through review of policy and procedures. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Memo: Deputy Chief, Office of Special Investigations, 7/29/15, RE: Sex Crimes Division (SCD) Close Our Procedures; outlines how the agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. The Auditor determined compliance through review of policy and procedures. The Rochester Correctional facility had zero reports of sexual abuse, sexual harassment or sexual misconduct in the past 12 months.

Standard 115.276 Disciplinary sanctions for staff

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

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.

Employee Manual – Rev. 2013-2.19; DIR #2110-Employee Discipline – Suspension from Duty During the Continuation of Disciplinary Proceedings – 4/27/215 -III Attachment A, Attachment B Attachment C; DIR:4028B-Sexual Abuse Prevention & Intervention Staff on Inmate DIR: #4028A Sexual Abuse Prevention & Intervention Inmate on Inmate; outlines how agency Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Auditor determined compliance through review of Policy and Procedures.

DIR: #2605, Sexual Harassment in the Workplace-12/21/15- VI; Memo: Deputy Commissioner for Administrative Services - 2/5/16 RE: Prison Rape Elimination Act / Presumptive Disciplinary Sanctions for Staff Sexual Misconduct; outline the agency's method and termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse The Auditor determined compliance through review of Policy and Procedures. There have been no staff terminations or disciplinary sanctions for violations of agency policy in relation to sexual abuse, sexual harassment or sexual misconduct at the Rochester Correctional facility. The Auditor determined compliance through review of Policy and Procedures.

DIR: #2111, Report of Employee Misconduct – 1/5/16 I, II, III, IV, v; outlines the agency's approach for disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There have been no staff terminations or disciplinary sanctions for violations of agency policy in relation to sexual abuse, sexual harassment or sexual misconduct at the Rochester Correctional facility. The Auditor determined compliance through review of Policy and Procedures.

DIR:4028B-Sexual Abuse Prevention & Intervention Staff on Inmate; outlines how the agency will ensure 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. There have been no staff terminations or disciplinary sanctions for violations of agency policy in relation to sexual abuse, sexual harassment or sexual misconduct at the Rochester Correctional facility. The Auditor determined compliance through review of Policy and Procedures.

Standard 115.277 Corrective action for contractors and volunteers

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

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.

DIR: #2605 – sexual Harassment in the workplace – 12/21/15 -V! A, B; DIR: #4750 – Volunteer Services Program – 3/7/13– IV C4a; Memo: from Anthony J. Annucci, Acting Commissioner – 9/4/13 RE: Policy on the Prevention of Sexual Abuse of Offenders (revised) Office of Ministerial, Family and Volunteer Services 2015- Signature form; Rochester Correctional Facility, Volunteer acknowledgement; outlines any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, there have been no Volunteer / Contractor terminations or disciplinary sanctions for violations of agency policy in relation to sexual abuse, sexual harassment or sexual misconduct at the Rochester Correctional facility. The Auditor determined compliance through review of Policy and Procedures.

DIR: #2605 – sexual Harassment in the workplace – 12/21/15 -V! A, B; DIR: #4750 – Volunteer Services Program – 3/7/13– IV C4a; Memo: from Anthony J. Annucci, Acting Commissioner – 9/4/13 RE: Policy on the Prevention of Sexual Abuse of Offenders (revised) Office of Ministerial, Family and Volunteer Services 2015- Signature form; outlines how the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months, there have been no Volunteer / Contractor terminations or disciplinary sanctions for violations of agency policy in relation to sexual abuse, sexual harassment or sexual misconduct at the Rochester Correctional facility. The Auditor determined compliance through review of Policy and Procedures; and interviewing the Facility Superintendent.

Standard 115.278 Disciplinary sanctions for residents

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

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.

DIR: #4932 – Chapter V, standards Behavior & allowances – 3/4/16- Entire: Memo: Deputy Commissioner – 7/22/14 RE: Disciplinary Disposition Guidelines; determines residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, there have been zero incidents of administrative/criminal findings of resident-on-resident sexual abuse cases at the Rochester Correctional Facility. The Auditor determined compliance through review of Policy and Procedures

Memo: Deputy Commissioner – 7/22/14 RE: Disciplinary Disposition Guidelines; Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The Auditor determined compliance through review of Policy and Procedures

Memo: Deputy Commissioner – 7/22/14 RE: Disciplinary Disposition Guidelines; DIR: #4932 – Chapter V, standards Behavior & allowances – 3/4/16- Entire outlines how the disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Auditor determined compliance through review of Policy and Procedures and interview conducted with the Facility Superintendent.

NYS DOCCS - Sex Offenders Counseling and Treatment Program (SOCTP) guidelines 2/20/16; outlines if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The Auditor determined compliance through review of Policy and Procedures and interview conducted with the Facility Medical Staff.

DIR: #4028A- Sexual Abuse Prevention 8 intervention -3/4/16 Staff-on-Inmate-II V B5; The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. In the past 12 months, there have been zero incidents of administrative/criminal findings of resident-on-resident sexual misconduct at the Rochester Correctional Facility. In the past 12 months, there have been no disciplinary actions against residents for sexual misconduct with staff. The Auditor determined compliance through review of Policy and Procedures.

DIR: #4028A- Sexual Abuse Prevention 8 intervention -3/4/16 Staff-on-Inmate-II V B5; outlines for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Auditor determined compliance through review of Policy and Procedures.

DIR: #4027A-Sexual Abuse Prevention & Intervention – 3/4/16 Inmate on Inmate – II, III, C1, IV C Note; outlines an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The Auditor determined compliance through review of Policy and Procedures.

Standard 115.282 Access to emergency medical and mental health services

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

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.

DIR: #4027B-Sexual Abuse Reporting & Intervention – 2/17/16 Inmate on Inmate, V C 3; HSPM 1.60 – Sexual Assault – 8/3/15 – II, III b, c, B SAFE/SANE Hospitals; outlines resident 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. In the past 12 months Rochester, Correctional Facility has had zero reported cases of resident sexual abuse. The Auditor determined compliance through review of Policy and Procedures; Interview conducted with RCF Medical Staff.

DIR: #4028B-Sexual Abuse Reporting & Intervention – 3/4/16 Staff on Inmate V C 3; outlines how the agency will, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. The Auditor determined compliance through review of Policy and Procedures; Interview conducted with Security Staff and Non-Security Staff First Responders.

HSPM 1.60 – Sexual Assault – 8/3/15 – II, III b, c, B SAFE/SANE Hospitals; outlines resident victims of sexual abuse while incarcerated shall be 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. RCF has received zero reports of resident sexual abuse in the past 12 months. The Auditor determined compliance through review of Policy and Procedures; Interview conducted with RCF Medical Staff.

HSPM 1.60 – Sexual Assault – 8/3/15 – II, III b, c, B SAFE/SANE Hospitals; outlines treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. RCF has received zero reports of resident sexual abuse in the past 12 months. The Auditor determined compliance through review of Policy and Procedures; Interview conducted with RCF Medical Staff.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

HSPM 1.60 – Sexual Assault – 8/3/15 – Entire; Email: PREA – Office of Mental Health memorandum of Understanding, To: all Superintendents (MOU Between OMH and DOCCS) Rev. 9/14/16; outlines the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Auditor determined compliance of the standard through review of policy and procedures.

HSPM 1.60 – Sexual Assault – 8/3/15 – Entire; Email: PREA – Office of Mental Health memorandum of Understanding, To: all Superintendents (MOU Between OMH and DOCCS) Rev. 9/14/16; outlines the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. In the past 12 months RCF did not have any

residents who reported sexual abuse, harassment or sexual misconduct. The Auditor determined compliance of the standard through review of policy and procedures; Interview conducted with Medical Staff.

HSPM 1.60 – Sexual Assault – 8/3/15 – Entire; Email: PREA – Office of Mental Health memorandum of Understanding, To: all Superintendents (MOU Between OMH and DOCCS) Rev. 9/14/16; HSPM 1.12B – Inmate Bloodborne Pathogens Significant Exposure Protocol 1/26/16 – 1,2,3; demonstrated how the facility shall provide such victims with medical and mental health services consistent with the community level of care. In the past 12 months RCF did not have any residents who reported sexual abuse, harassment or sexual misconduct. The Auditor determined compliance of the standard through review of policy and procedures; Interview conducted with Medical Staff.

115.283(d) is non-applicable. RCF is an all male facility. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.283(e) is non-applicable. RCF is an all male facility. If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

HSPM 1.60 – Sexual Assault – 8/3/15 – Entire; Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The Auditor determined compliance of the standard through review of policy and procedures; Interview conducted with Medical Staff.

HSPM 1.60 – Sexual Assault – 8/3/15 – Entire; Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Auditor determined compliance of the standard through review of policy and procedures; Interview conducted with Medical Staff.

HSMP 1.44 – Health Screening of Inmates/Residents – 12/2/13, I outlines how the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The Auditor determined compliance of the standard through review of policy and procedures; Interview conducted with Medical Staff.

Standard 115.286 Sexual abuse incident reviews

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

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.

Memo: From, Deputy Commissioner & Jason Effman, Associate Commissioner – 5/9/14 RE: Prison Rape Elimination Act Procedural Enhancements for Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits – Entire. Sexual Abuse Incident Review Checklist – 8/1/16- Entire; outlines how the facility shall 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. Rochester Correctional Facility has had zero incidents

of sexual abuse, sexual harassment, and/or sexual misconduct. The Auditor determined compliance of the standard through review of policy and procedures.

Memo: From, Deputy Commissioner & Jason Effman, Associate Commissioner – 5/9/14 RE: Prison Rape Elimination Act Procedural Enhancements for Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits – Entire. Sexual Abuse Incident Review Checklist – 8/1/16- Entire; outlines such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. Rochester Correctional Facility has had zero incidents of sexual abuse, sexual harassment, and/or sexual misconduct. The Auditor determined compliance of the standard through review of policy and procedures.

Memo: From, Deputy Commissioner & Jason Effman, Associate Commissioner – 5/9/14 RE: Prison Rape Elimination Act Procedural Enhancements for Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits – Entire. Sexual Abuse Incident Review Checklist – 8/1/16- Entire; outlines how the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The Auditor determined compliance of the standard through review of policy and procedures; Interview conducted with the Facility Superintendent.

Memo: From, Deputy Commissioner & Jason Effman, Associate Commissioner – 5/9/14 RE: Prison Rape Elimination Act Procedural Enhancements for Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits – Entire. Sexual Abuse Incident Review Checklist – 8/1/16- Entire; outlines how the review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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 Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. The Auditor determined compliance of the standard through review of policy and procedures; Interviews conducted with the Facility Superintendent; PREA Coordinator; and Incident Review Team member.

Memo: From, Deputy Commissioner & Jason Effman, Associate Commissioner – 5/9/14 RE: Prison Rape Elimination Act Procedural Enhancements for Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Reviews and Security Staffing Audits – Entire. Sexual Abuse Incident Review Checklist – 8/1/16- Entire; outlines how the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Rochester Correctional Facility has had zero incidents of sexual abuse, sexual harassment, and/or sexual misconduct. Therefore, there has not been a need for the facility to implement recommendations or improvements. The Auditor determined compliance of the standard through review of policy and procedures.

Standard 115.287 Data collection

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

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.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; outlines how the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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. The Auditor reviewed policy and procedures, DOCCS Annual Report on Sexual Victimization 2013-2014 and determined it to be compliant with standard 115.287(a)(c) in all material ways.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; outlines how the agency shall aggregate the incident-based sexual abuse data at least annually. The Auditor reviewed policy and procedures, DOCCS Annual Report on Sexual Victimization 2013-2014 and determined it to be compliant with standard 115.287(b) in all material ways.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; Data Dictionary: Defines data elements collected by the Office of Program, Planning, Research and Evaluation from all available incident-based documents including reports, investigation files and sexual abuse incident reviews outlines how the agency shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The Auditor reviewed policy and procedures, DOCCS Annual Report on Sexual Victimization 2013-2014 and determined it to be compliant with standard 115.287(d) in all material ways.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; Data Dictionary: Defines data elements collected by the Office of Program, Planning, Research and Evaluation from all available incident-based documents including reports, investigation files and sexual abuse incident reviews outlines how the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The NYS DOCCS does not contract for the confinement of its residents. Therefore, subsection 115.278(e) is non-applicable.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; Data Dictionary: Defines data elements collected by the Office of Program, Planning, Research and Evaluation from all available incident-based documents including reports, investigation files and sexual abuse incident reviews demonstrates how the agency upon request, shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The Auditor reviewed policy and procedures; DOCCS Annual Report on Sexual Victimization 2013-2014 and determined it to be compliant with standard 115.287(f) in all material ways.

Standard 115.288 Data review for corrective action

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

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.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; outlines how the agency shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training,

including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The Auditor determined compliance through review of policy and procedures; review DOCCS Annual Report on Sexual Victimization 2013-2014; and interviews conducted with the Agency Head & PREA Coordinator.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; outlines such reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. The Auditor determined compliance through review of policy and procedures; review of DOCCS Annual Report on Sexual Victimization 2013-2014; and interviews conducted with the Agency Head & PREA Coordinator.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; DOCCS PREA Policy Web Page – 25/16 – Entire 1/20/16 – Link to Annual Report on Sexual Victimization; outlines how the agency’s report shall be 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. The Auditor determined compliance through review of policy and procedures; review of DOCCS Annual Report on Sexual Victimization 2013-2014; and interviews conducted with the Agency Head & PREA Coordinator.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; outlines how the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The Auditor determined compliance through review of policy and procedures; review of DOCCS Annual Report on Sexual Victimization 2013-2014; and interview conducted with the PREA Coordinator.

Standard 115.289 Data storage, publication, and destruction

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

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.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; outlines how the agency shall ensure that data collected pursuant to § 115.287 are securely retained. The Auditor determined compliance through review of policy and procedures; and interview conducted with the PREA Coordinator.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; outlines how the agency shall 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. The Auditor determined compliance through review of policy and procedures; review of the Agency’s Web-Site; and interview conducted with the PREA Coordinator.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The Auditor determined compliance through review of policy and procedures; review of the Agency’s Web-Site; and interview conducted with the PREA Coordinator.

NYS DOCCS, Office of Planning Research and Evaluation; PREA Date Collection, Review, Retention and Publication manual 8/18/15 (revised) – Entire; The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The Auditor determined compliance through review of policy and procedures; review of the Agency’s Web-Site (Review of Historical data since August 20, 2012).

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Mark Stegemoller

11/08/2016

Auditor Signature

Date