

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 12/11/2021

Auditor Information

Name: Patrick J. Zirpoli **Email:** pzirpoli@ptd.net

Company Name: Patrick J. Zirpoli LLC

Mailing Address: 149 Spruce Swamp Road **City, State, Zip:** Milanville, PA 18443

Telephone: 570-729-4131 **Date of Facility Visit:** 11/09/2021

Agency Information

Name of Agency: Catholic Family Center

Governing Authority or Parent Agency (If Applicable): Roman Catholic Diocese of Rochester

Physical Address: 87 N Clinton Ave **City, State, Zip:** Rochester, NY 14604

Mailing Address: **City, State, Zip:**

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: <https://www.cfcrochester.org/about/corporate-compliance/prea/NA>

Agency Chief Executive Officer

Name: Marlene Bessette

Email: mbessette@cfcrochester.org **Telephone:** 585-546-7220 ext. 7153

Agency-Wide PREA Coordinator

Name: Isidoro Morale, Grants & Qual Improv Mgr.

Email: imorale@cfcrochester.org **Telephone:** 585-441-1633

PREA Coordinator Reports to: **Number of Compliance Managers who report to the PREA Coordinator:**
Wendy Dettmer Director of Housing 0

Facility Information

Name of Facility: Dubois Residential Program

Physical Address: 25-27 OK Terrace & 51-53 Burrows

City, State, Zip: Rochester, NY 14621

Mailing Address (if different from above):
27 OK Terrace

City, State, Zip: Rochester, NY 14621

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: NA

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Director

Name: Scott Garceau

Email: Sgarceau@cfcrochester.org

Telephone: 585-546-7220 ext. 5003

Facility PREA Compliance Manager

Name: NA

Email:

Telephone:

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

14

Current Population of Facility:

11

Average daily population for the past 12 months:	11	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	Adults various ages	
Average length of stay or time under supervision	30 days	
Facility security levels/resident custody levels	Community	
Number of residents admitted to facility during the past 12 months	140	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	140	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	61	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	11	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	4
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	7
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: DOCCS) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: DOCCS) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

Pre-Onsite Audit Phase

Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with the Agency PREA Coordinator Isidoro Morale. We coordinated the dates for the onsite audit at the facility.

During these conversations, we outlined an overall audit schedule for the audit.

Posting Notice of the Audit:

I forwarded the audit postings to the facility on September 21, 2021. The posting included the dates of the audit, the purpose of the audit, my contact information, and a statement regarding the confidentiality of any communication received. The staff placed the postings throughout the facility, including all housing areas, and all common areas. I verified the placement of the audit notices through time stamped photographs and during the onsite portion of the audit and the resident and staff interviews. No staff nor residents contacted me.

Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The PREA Coordinator provided me the Policies and Procedures related to the Prison Rape Elimination Act. The facility level Policies and Procedures, as well as documentation that all agency and Facility Policies and Procedures are practiced daily were reviewed while onsite. They also provided me a completed PRE-Audit Questionnaire. I listed all Policies, Procedures, and Documents reviewed during this phase of the audit under Onsite Audit, with all documentation reviewed during the audit.

Outreach to Community Advocacy Organizations:

I contacted RESTORE Sexual Assault Services. They related that they know of no issues at the facility.

Agency level interviews:

Agency level interviews were conducted during the onsite audit. These included Assistant Reentry Managers from the New York State Department of Corrections and Community Supervision (DOCCS).

Onsite Audit Phase

Site Review:

At 8:00 a.m. on November 9, 2021, I met with PREA Coordinator Isidoro Morale, and DOCCS Assistant Reentry Managers Natalia Lopuchowycz and Brianna D'Angelo. We discussed the onsite portion of the audit, including facility tour, resident and staff interview location, and document review. I immediately started the resident interviews. I conducted the resident interviews in an office, which provided privacy. The residents were randomly selected from the residents being housed at the facility.

Interview Type	Number
Random Resident Interviews	7
Youthful Residents	The facility does not house
Residents with a Physical Disability	1
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient	0
Residents with a Cognitive Disability	2
Residents who Identify as Lesbian, Gay or Bisexual	0
Residents who identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse	0
Residents who Reported Sexual Victimization During Risk Screening	0
Total Resident Interviews	10

During the interview process, I found that the facility was not housing several targeted categories of residents.

I conducted the interviews with all residents, in the same manner, a preamble to the interview was related to the resident explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No residents refused to speak with me. During the interviews, I utilized a copy of the initial PREA information received by residents to visually stimulate the resident's recollection of their initial intake process.

During the tour I had the opportunity to view all areas of the facility. I interacted with both staff and residents, as well as observed the interaction between the staff and residents. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While in the housing areas I observed the related PREA information, and audit postings. These postings were further observed in common areas throughout the facility.

I conducted the staff interviews in the same area as the resident interviews.

Interview Type	Number
Random Staff Interviews	3
Intermediate or Higher-Level Staff Conducting Unannounced Rounds and Intake Staff	0
Medical and Mental Health Staff	0
Administrative Staff	0
Victim Advocate	1
Volunteers and Contractors	0
Investigative Staff	0
Staff who Perform Screening	1
Staff on the Sexual Abuse Incident Review Team	1
First Responders	0
PREA Coordinator and Designated to Monitor for Retaliation Agency Head Representative	1
Total Staff Interviews	7

I conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me.

The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit and Post Audit Phases, with the applicable standard to each. It should be noted that the documentation reviewed has been obtained over the past three auditing cycles. This was the third audit at the facility.

Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases	Applicable Standard
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 Organizational Chart	Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.212: Contracting with other entities for the confinement of residents
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0, Policies HS-500.00, HS-504.0 Staffing Model 2019 through 2021	Standard 115.213: Supervision and Monitoring
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 Training rosters Training power point	Standard 115.215: Limits to cross-gender viewing and searches
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.216: Residents with Disabilities and Residents who are Limited English Proficient
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 Application Documentation of 5 year Criminal Background Record Checks for Staff	Standard 115.217: Hiring and Promotion Decisions
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.218: Upgrades to facilities and technologies
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police	Standard 115.221: Evidence Protocol and Forensic Medical Examination

<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.222: Policies to Ensure Referral of Allegations for Investigations</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 PREA Training PowerPoint PREA Training Rosters Acknowledgement Forms for Staff, Volunteers and Contractors</p>	<p>Standard 115.231: Employee Training</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 Completed Acknowledgement Forms</p>	<p>Standard 115.232: Volunteer and Contractor Training</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 Zero Tolerance Acknowledgment Signed Photos of Posters Posted (regarding PREA and zero tolerance) Resident files</p>	<p>Standard 115.233: Resident Education</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.234: Specialized training: Investigations</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0</p>	<p>Standard 115.235: Specialized training: Medical and mental health care</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 Prison Rape Elimination Act Risk Screening Form in resident files</p>	<p>Standard 115.241: Screening for risk of victimization and abusiveness</p>

Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.242: Use of screening information
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 Zero Tolerance Acknowledgment Signed Photos of Posters Posted (regarding PREA and zero tolerance) Resident files New York State Department of Corrections and Community Supervision website	Standard 115.251: Resident reporting
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.252: Exhaustion of administrative remedies
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police	Standard 115.253: Resident access to outside confidential support services
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Department of Corrections and Community Supervision website	Standard 115.254: Third-party reporting
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee	Standard 115.261: Staff and agency reporting duties
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.262: Agency protection duties
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.263: Reporting to other confinement facilities
Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0	Standard 115.264: Staff first responder duties

<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.265: Coordinated response</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0</p>	<p>Standard 115.266: Preservation of ability to protect residents from contact with abusers</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0</p>	<p>Standard 115.267: Agency protection against retaliation</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.271: Criminal and administrative agency investigations</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.272: Evidentiary standard for administrative investigations</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0</p>	<p>Standard 115.273: Reporting to residents</p>

<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.276: Disciplinary sanctions for staff</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.277: Corrective action for contractors and volunteers</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.278: Disciplinary sanctions for residents</p>

<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.282: Access to emergency medical and mental health services</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Letter of Understanding between the New York State Corrections and Community Supervision and the New York State Police</p>	<p>Standard 115.286: Sexual abuse incident reviews</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Data reports</p>	<p>Standard 115.287: Data collection</p>

<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Data reports</p>	<p>Standard 115.288: Data review for corrective action</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Resident-on-Resident New York State Corrections and Community Supervision Directive: Sexual Abuse Prevention & Intervention Staff on Resident/Staff on Parolee New York State Corrections and Community Supervision website Data reports</p>	<p>Standard 115.289: Data storage, publication, and destruction</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0</p>	<p>Standard 115.401: Frequency and scope of audits</p>
<p>Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0</p>	<p>Standard 115.403: Audit contents and findings</p>

Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard are met. This assurance is made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all these factors into account, I found that the facility has met all the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.

Onsite corrective action: During the audit I found that residents from the Burrows facility would come to the OK Terrace facility for case management etc. without further information on PREA at the OK Terrace facility. I recommended keeping the residents separated and having the case manager travel to the Burrows facility rather than having the residents coming to him at the OK Terrace facility. This practice was put into place.

Facility Characteristics

The Catholic Family Center Dubois Residential Program is located at two separate residential facilities in Rochester NY. The first is located at 25 & 27 OK Terrace the second is located at 51 & 53 Burrows Street. Both facilities are located within the city limits of Rochester, and both are located in residential areas of the city.

Mission Statement of Catholic Family Center

Catholic Family Center partners with people – especially the vulnerable and those facing poverty – to help them achieve their full human potential. A division of Catholic Charities of the Diocese of Rochester, CFC offers compassionate and comprehensive services to families and individuals in need across all stages of life.

Catholic Family Center holds two Community Based Residential Programs (CBRPs) contracts with New York State Department of Corrections and Community Supervision. CBRPs are housing initiatives that assist undomiciled individuals returning home from prison in attaining stability in the community.

CBRPs provide food, counseling, and other services, such as substance abuse treatment, educational/vocational training, mental health and social services either directly or through referrals. They offer structured settings and services for a period of up to 120 days with extensions available on a case-by-case basis. One of these contracts is for the OK Terrace location and the second with the Burrows location.

The OK Terrace location is a two-story building with a basement and attic. The facility is secured and entry is controlled by the staff at the facility. All residents and visitors must sign in and out of the facility. The second floor of the facility is considered 27 OK Terrace. This floor contains a staff office, common area for the residents, a kitchen/dining area, three resident rooms, and one bathroom. All of the resident rooms and bathroom are single occupancy. The first floor is accessed through a staircase in the interior of the facility. The first floor consists of three resident rooms, a bathroom, kitchen/dining area, and a common area for the residents. The basement of the facility contains the laundry area and a large secured area that is not accessed by residents. The bathrooms have an operational door and shower curtain for privacy. The facility has cameras both inside and outside the facility, the camera monitor is viewed in the staff office of the facility, and can be viewed remotely by staff. I viewed the camera monitor and verified that the cameras show only views of common areas.

The Burrows Street location is a two-story building with a secured basement and attic. The facility is secured and entry is controlled by the staff at the facility. All residents and visitors must sign in and out of the facility. The 51 side first floor contains an office, common area, and kitchen/dining room/laundry area. The second floor consists of two single occupancy bedrooms and one two-person room. A bathroom is located on this floor. The bathroom has an operational door and a curtain for the shower. The 53 side first floor has a single occupancy bedroom, kitchen/dining room, and common area. The second floor has three single occupancy bedrooms and a bathroom. The bathroom has an operational door and a curtain for the shower. The facility has cameras both inside and outside the facility, the camera monitor is viewed in the staff office of the facility, and can be viewed remotely by staff. I viewed the camera monitor and verified that the cameras show only views of common areas.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 4

- § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- § 115.231 Employee training.
- § 115.241 Screening for risk of victimization and abusiveness.
- § 115.242 Use of screening information.

Standards Met

Number of Standards Met: 37

- § 115.212 Contracting with other entities for the confinement of residents.
- § 115.213 Supervision and monitoring.
- § 115.215 Limits to cross-gender viewing and searches.
- § 115.216 Residents with disabilities and residents who are limited English proficient.
- § 115.217 Hiring and promotion decisions.
- § 115.218 Upgrades to facilities and technologies.
- § 115.221 Evidence protocol and forensic medical examinations.
- § 115.222 Policies to ensure referrals of allegations for investigations.
- § 115.232 Volunteer and contractor training.
- § 115.233 Resident education.
- § 115.234 Specialized training: Investigations.
- § 115.235 Specialized training: Medical and mental health care.
- § 115.251 Resident reporting.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.264 Staff first responder duties.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.
- § 115.271 Criminal and administrative agency investigations.
- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.
- § 115.287 Data collection.
- § 115.288 Data review for corrective action.
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) Catholic Charities of the Diocese of Rochester Agency PREA Policy # HS-506.0 dictates the agency's mandated 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. This policy furthermore defines all sexual abuse and sexual harassment. I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

Subsection (b) The agency has designated a PREA Coordinator. During the interview, they related that they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I reviewed the Organizational Chart and found that the PREA Coordinator is in the upper level of the administration.

During the interviews at the facility, I was informed that the PREA Coordinator is always accessible to answer questions and provide advice on PREA related issues.

Prior to the onsite audit all documentation was reviewed, during the onsite portion I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and residents.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency does not contract for the housing of residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF NON-COMPLIANCE

Subsection (a) The agency has developed a facility staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the policies and the staffing models from 2019 through 2021. I further questioned staff on the policies and the ability to staff the facility. I was informed that the facility would fill posts with overtime if needed to be at full complement.

The staffing ratios are completed and reviewed by the PREA Coordinator. The staffing at the facility is reevaluated daily by the PREA Coordinator.

Subsection (b) The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime.

Subsection (c) The administration reviews all incidents that have occurred at the facility, as well as discussing normal facility operation. They discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies 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? Yes No
- Does the facility have procedures that enables 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? Yes No
- Does the facility 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? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No

- If a resident's genital status is unknown, does the facility determine genital status 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? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (f) The facility staff does not conduct any searches of the residents. This includes pat searches and strip searches. This was confirmed during the interviews with both random staff and residents.

Subsection (d) The above policies outline procedures and practices 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 housing unit checks. The policies further dictate that staff of the opposite gender announce their presence when entering a resident housing unit. These practices were confirmed during the staff and resident interviews as well as during the facility tour when I observed the announcements taking place.

Subsection (e) The facility does 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 is 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. I further confirmed the practices during the staff, and medical staff interviews.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) The agency has taken appropriate steps to ensure that 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. These steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to residents in these categories in the above policies. This plan

outlines procedures for residents who are not only non-English speaking but all who are enumerated in this standard. The facility would utilize Language Services in Rochester NY for translation. I confirmed the use of this plan during the staff and resident interviews.

Subsection (b) The agency has taken 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. The facility would utilize a translation line if needed.

Subsection (c) The agency does not rely on resident interpreters, resident readers, or other types of resident assistants. The investigations at the facility would be conducted by the Office of Special Investigations Department of Corrections and Community Supervision, New York State Police, and the Rochester Police Department. The New York State Department of Corrections and Community Supervision has policies in place that prohibit use of resident interpreters.

The agency has created the following guidance for the staff to follow:

PREA for People with Disabilities

It's important that people with varying disabilities are able to fully understand their PREA rights and protections. Since it's also important that people understand this information at intake, everyone needs to be able to respond to resident needs for accommodations. Below are guidelines for sharing PREA information with people who have specific disabilities.

Serving people who are visually impaired

Read the PREA information to the resident. Ask if he would benefit from the information in large print. Ask if there's another way that he would like the information. We may be able to provide devices such as magnifying glasses if necessary.

Serving people who have limited reading skills

Read the PREA information to the resident. Make sure the resident knows that the phone numbers on the posters on the back of their unit doors are numbers they can call if they are sexually harassed or sexually abused.

Serving people who are hard of hearing

If the resident is able to read and write, PREA information may be delivered in writing during intake. The case manager will determine the need for a sign language interpreter for on-going communication. If the resident needs a sign language interpreter at move-in, we will have been informed in advance and arrangements will have been made. Ensure that videos have closed captioning.

Serving people who are cognitively or intellectually disabled

Verbally share PREA information at a level the resident can understand. You may not immediately know what level is appropriate. Read the 3 safety bullets on the CFC PREA flyer and emphasize that residents can report anything that makes them uncomfortable to any staff person. Ask follow-up questions to determine whether or not the resident understood you.

Serving people whose mental health interferes with the ability to understand PREA

Verbally share PREA information at a basic level and emphasize the importance of reporting anything that makes the resident uncomfortable.

Do your best. The important messages that we want every resident to understand right away are:

- Residents can and should report any sexual harassment or sexual abuse or anything that makes them feel uncomfortable.
- How to report in multiple ways that are compatible with the resident's disability.

If you don't feel like the resident fully understands key information, be sure to share this information with his case manager by sending an email before the end of your shift.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No

- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct 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? Yes No

115.217 (f)

- Does the agency ask 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? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (f) (g) The agency prohibits the hiring or promotion of employees and prohibits the enlistment of services of any contractor who may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse
- Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above

The agency has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The agency has developed an application process. This process specifically asks the applicant about these activities, and all provisions enumerated in this standard. During the interviews with staff I verified they were asked these questions.

The agency imposes upon employees a continuing affirmative duty to disclose any such misconduct. The agency would consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

Subsection (b) The agency considers consider any incidents of sexual harassment in determining whether to hire or promote anyone and when enlisting the services of a contractor. This was confirmed during staff interviews.

Subsection (c) (d) (e) As per policy the agency is conducting criminal history checks on all employees and volunteers and contractors upon hire and every five years. The agency would also 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. This confirmed through interviews and documentation review.

It was confirmed with staff that all staff are cleared through DOCCS, if any issues arose, they would immediately revoke the staff member's security clearance.

Subsection (h) The agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) The agency has not modified the facility. During interviews I confirmed that the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

Subsection (b) The agency has updated the video monitoring system at the audited facility, I confirmed that they took into consideration the residents safety including sexual safety when placing the cameras.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) The agency is not responsible for the administrative and criminal investigations of sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level, the facility would immediately notify the Office of Special Investigations New York State Department of Corrections and Community Supervision and RESTORE the local Sexual Assault Center.

The investigation would be conducted by the investigators in the Office of Special Investigations New York State Department of Corrections and Community Supervision, or the New York State Police. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification.

Subsection (b) The facility does not house any individual under the age of 18. If any incident was reported involving a juvenile, the facility would report the incident to the proper authorities.

The protocol was adapted from U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," this was confirmed through review of the training materials and interviews.

Subsection (c) (d) (e) The agency would offer all residents who experience sexual abuse access to forensic medical examinations. The New York State Department of Health Sexual Assault Forensic Examiner Program designates the hospitals available to conduct the examinations. During interviews I confirmed that an approved hospital would be utilized, and that RESTORE would assist in identifying the hospital, and provide victim advocacy. The designated hospital is Strong Memorial Hospital. This was confirmed by contacting RESTORE. I also confirmed that the victim advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews.

Subsection (f) The Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police follow procedures that exceed the requirements of paragraphs (a) through (e) of this section. They would also utilize Strong Memorial Hospital which is designated by the New York State Department of Health Sexual Assault Forensic Examiner Program for all SANE examinations.

Subsection (h) The agency would always make a victim advocate from RESTORE available to a victim.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) (b) (c) The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for reporting the allegations. I further verified all allegations would be investigated during staff interviews.

The agency has policies in place that govern the interaction with the investigating agency. The New York State Department of Corrections and Community Supervision also have policies that outline the investigative process.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) The agency has a training program in place to train all of the employees on the following:

- a. The agency's zero-tolerance policy for sexual abuse and sexual harassment
- b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- c. Residents right to be free from sexual abuse and sexual harassment
- d. The right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in confinement
- f. The common reactions of sexual abuse and sexual harassment victims
- g. How to detect and respond to signs of threatened and actual sexual abuse
- h. How to avoid inappropriate relationships with residents.
- i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents and

- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The training is tailored to the gender of the residents at the employee's facility. The agency has only male facilities.

All training is documented through staff signature, the employees also document and sign off that they understand the training they received.

This was confirmed through interviews and documentation review. The training received by the staff was in person. This is yearly training that exceeds the expectation of the standards.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured 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? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) The agency has trained all volunteers and contractors who have contact with residents on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. At a minimum they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was confirmed during the volunteer and contractor interviews.

The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained at the facility level, this was confirmed during review of the volunteer and contractor acknowledgment forms.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (d) During the intake process residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the resident and staff interviews. The acknowledgement forms are signed and placed in the resident's file. This was confirmed through interviews and review of the resident files.

Subsection (c) The facility provides resident education in formats accessible to all residents, this includes residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility provides materials to residents in Spanish, they also have designated staff who can provide interpretation of other languages.

Subsection (e) The facility has all key information on the zero-tolerance policy and reporting avenues provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the resident and staff interviews.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency is not responsible for the administrative and criminal investigations of sexual abuse and sexual harassment incidents. These investigations are conducted by the Office of Special Investigations New York State Department of Corrections and Community Supervision, or the New York State Police. The Rochester Police Department would initially respond in an emergency.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The facility does not have medical nor mental health staff, all services are offered in the community.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening 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? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Subsection (a) (b) (c) (d) (f) All residents are assessed during the intake process for their risk of being sexually abused by other residents or sexually abusive toward other residents. If transferred to another facility the resident would be reassessed. The screening utilizes an objective screening tool. The screening takes place within 72 hrs of arrival at the facility, a second assessment takes place within 30 days. The screening takes into consideration the following:

- 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 (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)
- Whether the resident has previously experienced sexual victimization
- The residents own perception of vulnerability

This process was confirmed during staff and resident interviews and review of the screening documentation.

Subsection (e) When assessing residents for risk of being sexually abusive the initial risk screener considers the following:

- prior acts of sexual abuse
- prior convictions for violent offenses
- history of prior institutional violence or sexual abuse

This process was confirmed during staff and resident interviews and review of the screening documentation.

Subsection (g) The facility would reassess a resident's risk level 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.

This process was confirmed during staff and resident interviews and review of the screening documentation.

Subsection (h) I confirmed with staff and residents that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

Subsection (i) The agency has implemented appropriate controls on the dissemination of the screening information. This information is only available to case management and administration. This was confirmed during staff interviews.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Subsection (a)(b) The agency uses information from the risk screening required by § 115.241, 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 agency makes individualized determinations about how to ensure the safety of each resident. The information is used to determine:

- Housing Assignments
- Bed assignments
- Work Assignments
- Education Assignments
- Program Assignments

Subsection (c)(d) When deciding whether to assign a transgender or intersex resident to a facility for male or female residents the agency considers on a case-by-case basis whether a placement would ensure the residents health and safety, and whether a placement would present management or security problems. I confirmed with staff that a transgender or intersex resident's own view with respect to his or her own safety would be given serious consideration when making facility and housing placement decisions and programming assignments.

Subsection (e) Transgender and intersex residents are given the opportunity to shower separately from other residents. The showers at the facility are single occupancy and provide privacy for all residents when showering.

Subsection (f) As per policy, the agency does not place transgender or intersex reentrants in dedicated facilities, units, or wings solely based on such identification or status, unless such a placement is in connection with a consent decree, legal settlement, or legal judgment for the purposes of protecting such reentrants. This was confirmed during staff interviews.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a)(b) The agency provides multiple ways for residents to privately report the following:

- Sexual abuse and sexual harassment
- Retaliation by other residents or staff for reporting sexual abuse and sexual harassment
- Staff neglect or violation of responsibilities that may have contributed to such incidents

These reporting avenues include reporting directly to staff, through correspondence to the PREA Coordinator and through the third-party reporting avenue which is a private entity that is not part of the agency. The facility utilizes RESTORE as the third-party entity. I confirmed that the third-party private entity would immediately report the incident. I confirmed that all reporting avenues could be utilized anonymously. During the resident interviews I confirmed they were familiar with these reporting avenues.

The facility also provides the residents the information on reporting in the New York State Corrections and Community Supervision pamphlet on The Prevention of Sexual Abuse. They have the information posted throughout the facility. The instructions for the usage of these reporting avenues are extremely comprehensive and the step-by-step usage of the reporting avenues is provided in all written materials both posted and given to the residents. During the interviews with both staff and residents I confirmed that they were aware of the reporting avenues, and that they can remain anonymous.

The agency and the New York State Corrections and Community Supervision websites further instructs third parties on how to report. This was confirmed by viewing the websites.

Subsection (c) I confirmed during interviews that staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties and they promptly document any verbal reports of sexual abuse and sexual harassment. The interviewed staff related that they would immediately contact the facility director.

Subsection (d) The agency provides in policy a method for staff to privately report sexual abuse and sexual harassment of residents. The staff can report directly to the Office of Special Investigations New York State Department of Corrections and Community Supervision

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency does not utilize any grievance system that addresses Sexual Abuse or Sexual Harassment.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility 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? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform 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? Yes No

115.253 (c)

- Does the agency 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? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving the resident the contact information for RESTORE. This information is posted throughout the facility. The resident would be able to contact RESTORE at any time, all communication is confidential. This was confirmed through interviews.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) The following third-party reporting information is posted at the facility:

To report an incident of sexual abuse contact:

DOCCS Office of Special Investigations
1220 Washington Avenue
Albany, NY 12226-2050
Call: 1-844-OSI-4NYS
Email: OSIComplaint@doccs.ny.gov

The following is posted on the agency website:

Catholic Family Center maintains zero tolerance towards all forms of institutional and community based sexual abuse and harassment. Measures have been developed and implemented in order to prevent, detect and respond to sexual abuse and sexual harassment conduct. This policy is applicable to the governing body, all facility employees and all residents under facility supervision, volunteers, contractors, interns, visitors, and to all those individuals and groups that conduct business with or use resources of the company. To request a copy of CFC's Zero Tolerance Policy please contact cfc@cfcrochester.org.

Reporting an Incident

To report an incident of sexual abuse contact:

DOCCS Office of Special Investigations

1220 Washington Avenue
Albany, NY 12226-2050
Call: 1 (844) OSI-4NYS (674-4697)
Email: OSIComplaint@doccs.ny.gov
Online: <https://doccs.ny.gov/doccs-office-special-investigations-osi>

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) (b) The agency requires all staff to report immediately and according to agency policy the following:

- 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
- Any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment
- Any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation

Apart from reporting to designated supervisors staff always refrain from revealing any information related to a sexual abuse to anyone other than to the extent necessary for treatment, investigation, and other security and management decisions.

Subsection (c) The facility does not have any medical or mental health practitioners.

Subsection (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute the facility would report to following the States mandatory reporting laws.

Subsection (e) The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the New York State Corrections and Community Supervision. This was confirmed during the staff interviews.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) The agencies policies dictate that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the resident and ensure they are moved to a safe place.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) (b) (c) (d) The agency policy reads as follows:

Reporting to Other Confinement Facilities

- Upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Site Supervisor that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse or harassment occurred.
- Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

- c. The program shall document that it has provided such notification, and send the documentation to the CFC PREA Coordinator.
- d. The agency head or program director from the non-CFC agency that receives such notification shall ensure that the allegation is investigated in accordance with these standards (this is outside of CFC's control).
- e. Within 90 days, the Site Supervisor will contact the agency head or program director from the non-CFC agency who received the notification and request a follow-up.

During my interview with the PREA Coordinator, we discussed any incidents where they needed to report to another confinement facility. He related that he would report all incidents of this nature to the New York State Corrections and Community Supervision. The interviewed staff understood their requirements under this policy. This was further confirmed with DOCCS during interviews, the facility has reported several incidents of this nature to them.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) As per policy upon learning of an allegation that a resident was sexually abused, a staff member is required to:

- a. Separate the alleged victim and alleged abuser (to protect the victim and prevent further violence);

- b. Not leave the alleged victim alone;
- c. Ensure no one else enters the area to preserve and protect the crime scene;
- d. Call 911 if warranted.
- e. Contact the Person-in-Charge (Site Supervisor or designee) to request assistance (including notifying BOP or Parole, as applicable, of incident);
- f. If the abuse occurred within a time period that would still allow for the collection of physical evidence (up to 96 hours), request that the alleged victim and abuser not take any action that could destroy physical evidence, including washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting.
- i. If toileting needs to take place, the resident should be instructed to not wipe.

This policy is for all staff members whether they are security or not. This was confirmed through policy review and staff interviews. The interviewed staff understood their responsibilities and would follow the policy.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) The facility has adopted the Catholic Charities of the Diocese of Rochester Agency PREA Policy# HS-506.0 as the overall institutional plan to respond to sexual abuse incidents. This plan dictates the actions and coordination between first responders, supervisors, administration, and the Office of Special Investigations New York State Department of Corrections and Community Supervision.

During the interviews with the staff this aspect was discussed. When I asked the staff members about responding to incidents, they understood their responsibilities as far as being initial responders. The PREA Coordinator related that any response to an incident of this magnitude would be coordinated through them.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) The facility does not enter into any collective bargaining agreement that would limit their ability to remove alleged staff sexual abusers from contact with residents.

The PREA Coordinator verified that it would be the agency practice to remove a staff member from contact with residents who allege misconduct by the staff member. This practice has been in place well before the PREA Standards were enacted. This practice shows the ongoing efforts to protect residents and provide a safe and healthy atmosphere.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established 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? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency 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? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) (e) (f) The agency policy states the following:

Protection against Retaliation

- a. Residents and staff who report sexual harassment or abuse or who participate in a related investigation will be protected from retaliation.
- b. The PREA Coordinator will help staff identify any changes to the program structure or operations necessary to minimize retaliation.

- c. The PREA Coordinator or designee will meet with any residents or staff who report sexual harassment or abuse or who participate in a related investigation within 2 business days of the report and will:
 - a. Inform them that they have a right to protection from retaliation.
 - b. Describe what retaliation might look or feel like.
 - c. Provide staff contact information for multiple staff who will respond to reports of retaliation.
 - d. Collect preferred method of on-going contact (phone or email).
- d. The PREA Coordinator will designate staff to monitor the conduct and treatment of residents and staff to ensure retaliation is not happening.
- e. The PREA Coordinator will pro-actively contact residents and staff every 30 days (as long as they are in the facility) via their preferred contact method to ask about any concerns related to retaliation.
- f. Any reports of retaliation will be thoroughly investigated and appropriate efforts will be made to keep staff and residents safe.

The PREA Coordinator understood their obligation under this policy.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a)(b) The agency is not responsible for the administrative and criminal investigations of sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level, the facility would immediately notify the Office of Special Investigations New York State Department of Corrections and Community Supervision and if needed the Rochester Police Department.

The investigation would be conducted by the investigators in the Office of Special Investigations New York State Department of Corrections and Community Supervision or the New York State Police. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification.

Subsection (c) During interviews I verified that the investigators would:

- Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data
- Interview alleged victims, suspected perpetrators, and witnesses
- Review prior reports and complaints of sexual abuse involving the suspected perpetrator

Subsection (d) When the quality of evidence appears to support criminal prosecution, the Office of Special Investigations New York State Department of Corrections and Community Supervision or the New York State Police would conduct compelled interviews. This was confirmed during interviews.

Subsection (e) (f) During interviews I verified that the investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on the individual's status as resident or staff. They also attempt to determine whether staff actions or failure to act contributed to the abuse. All investigations are documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. They also confirmed that they do not utilize any truth-telling device.

Subsection (g) (h) All criminal investigations are conducted by the Office of Special Investigations New York State Department of Corrections and Community Supervision or the New York State Police. These investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All substantiated allegations of conduct that appears to be criminal would be referred for prosecution by the Office of Special Investigations New York State Department of Corrections and Community Supervision or the New York State Police.

Subsection (i) (j) During interviews I confirmed that the Office of Special Investigations New York State Department of Corrections and Community Supervision or the New York State Police would retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. I also confirmed that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

Subsection (l) When the Office of Special Investigations New York State Department of Corrections and Community Supervision or the New York State Police investigates sexual abuse, the facility would cooperate with the investigators and endeavors to remain informed about the progress of the investigation through emails. This was confirmed during interviews.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) The agency does not conduct any investigation. The Office of Special Investigations New York State Department of Corrections and Community Supervision has policy the states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) (e) The agency policy states the following:

- Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.
- 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.

- d. 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:
 - i. (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - ii. (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- e. All such notifications or attempted notifications shall be documented. Residents will be asked to sign notifications to indicate receipt. A copy of the letter provided to the resident will be attached to the original incident report.
- f. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The New York State Department of Corrections and Community Supervision is responsible for notifying the residents of the outcome of all investigations. Through interviews I confirmed this notification would take place.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) The agency has policy in place that address staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. The policy states the following:

- a. Staff shall be subject to disciplinary sanctions up to and including termination for violating CFC sexual abuse or sexual harassment policies.
 - i. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse of residents.
- b. Disciplinary sanctions for violations of CFC 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.
- c. All terminations for violations of CFC 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.

I confirmed the utilization of the discipline through staff interviews.

The audited facility has not disciplined staff within the last 12 months for a violation of these policies.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) The agency has policy in place that addresses corrective action for volunteers and contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. The policy states the following:

- a. Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from entry to any CFC programs and shall be reported to law enforcement agencies, (unless the activity was clearly not criminal), and to relevant licensing bodies.
- b. 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 CFC sexual abuse or sexual harassment policies by a contractor or volunteer.

I confirmed the utilization of the discipline through staff interviews.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions 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? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policy in place that addresses discipline for residents who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs resident conduct. The policy states the following:

- a. 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 sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse or sexual harassment.
- b. 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.
- c. 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.
- d. The program may offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse and shall consider whether to require the offending resident to participate in such interventions as a condition of continued access to programming or other benefits.
- e. The program may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- f. 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.
- g. The program prohibits all consensual sexual activity between residents and will discipline residents for such activity. However, according to PREA, CFC may not deem such activity to constitute sexual abuse if it determines that the activity was not coerced.

I confirmed the utilization of the discipline through staff interviews.

The audited facility has not disciplined any residents within the last 12 months for a violation of these policies.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) The agency policy states the following:

- a. 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.
- b. At the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to the program's protection duties and shall immediately notify the appropriate medical and mental health practitioners.
- c. Resident victims of sexual abuse while in community confinement 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.
- d. 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 above services are offered at no financial cost to the resident. These policies and procedures were confirmed during staff interviews.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility 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? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.283 (h)

- Does the facility 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) (e) (f) (g) (h) All victims of sexual abuse would be offered medical treatment at a hospital designated by the New York State Department of Health Sexual Assault Forensic Examiner Program and a follow up mental health evaluation through RESTORE. I confirmed the evaluation and treatment include 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. I also confirmed that the services are at no cost to the victim and are consistent with the community level of care. All victims would also receive tests for sexually transmitted infections as medically appropriate.

The facility has an all-male population.

I confirmed with the facility that a mental health evaluation of all known resident-on-resident abusers would take place within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This evaluation would take place through a community provider.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

Subsection (a) (b) (c) (d) (e) The investigation would initially be reviewed by the New York State Corrections and Community Supervision and forwarded to the facility for a review. The agencies policy outlines the facilities review of incidents. The policy states the following:

1. The facility shall conduct a sexual abuse or sexual harassment incident review at the conclusion of every sexual abuse/harassment investigation, including where the allegation has not been substantiated.
2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
3. The review team shall include upper-level management officials, with input from line supervisors, investigators, local law enforcement and medical or mental health practitioners.
4. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b. 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;
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staffing levels in that area during different shifts;
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and
 - f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to sections a. – e. (above) and any recommendations for improvement, and submit such report to the Program Director and the PREA Coordinator.

5. The facility shall implement the recommendations for improvement, or shall document its reasons for non-compliance.

The incident review process was confirmed through interviews.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) (e) The agency has established policies that address all provision of this standard. The policy reads as follows:

1. CFC shall collect accurate, uniform data for every allegation of sexual abuse and sexual harassment at all facilities under its direct control using a standardized instrument and set of definitions.
2. CFC shall aggregate the incident-based sexual abuse data at least annually.
3. 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.
4. CFC shall maintain, review, and collect data as needed from all available incident based documents including reports, investigation files, and sexual abuse incident reviews.
5. Upon request, CFC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The New York State Corrections and Community Supervision have established policies that address all provision of this standard. They collect all data from contracted facilities.

Compliance was confirmed through review of completed data collection reports posted on the New York State Corrections and Community Supervision website, and staff interviews.

Subsection (f) The Department of Justice has not requested the agencies data.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency 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 by: Identifying problem areas? Yes No
- Does the agency 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 by: Taking corrective action on an ongoing basis? Yes No
- Does the agency 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 by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) The agency has policies in place that address all provisions of the standard. The policy reads as follows:

1. CFC shall review data collected and aggregated pursuant to Section Q. in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
 - a. Identifying problem areas;
 - b. Taking corrective action on an ongoing basis; and
 - c. Preparing an annual report of its findings and corrective actions for each program, as well as CFC as a whole.
2. Such report 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.
3. CFC's report shall be approved by CFC's CEO and made readily available to the public through its website.
4. CFC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a program, but must indicate the nature of the material redacted.

The New York State Corrections and Community Supervision have established policies that address all provision of this standard. They collect all data from contracted facilities and include the contracted facilities data in their yearly report.

During staff interviews I confirmed that if a trend was identified while reviewing the data a corrective action plan would be developed for that facility and immediately be put into place.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (c) (d) The New York State Corrections and Community Supervision have established policies that address all provision of this standard. They collect all data from contracted facilities. I found that they digitally securely retain all data collected, this data is available to the public through their website.

All personal identifiers have been removed from the reports.

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received.

Interviews and review of the annual reports further confirmed this procedure.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (a) (b) (h) (i) (m) (n) All agency facilities were audited once during the previous auditing cycles. This was confirmed during interviews and review of audit reports.

During the audit process I was able to receive copies of all relevant documentation, conduct private interviews with staff and inmates, tour the complete facility, and receive confidential correspondence from both inmates and staff.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Subsection (f) The agency has available all final audit reports, this was confirmed through interviews and reviewing all the audit reports. The report is available on the agency website.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Patrick J. Zirpoli

12/11/2021

Auditor Signature

Date