

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: February 25, 2020

Auditor Information

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| Name: Barbara King | Email: Barbannkam@aol.com |
| Company Name: BAK Correctional Consulting LLC | |
| Mailing Address: 1145 Eastland Ave | City, State, Zip: Akron, Ohio 44305 |
| Telephone: 330-618-7456 | Date of Facility Visit: October 7-9, 2019 |

Agency Information

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|--|-----------------------------------|---|--|
| Name of Agency: Volunteers of American Western New York Inc. | | | |
| Governing Authority or Parent Agency <i>(If Applicable):</i> Click or tap here to enter text. | | | |
| Physical Address: 214 Lake Road | | City, State, Zip: Rochester, New York 14608 | |
| Mailing Address: Click or tap here to enter text. | | City, State, Zip: Click or tap here to enter text. | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency Website with PREA Information: https://www.voaupn.org | | | |

Agency Chief Executive Officer

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| Name: Lynn Sullivan | |
| Email: lsullivan@voaupny.org | Telephone: 585-402-7203 |

Agency-Wide PREA Coordinator

| | |
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| Name: Pat Drake | |
| Email: pdrake@voaupny.org | Telephone: 585-402-7211 |
| PREA Coordinator Reports to: | Number of Compliance Managers who report to the PREA Coordinator: |

| | |
|----------------------------------|---|
| Lynn Sullivan, President and CEO | 1 |
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Facility Information

Name of Facility: Rochester Residential Reentry Center

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|--|--|
| Physical Address: 175 Ward Street | City, State, Zip: Rochester, New York 14605 |
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| Mailing Address (if different from above): Click or tap here to enter text. | City, State, Zip: Click or tap here to enter text. |
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|------------------------------------|-----------------------------------|---|--|
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |

Facility Website with PREA Information: <https://www.voaupny.org>

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: [Click or tap here to enter text.](#))
- N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Facility Director

| | |
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| Name: Joel Kunkler (at the time of the audit) | |
| Email: jkunkler@voaupny.org | Telephone: 585-402-7412 |

Facility PREA Compliance Manager

| | |
|--|--------------------------------|
| Name: Angie Harbin | |
| Email: aharbin@voaupny.org | Telephone: 585-402-7411 |

Facility Health Service Administrator N/A

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|--|--|
| Name: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | Telephone: Click or tap here to enter text. |

Facility Characteristics

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| Designated Facility Capacity: | 40 |
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| Current Population of Facility: | 37 (first day of audit) | |
| Average daily population for the past 12 months: | 35 | |
| 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 type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males | |
| Age range of population: | 18-85 | |
| Average length of stay or time under supervision | 88 days | |
| Facility security levels/resident custody levels | minimum | |
| Number of residents admitted to facility during the past 12 months | 270 | |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 270 | |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 227 | |
| 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 checked="" 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 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: Click or tap here to enter text. <input type="checkbox"/> N/A | |
| | | |
| Number of staff currently employed by the facility who may have contact with residents: | 19 | |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | 32 | |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | 3 | |
| Number of individual contractors who have contact with residents, currently authorized to enter the facility: | 3 | |

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| Number of volunteers who have contact with residents, currently authorized to enter the facility: | 2 |
| 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> | 1 |
| <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> | 1 |
| Number of single resident cells, rooms, or other enclosures: | 0 |
| Number of multiple occupancy cells, rooms, or other enclosures: | 20 |
| Number of open bay/dorm housing units: | 0 |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Medical and Mental Health Services and Forensic Medical Exams | |
| Are medical services provided on-site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are mental health services provided on-site? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| <p>Where are sexual assault forensic medical exams provided? Select all that apply.</p> | <p><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: Click or tap here to enter text.)</p> |
| <p>Investigations</p> | |
| <p>Criminal Investigations</p> | |
| <p>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:</p> | <p>0</p> |
| <p>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.</p> | <p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p> |
| <p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p> | <p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p> |
| <p>Administrative Investigations</p> | |
| <p>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?</p> | <p>1</p> |
| <p>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</p> | <p><input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p> |
| <p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p> | <p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p> |

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) Audit of the Rochester Residential Reentry Center (RRRC) in Rochester, New York, a facility under the operation of the Volunteers of American Western New York, Inc. was conducted on October 7-9, 2019 by certified Department of Justice PREA Auditor Barbara King. The audit process began with communication between the agency's Regional Vice President of Housing Service/ PREA Compliance Manager. and the Auditor in January 2019. The Auditor continued communication through emails and conference calls with the PREA Coordinator and PREA Compliance Manager throughout the audit process. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The facility houses male and female residents for the U.S. Department of Justice (DOJ) Federal Bureau of Prisons (FBOP). This was the second PREA audit for the facility. The audit timeframe was October 2018 – September 2019.

The Auditor provided PREA Audit Notifications posters in English and Spanish on September 4, 2019 to be posted throughout the facility, especially all areas accessible to the residents. The facility provided notification to the Auditor that the audit notices had been posted throughout the facility on the same day, September 4, 2019. The postings were observed during the audit tour posted throughout the facility.

On September 8, 2019, about four weeks prior to the audit, the Auditor received a thumb drive with the PREA Pre-Audit Questionnaire and supporting documents provided by the agency. The thumb drive contained documentation and the Pre-Audit Questionnaire. The facility's PAQ and information on the thumb drive included relevant policies and procedures and supporting documentation to demonstrate standard compliance. This included facility's policies and procedures; facility handbook; DOJ Federal Bureau of Prisons handbook; memoranda of understanding (MOU) with community resources; and copies of the local PREA information including posters and pamphlet. After the review of the Pre-Audit Questionnaire and documentation, on September 24, 2019 the Auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. After the review of the PAQ and supporting documentation, the Auditor emailed the facility on September 24, 2019 requesting further documentation for clarification and review on various standards and copies of full policies. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

The main policies and directives that provide facility direction for PREA are:

- Volunteers of America Upstate New York (VOAUPNY) Staff and Resident Sexual Abuse and Sexual Harassment (PREA)
- VOAUPNY Sexual Harassment Prevention Policy
- PREA First Responder -Reports of Sexual Abuse or Sexual Harassment Directive
- PREA for People with Disabilities
- Rochester RRC Medical Care Following Sexual Assault Directive

The Auditor reviewed the facility's PREA information on the Volunteers of America Upstate New York website prior to the audit; <https://www.voaupny.org>. The website has a page dedicated to PREA, Prison

Rape Elimination Act Information and Reporting. The website information includes general information of PREA, how to report an allegation, and zero tolerance.

Prior to the onsite visit, the Auditor contacted the PREA Coordinator and PREA Compliance Manager to discuss the audit process and set a tentative daily agenda and schedule for the on-site audit. Also, on September 26, 2019, the Auditor requested the following information be provided the first day of the audit: daily population report (use October 4); staff roster to include all departments (include title, shift, and good days); resident roster by housing unit; list of staff who perform risk assessments; list of contractors and volunteers (include times available during audit); list of residents with a PREA classification (who have screened for risk or abusiveness); list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) residents; list of PREA incidents in the past 12 months (type of case, victim name, investigation outcome); list of residents that reported sexual abuse; list of disabled and limited English proficient residents; list of the first responders from the reported allegation; and list of how the allegations were reported. This information was provided the evening prior to the audit. The information was utilized to establish interviews schedules for the random selection of residents and staff to be interviewed, random and specialized interviews.

Upon arrival on the first day of the audit, the Auditor met with agency and facility staff for the entry briefing. In attendance were:

- Angie Harbin Regional Vice President of Housing Services / PREA Compliance Manager
- Joel Kunkler Director
- Sonn'e Jackson Senior Public Safety Officer

Brief introductions were made and the detailed schedule for the audit was covered. The Auditor provided an overview of the on-site audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to ascertain whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility site review, additional on-site documentation review, and conducting both staff and resident interviews. The Auditor shared that no correspondence was received prior to the audit from a resident, staff member, or public. A detailed schedule for the audit was discussed including the facility site review, interview schedules, and review of audit documentation. It was established that the Auditor would provide an out briefing with any identified facility staff at the close of each day to review the day's activities and prepare for the next audit day. Key facility staff during the audit included the PREA Compliance Manager and Director.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

A facility site review was conducted over the three days of the audit, with the majority of the facility site review on the first day. The housing rooms, program areas, service areas, food service, and the control desk area (intake) were toured by the Auditor. During the tour, the Auditor made visual observations of the service, program, and housing areas. The Auditor examined sight lines for potential for blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor closely reviewed video camera footage and determined opposite gender staff viewing was not occurring and the residents had privacy during the state of undress. During the course of the tour the Auditor conducted several

informal interviews both with staff and residents, questioning them on their knowledge of PREA, reporting methods, response to an allegation, and facility practices. The Auditor observed opposite gender staff announcing their presence when entering the housing rooms and entering the second floor. PREA audit notices were observed throughout the facility. The facility had strategically posted PREA information thorough out the facility so that residents are aware of the information available to them; PREA educational information, zero tolerance, reporting posters containing the name of the agency's PREA Compliance Manager and contact information, and the RESTORE Sexual Assault Services information. The posters are available in English and Spanish. Detailed information regarding these services will be outlined within the corresponding PREA standards noted throughout the report. The Auditor placed successful PREA hotline calls on the pay phone to the PREA Coordinator and RESTORE Sexual Assault Services. Detainees can place PREA hotline reporting calls anonymously by simple dialing the hotline numbers. The Auditor spoke to random staff and residents regarding PREA education, reporting methods, response to an allegation, and facility practices. Review of the logbooks and count sheet was conducted to verify immediate/ higher level staff unannounced rounds.

During the tour, the Auditor identified two facility blind spots, the case managers office on the second floor had the window covered and the conference room door window was frosted that did not allow viewing into the room. Both of the windows were uncovered and corrected during the on-site audit. The Auditor identified potential blind spots in the laundry room, stairwell, recreation yard, and storage hallway. A suggestion was made to the facility that mirrors would enhance supervision for the areas and provide further staff safety. The facility installed mirrors in all the areas and provided photos of the mirrors to the Auditor post on-site audit.

All required facility staff and resident interviews were conducted on-site during the three-day audit. The resident interviews were held in the PSO break room that afforded privacy for the interviews during the tour of that housing unit. The Auditor utilized the PREA Auditor Handbook table for resident interviews for determination of interviews to be held at the facility. Resident interviews were based on the resident population size of 0-50 residents; a requirement of 10 resident interviews with at least 5 from the target groups and 5 random interviews. Twenty-five (25) formal resident interviews were conducted and four (4) residents were informally interviewed during the facility tour, (78% of the 37-resident population). The random interviews were selected by the Auditor from the housing roster and designated lists of residents provided by the facility. Random resident interviews (19), disabled (3), and limited English proficient (3). There were no LGBTI resident or resident who reported sexual abuse housed at the facility during the on-site audit. The facility does not house youthful offenders. The residents interviewed acknowledged they had been screened during the intake process, the majority noted PREA education was provided at the facility and previously at FBOP, and they knew methods to report. Residents also indicated they felt safe at the facility and staff were responsive, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. They were very positive of the facility, the staff assistance received, and the programs offered.

Staff interviews were held in the PSO break room for the staff interviews. A total of thirty (30) formal staff interviews was conducted and an additional eleven (11) informal staff interviews were also conducted during the facility tours. Some staff were interviewed for multiple interview protocols. Thirteen staff were interviewed, (68% of 19 staff who have contact with inmates). Staff was randomly selected from each of the two shift rosters and different departments within the facility (11). Additionally, specialized interviews conducted were the Agency Head (1), Director (1), PREA Coordinator (1), Human Resources (1), SAFE/SANE (1), Volunteers/Contractors (2), Investigator (1), Staff Who Perform Risk Screening (3), Incident Review Team (2), Staff Who Monitor for Retaliation (1), First Responder (1), and Intake staff (4). An interview with a Contract Administrator was not held, the facility does not contract to house residents

with another agency. Also, interviews for medical and mental health staff were not conducted, the facility does not employ medical and mental health staff. These services are provided through outside community agencies. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations. An interview was held with a representative from the University of Rochester Strong Hospital that outlined the SANE services, the Sexual Assault Response Team (SART) and victim advocacy services through RESTORE Sexual Assault Services.

There was one allegation reported during the audit. The allegation was staff on resident sexual abuse that was reported by a third party. The third party called to report a staff member was having a personal relationship with the resident. It was reported verbally to a case manager who reported the allegation to the PREA Compliance Manager, who then reported to the PREA Coordinator. The PREA Compliance Manager interviewed the resident who denied the allegation and had no concerns for his health or welfare. The allegation was reported to FBOP per policy. At the time on the on-site audit, the investigation was still open six months after the allegation. The resident was returned to the custody of FBOP four days after the allegation for failure of reporting to work.

An exit meeting was conducted by the Auditor at the completion of the onsite audit, in attendance were:

- Angie Harbin Regional Vice President of Housing Services / PREA Compliance Manager
- Joel Kunkler Director
- Patty Drake Senior Vice President of Agency Advancement / PREA Coordinator

The Auditor shared with those in attendance the appreciation of the hospitality received and for the professionalism provided by all staff during the visit. The Auditor discussed observations made during the on-site portion of the audit and was able to give some preliminary findings. Tension was nonexistent between staff and residents and the Auditor observed constant interactions in a positive manner throughout the on-site visit between staff and residents. Both staff and residents interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was clear to the Auditor, staff take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct. The residents stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor shared with the facility staff feedback from the resident population; the residents stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared that the facility staff was professional and well trained in their PREA knowledge and responsibilities. While the Auditor could not give the facility a final finding, a preliminary finding including the details of the six (6) outstanding standards was shared. The Auditor discussed the compliance concerns with the outstanding standards and documentation required to meet compliance on each of the standards. The post-audit process was discussed including documentation submittal and the timeframes for compliance. The Auditor thanked the agency, the facility Director, PREA Coordinator, PREA Compliance Manager, and the staff of the Rochester Residential Reentry Center for their hard work and commitment to the Prison Rape Elimination Act.

The outstanding standards at the end of the on-site audit were:

- 115.216 Residents with Disabilities and Residents who are limited English proficient

The facility staff need to be educated on the procedure for utilization of language line or other resources than certified staff for interpretation services. Staff acknowledged they would use residents for interpretation services if staff were not available.

- 115.221 Evidence Protocol and Forensic Medical Examinations
The facility should obtain an MOU with local law enforcement or request that the local police department follow the requirements of the standard provisions.
- 115.233 Resident Education
 - The residents need to receive PREA education at intake into the facility. There is confusion be staff of when the intake education is provided to the resident. The intake staff indicate when seen by the case manager. The case managers indicated that the initial education was conducted by the intake staff at arrival. The Auditor reviewed the intake packet at arrival and there was no PREA education for the resident in the packet. The process needs to be defined and staff trained on the education process for residents.
 - The resident PREA education is very minimal from observing the orientation process and interviews with the case managers.
- 115.241 Screening for victimization and abusiveness
 - Although resident risk screening is documented, from observation of an initial risk screening and interviews with case managers; the residents are not being asked the risk screening questions.
 - The risk screen reviews need to be completed with the resident through an interview and any additional relevant information received by the facility since the intake screening.
- 115.253 Resident Access to Outside Confidential Support Services
The facility should obtain or request an MOU with RESTORE for emotional support and crisis support services.
- 115.254 Third Party Reporting
The facility needs to distribute publicly information on how to report sexual abuse and sexual harassment of a resident.
- 115.288 Data Review for Corrective Action
The agency's website does not contain the Annual Report or the previous PREA report for the facility.

The Auditor made recommendations to the facility administration. Recommendations made were that administration should ensure that staff are making hourly rounds per policy; try to establish a memorandum of understanding (MOU) with Catholic Family Services for interpretation services that documents the current practice; establish a contract for interpretation services for a language line for services provided; try to obtain an MOU with Strong Health System for SANE and emergency services; food service staff should receive the same basic PREA training as other facility staff; for the resident to sign the risk screening form to ensure participation of the resident in the process and verification the information is correct; note whether an interpreter or interpretation services was utilized for intake and education; to consider another staff member that was not involved in the investigation to monitor retaliation instead of the investigator; and the facility should discuss with the FBOP a process to ensure timely investigations and providing the investigation outcome to the facility.

The Auditor, Facility Director, PREA Coordinator, PREA Compliance Manager discussed methods for achieving compliance for each standard. The PREA Compliance Manager provided continuous updates to the Auditor with progress of the compliance issues. Documentation of compliance for each outstanding standard was provided to the Auditor through email as each standard compliance was reached from the PREA Compliance Manager. The documentation included updates to the policies and procedures/directives, photos of mirrors installed to help eliminate blind spots, and other documentation to demonstrate compliance. The final piece of documentation was received by the Auditor on November 11, 2019 to document of compliance practice. The facility achieved compliance with the further documentation provided. The facility met compliance with all the standards.

The Auditor based the decision of standard compliance on: data gathered during the on-site audit; review of documentation; observations during the tour of the facility; interviews with staff and detainees; staff and resident file reviews; and the agency and facility's policy and practices review.

The initial forty-five days from the day of the onsite audit for the interim or final report was extended upon mutual agreement between the agency and the Auditor. The agency requested additional time due to the unexpected death of the facility Director. The Auditor requested further time for the preparation of the report, the Auditor had unforeseen medical circumstances during this time period. The facility provided all the requested information for compliance by the extended date agreed upon. The agency met compliance; a corrective action period was not initiated or warranted.

The report was initial emailed on March 4, 2020 to the facility. However, the facility did not receive it through the email and the Auditor was unable to resubmit till September due to COVID situations for the Auditor and family. The facility was kept apprised of the situation.

Facility Characteristics

The Rochester Residential Reentry Center is located in Rochester, New York. The facility is a residential, community release program that has a contract with the Federal Bureau of Prisons (BOP) to house and provide services to assist residents as they reenter the community. The residents, male and female, are of minimum custody level that are released from prison to the resident facility. The facility's focus is the transition of the resident from an institutional setting to an independent living in the community. The resident first completes the residential component then moves to the home confinement component where the resident is living in the community. The residential program provides skills and resources to the residents to lead them to responsible community living. Employment is the primary focus of the program. About one quarter of the resident population are sex offenders and the other residents are drug offenses. The average length of the residential stay is 88 days.

The facility consists of a two five story brick building with a parking lot in front of the building and a recreation yard behind the building. It has a housing capacity for 40 residents consisting of 20 double occupancy rooms. The first floor of building contains the main entrance, the administrative offices, front desk/control, ten housing rooms, bathroom area, dayroom, storage area, laundry room, kitchen, and a multi-purpose area used dining, a dayroom, group room, and visiting area. The second floor contains ten housing rooms, bathroom area, dayroom, administrative conference room, and administrative offices. To enter the facility is through the front entrance which entrance and egress is controlled through the front desk.

All female housing is located on the first floor within view of the front desk allowing for additional supervision. During the on-site audit, there were four female residents housed in the two housing rooms across from the front desk. There is a single restroom on the first floor with a toilet, wash basin, and shower utilized by females, transgender, or intersex residents. The second floor has an identical single restroom that would be utilized by transgender or a resident with special needs. The single restrooms are only accessible through staff. Each floor has an identical male bathroom area that contains three washbasins, three showers, and three toilets. Each bathroom has a door from the hallway and provides privacy to the resident through shower curtains and doors on the toilet stalls. The first-floor dayroom has seating, television, and computers for job searches. The second-floor dayroom has seating and television for residents.

The front desk/control is located on the first floor adjacent to the front entrance. The front desk/control is responsible for monitoring cameras, monitoring the resident movement in and out of the facility through a log in/out sheet, and general entrance of staff and public into the facility through the front entrance door access. Security cameras are positioned throughout the facility to monitor residents' movements and activities in living and program areas, as well as the outside entrance and outdoor recreation area. The facility has a total of nineteen cameras, fourteen interior and five exterior.

The kitchen is attached to the multipurpose room. The facility provides three meals a day through contract services. Residents assigned to meals assist with the serving and the clean-up. The kitchen area is accessible by food service and facility staff only. The facility has mirrors within the kitchen that eliminate blind spots. The multipurpose room is utilized for dining, resident activities, programming, and dayroom space. The area has PREA posters posted including the FBOP poster, PREA reporting, and posted is the VOA PREA Coordinator information. These posters are also posted throughout the facility. The storage area is located at the end of a long hallway adjacent to the food service area. The residents do not have access to this area. The Auditor recommended a mirror at the end of the hallway that was installed by the facility. The laundry room is located behind the front desk. By the location it allows supervision by staff while the area is in use. A mirror was recommended by the Auditor to cover the area behind the door. The facility installed the mirror.

Residents have accessibility at all times to pay phones within the facility that allows for toll free calls. The pay phones are not monitored or require a pin number. The information posted near the pay phones are the hotline numbers, PREA Coordinator information, RESTORE Sexual Assault Services contact information, and reporting methods. Although the facility has pay phones for the resident use, almost all residents have personal cell phones that provides the residents a method to call reporting agencies.

The facility has two twelve-hour shifts and also have other staff on staggering shifts for coverage. Each shift has a minimum of female and male Public Safety Officers (PSO) who are the primary security staff members. There is a total of nine PSOs. The Public Safety Officers conduct rounds, supervise cleaning, perform searches, and provide transportation. Rounds are made hourly in each housing room. The rounds are documented through an electronic system, Secure Manage Rounds System. Each room has a reader on the farthest wall that the staff member must scan that documents the round. Other staffing includes a Facility Director, 2.5 full time equivalent case managers, Employment Coordinator, three maintenance technicians, and three food service cooks.

The facility does not have medical or mental health services on site. PSOs are trained to do intake health screenings which are conducted upon arrival to the facility. All staff are trained in CPR, first aid, and AED usage. Residents in need of medical treatment can make appointments with local doctors and

utilize the local hospital's emergency room. If there is a medical emergency, 911 would be called. The resident would be transported by the EMS with staff escort. Non-emergency incidents may be transferred by facility staff. The primary hospital system is the University of Rochester Medical that consists of Strong Hospital, Highland Hospital, and West Strong Hospital. Residents are allowed to have approved keep-on-person medications. The Sex Offender Program is provided through a Bureau of Prisons contract with a local agency, RKS Counseling.

All residents are expected to work that are not in programming. Case Managers provide employment services and assist residents in finding employment. Once employed, a resident is expected to submit an employer provided work schedule. Employment must be approved by the facility director. The employer must be advised of the resident's legal status and any change in employment must be approved which is coordinated through the case manager.

The facility has an electronic security system combined with a closed-circuit television that provides constant monitoring and control capabilities for all the movements of residents, visitors, and staff inside and out of the building. Interior cameras are positioned throughout the facility to monitor residents' movements and activities in living and program areas. The exterior cameras monitor the parking lot, entrance, and outdoor recreation area. The facility has a total of nineteen cameras, fourteen interior and five exterior. The cameras are monitored through the front desk/control and by administrative staff. The Auditor viewed the camera views; there were no cross-gender viewing concerns.

The agency's mission statement, "Volunteers of America Upstate New York empowers people in our community to rise out of poverty, move toward self-reliance, and reach their full potential. We accomplish this by providing long-term solutions to homelessness, poverty, addiction, illiteracy and criminal behavior through a number of our programs and services."

The facility's mission statement, "Volunteers of America Upstate New York Residential Reentry Center empowers residents, who are nearing release, rebuild their ties to the community through a safe, structured, supervised environment and case management by offering housing support, employment counseling and job placement, financial management, and other programs and services."

The facility is managed by a Facility Director and oversight by the agency's Regional Vice President of Housing Services.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded:

- 115.211 Zero Tolerance of Sexual Abuse, PREA Coordinator
- 115.231 Employee Training
- 115.234 Specialized Training: Investigations

Standards Met

Number of Standards Met: 38

List of Standards Met:

- 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 Protocols and Forensic Medical Examinations
- 115.222 Policies to Ensure Referrals of Allegations for Investigations
- 115.232 Volunteer and Contractor Training
- 115.233 Resident Training
- 115.235 Specialized Training: Medical and Mental Health Care
- 115.241 Screening for Risk of Victimization and Abusiveness
- 115.242 Use of Screening Information
- 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: N/A

Summary of Corrective Action (if any)

The Auditor did provide a preliminary status of the findings and requested further documentation needed to demonstrate compliance on six standards that could not be cleared at the end of the on-site audit process. Recommendations and the non-compliant issues were shared with the facility. The facility provided further documentation after the on-site audit. The documentation included updates to operating procedures, training memos, MOU requests, and photos. Documentation of compliance for the outstanding standards were provided to the Auditor through email by the agency's PREA Compliance Manager. The facility achieved compliance with the documentation provided. A summary of compliance is provided in this section, further detail is provided under each standard narrative.

There were six (6) outstanding issues at the end of the on-site visit. The facility has met compliance with all the standards. Documentation was provided to the Auditor after the on-site audit to demonstrate compliance. The standards were:

- 115.216 Residents with Disabilities and Residents who are limited English proficient
Facility staff need to be educated on the procedure for utilization of language line other resources than certified staff for interpretation services. Staff acknowledged they would use residents for interpretation services if staff were not available. The facility provided updated training through a staff posting in the Public Security Officer's office, and staff training. It directs staff to utilize facility staff working or on-call for translation services if possible. If unable to reach a staff member who speaks the language, the staff is to utilize the Language Line. The information provides the Language Line phone number and the pin number for staff to utilize. The training also directs staff not to use resident interpreters unless there is an immediate emergency, then the resident can be utilized until the danger is passed and staff have contacted a staff member or professional interpreter. Documentation was received on November 8, 2020 to demonstrate compliance.
- 115.221 Evidence Protocol and Forensic Medical Examinations
The facility should obtain an MOU with local law enforcement or request that the local police department follow the requirements of the standard provisions. The facility has provided a request to the Rochester Police Department follow the requirements of standard 115.221 provisions. The facility provided a copy of the request for documentation on November 8, 2019.
- 115.233 Resident Education

Residents need to receive education at intake into the facility. There is confusion be staff of when the intake education is provided to the resident. The intake staff indicate when seen by the Case Manager. The Case Managers indicated that the initial education was conducted by the intake staff at arrival. The Auditor reviewed the intake packet at arrival and there was no PREA education in the packet. The process needs to be defined and staff trained on the education process for residents. Resident PREA education is very minimal from observing the orientation process and interviews with the case managers. The agency revised the Orientation Checklist and operating policy and procedures that requires at intake the resident will be provided the PREA flyer and information covered by the intake staff. The PREA flyer, "We CARE about your safety," states VOA has a zero-tolerance policy of sexual abuse and sexual harassment; how to report and report immediately; it's your right to say no, and phone numbers to report. The revised policy also outlines the education requirement by the Case Manager. The education requirement requires having the resident watch the Ending Sexual Abuse Behind the Walls video and the Case Manager to discuss the video content and facility specific PREA information. The agency also updated the Orientation Checklist into two sections Arrival Intake and Case Managers Meeting. Under the Arrival Intake, it notes the resident received the FBOP and Resident Handbook and the Basic PREA flyer. The intake staff member and the resident signs and dates the form. Under the Case Manager's meeting, it acknowledges the PREA interview, discussing the right to be free from and how to report sexual abuse and sexual harassment, and the PREA video was watched and facility specifics discussed with the Case Manager. The form is then signed and dated by the resident and Case Manager. The Auditor received documentation on November 11, 2019 that demonstrated compliance.

- 115.241 Screening for victimization and abusiveness
Although risk screening is documented for the residents, from observation of a risk screening with a resident and interviews with case managers; the residents are not being asked the risk screening questions. Also, reassessments need to be completed with the resident through an interview and any additional relevant information received by the facility since the intake screening. The agency developed PREA Risk Screening Instructions that covers the initial risk screen and the 30-day risk screen review. The revised PREA Risk Screen has instructions for the staff member to read the questions to the resident. The resident will sign the form and acknowledge that the case manager read the questions and that the answers recorded are the answers given. The same process is used for the 30-day risk screen review. Documentation demonstrating compliance was provided to the Auditor on November 8, 2019.
- 115.253 Resident Access to Outside Confidential Support Services
The facility should obtain or request an MOU with RESTORE for emotional support and crisis support services. The agency requested RESTORE to enter into a MOU with the agency for emotional support and services that documents current practice. This correspondence was provided to the Auditor on November 11, 2019 to demonstrate compliance.
- 115.254 Third Party Reporting
The facility needs to distribute publicly information on how to report sexual abuse and sexual harassment of a resident. The agency updated the website information to provide how to report sexual abuse or sexual harassment of a resident. The facility notified the Auditor of the website update on November 11, 2019 that was then reviewed the Auditor. The agency's website update demonstrated compliance.
- 115.288 Data Review for Corrective Action

The agency's website does not contain the latest Annual Report. The agency updated the website to include the annual reports. The facility notified the Auditor of the website update on November 11, 2019 that was then reviewed the Auditor. The agency updated the website to include the annual reports. The facility notified the Auditor of the website update on November 11, 2019 that was then reviewed the Auditor. The agency's website update demonstrated compliance with the posting of 2015-2016, 2016-2017, 2017-2018, and 2018-2019 Annual Reports.

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*)

The Volunteers of American Upstate New York Rochester Residential Reentry Center has a written policy, Staff and Resident Sexual Abuse and Sexual Harassment (PREA) Section 115.211, that mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the agency's and facility's approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The policy provides definitions of sexual abuse and general PREA definitions. The policy also states, PREA mandates the elimination, reduction, and prevention of sexual assault and rape in prisons, jails, and, community confinement facilities (half-way houses) housing adult male and female residents such as the Residential Parole Program and Residential Reentry Center operated by Volunteers of America of Upstate NY. This policy also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy also has attachments of First Responder- Reports of Sexual Abuse or Sexual Harassment and Medical Care Following Sexual

Abuse. There is also an agency policy, Sexual Harassment Prevention Policy, that outlines that all employees are required to work in a manner that prevents sexual harassment in the workplace.

The residents and staff interviews indicated there is a comprehensive understanding of the zero tolerance, reporting methods, and the policy elements. Through observation of PREA information posted, review of resident and staff handouts, and interviews with staff and residents it was apparent the agency and facility are committed to zero tolerance of sexual abuse and sexual harassment. An informational poster is posted in each housing rooms that indicated the Volunteers of America has zero tolerance of sexual abuse and sexual harassment. As well as, providing the methods to report. PREA informational posters are also posted throughout the facility to maintain awareness for staff and residents.

The Senior Vice President of Agency Advancement is the agency's PREA Coordinator. This position reports directly to the President & CEO and acknowledged having direct access to the President. She indicated in the interview, the position has enough time and authority to manage the agency's PREA program. The position ensures understanding and implementing the PREA standards to keep residents and staff safe. This is completed through operational procedures, investigations, incident reviews, monitoring for compliance, development of the first responder plan, development of Coordinated Response Plan, and monitoring retaliation, if necessary. She coordinates the agency's efforts through training, changes in policy and procedures, maintain data, and review of incident reviews. Training is provided for new staff, annually, and staff meetings. The leadership has monthly meetings to review PREA issues. And a self-audit is completed at least once a year.

The agency also utilizes the Vice President of Housing as a PREA Compliance Manager. This position makes routine visits to the facility to ensure compliance. If a compliance issue is identified, a corrective action plan is developed, and this position would oversee the process to achieve compliance. This may include policy and procedure updates and staff training. The agency requires the Facility Director of each program the responsibility for PREA implementation at the facility including compliance of the policy and PREA standards.

The agency/facility exceeds the standard through the structure created to manage the PREA responsibilities of the agency and facility through the PREA Coordinator, the PREA Compliance Manager/Vice President of Housing, and the Facility Director. The partnership and monitoring with FBOP also enhance the agency/facility's approach to preventing, detecting, and responding to PREA.

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*)

The agency/facility does not contract for the confinement of its residents with private agencies or other entities, including other government agencies. This was confirmed through interviews with the PREA Coordinator and the PREA Compliance Manager/Vice President of Housing. The agency has a contract for the facility with the FBOP to provide a safe environment for residents transitioning out of federal institutions.

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*)

The agency's PREA policy states the VOA develops a staffing plan that provides expected levels of program supervision and monitoring to ensure that the facility is safe and secure. The facility's staffing plan is annually reviewed in April as part of the budgeting process. The PREA Compliance Manager / Vice President of Housing meets with the Facility Director to evaluate the four criteria of the standard which includes staffing levels, safety concerns, and requests for staffing changes. From this meeting a

recommended staffing model is developed and submitted to the PREA Coordinator to review. The agency's PREA policy and the PREA Coordinator stated as part of the staffing plan development and approval, she reviews the PREA allegations, PREA concerns over the last 12 months, camera placements, staff obligations, changes to programs or operations, resident composition, and other relevant factors to determine whether the recommended model is appropriate.

The Facility Director and PREA Coordinator stated under the physical layout of the facility they review the visibility within the facility, blind spots, function ability of areas, location of cameras, and the view of areas from the PSO stations. Under composition of residents, consideration is given to the number of residents, type of residents (sex offenders), gender breakdown, and residents with mental health needs. Under prevalence of substantiated and unsubstantiated incidents of sexual abuse, they consider all incident reviews and any allegations during the year for trends and operating change needs, training needs, and procedure updates. The other relevant factors considered are staffing patterns and input from line staff.

The facility has developed a staffing plan that is based on the four criteria of this standard to include the physical layout of each facility, the composition of resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The design facility capacity is forty (40) residents and the staffing plan is based on the facility capacity. The population during the audit was thirty-seven (37). The last staffing plan was conducted and approved on April 28, 2019. It was determined that the staffing plan was sufficient and there were no recommendations. The staffing plan continues to have at least one male and female PSO per shift and one case manager to thirty residents. These staffing requirements are part of the FBOP contract.

Based on the review of the staffing plan and interviews with the PREA Compliance Manager, Facility Director, and PREA Coordinator, the staffing plan was developed by the leadership of the facility with input from the PREA Coordinator. The written staffing plan is maintained at the facility and the agency headquarters. The facility makes its best efforts to comply with the plan. If there are deviations, documentation is provided through email to the PREA Manager/Vice President of Housing. The deviations must be approved by the Vice President of Housing. All deviations would be covered through overtime.

The Facility Director indicated during his interview that the staffing reports are reviewed daily. To ensure adequate coverage, monthly schedules are created in advance and reviewed. All vacations must be pre-approved and there are overlapping of staff schedules. The Facility Director stated any deviations are from staff shortage and would be covered by overtime through program staff or by administrative staff coverage including the Facility Director. If a deviation occurs, it is noted in the logbook and the Facility Director and Senior PSO is notified. Staff are available through call in. The agency's PREA policy states if a deviation ever occurs in the staffing plan, it is documented and the reason for noncompliance is justified. The FBOP conducts quarterly audits to ensure compliance with the staffing plan.

Recommendation: The facility should review and ensure that staff are making hourly rounds per policy.

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*)

The agency's policy 115.211 states the facility as a residential reentry center is authorized to conduct staff searches of residents by metal detectors, pat-search, and frisk searches. Pat-searches and frisk searches are to only be conducted by staff of the same gender. This was verified through the observation during the on-site visit and interviews with staff and residents. There was no cross-gender searches conducted or logged for exigent situations during this audit period. The facility is prohibited from conducting strip searches and body cavity searches. Strip searches would only be conducted by law enforcement or medical personnel and would occur outside the facility. Body cavity searches are only completed by medically trained professionals at a local medical facility after authorization by the agency administration. There were no strip searches or body cavity searches conducted during the audit period.

Female residents are not denied access to regular programming or other outside opportunities in order to comply with this provision. The facility always has male and female staff on each shift per FBOP contract and the staffing plan. The female residents stated there is always female staff member to conduct any searches and they have not been searched by a male staff member.

The policy also prohibits staff from searching or physically examining transgender and intersex residents for the purpose of determining genitalia status. The resident's gender is first identified from the FBOP information provided upon the resident's intake into the facility and then from the intake screening. If the gender is unknown, it may be determined during conversations with the resident, by reviewing medical records or prior custody situation, and if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The policy and practice allow all residents the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them. This was confirmed by interviews with residents and staff. Residents felt they received a sense of privacy for these functions. They indicated in their interviews that staff announce when arriving on the floor and again announce prior to opening a housing room door. Staff indicated they announce female or male on the floor and knock on a room door prior to entering. This was observed during the audit. The restrooms on each floor allow privacy through shower curtains on the showers and doors on the bathroom stalls. The individual

bathrooms that are used by the females and would be used by a transgender resident have to be accessed by a staff member unlocking the door.

Staff are required to complete search training through watching the Guidance on Cross-Gender and Transgender Pat Searches video on the PREA Resource Center website. Training is also covered in staff meetings and during annual training. Interviews with staff confirmed these practices, as well as, the review of the policy, training records, and training lesson plans reinforcing these policies in the annual training.

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*)

The agency's policy 115.211 has established procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Facility staff, the Language Line Solutions, and sign language interpreter is available to the facility for interpretation services. The facility will provide a PREA-trained

staff person fluent in the resident's native language or access Language Line Solutions. If the resident is deaf and able to read and write, staff will communicate through writing. If the resident needs further assistance, staff will contact a sign language interpreter. Residents that are visually impaired will have staff read the PREA information to the resident; and will consider other accommodation request from the resident. If the resident will benefit from enlarged text, VOA will provide reading materials in a large font. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. PREA reminders will be given more frequently. If a resident's mental health interferes with the ability to understand PREA materials, staff will consult with the resident's mental health provider to develop an appropriate plan to effectively convey information. Residents that are limited in their reading skills will have staff provide information verbally. The Agency Head interviewed confirmed the practices and shared that Catholic Family Services assists with interpretation services as needed.

PREA brochures, posters (We Care About Your Safety and Sexual Abuse is Not Part of Their Sentence), and resident handbook are available in English and Spanish. The PREA posters are located in English and Spanish throughout the facility. The Auditor interviewed two residents with low cognitive skills, one resident hearing impaired, and three limited English proficient (LEP) residents with an interpreter. All low cognitive skills residents stated that staff explained the PREA information to them. They also stated they could go to their case manager if they needed any assistance. The hearing-impaired resident stated the information was explained by a staff member and was provided a written handbook to read. The three LEP residents stated they received the information from a staff member in their language and was provided written in Spanish.

The agency's policy limits the use of resident interpreters or other types of resident assistants except in limited circumstances when there may be delay in obtaining an effective interpreter which could compromise the resident's safety. Most staff interviewed stated if they could not communicate with the resident, they would use a staff interpreter, however, they did not know what to do if a staff interpreter was not available or the resident spoke another language than Spanish. The facility has two Spanish staff interpreters. Staff also stated they were not aware of any time a resident was used for interpretation services. Staff are provided training through the PREA and Victim Services for Incarcerated People with Disabilities, as documented in their training files. There were no instances where a resident interpreter was utilized during this audit timeframe.

Did Not Meet: Staff acknowledged they would use residents for interpretation services if staff were not available. Facility staff need to be educated on the procedure for utilization of language line other resources than certified staff for interpretation services.

Corrective Action Taken: The facility provided updated training through a staff posting in the Public Security Officer's office, and staff training. It directs staff to utilize facility staff working or on-call for translation services if possible. If unable to reach a staff member who speaks the language, the staff is to utilize the Language Line. The information provides the Language Line phone number and the pin number for staff to utilize. The training also directs staff not to use resident interpreters unless there is an immediate emergency, then the resident can be utilized until the danger is passed and staff have contacted a staff member or professional interpreter. Documentation was received on November 8, 2020 to demonstrate compliance. Compliance was made in all material ways.

Recommendation: The facility should develop a MOU with Catholic Family Services for interpretation services to outline the current practice.

Recommendation: The facility should continue to attempt in establishing a MOU with RESTORE for emotional support and crisis support services.

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*)

The agency's policy 115.211 states VOA prohibits hiring or promoting anyone who has contact with residents, and prohibits enlisting the services of any contractor who has contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph. The agency also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Employment candidates are asked these questions during the interview process. The policy also states any material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination.

The agency has established procedures for conducting criminal background checks for new employees who have contact with residents to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. These administrative adjudication questions are asked and documented on a form completed during the initial interview with the hiring manager. The form also asks the employee have you been accused, charged, or found to be in violation of any organizational policies related to sexual abuse; and list all previous and current employees who may be considered a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution. The Auditor reviewed eight staff personnel files, and all contained the questionnaire. The background check process is conducted by the FBOP. This background check is completed by FBOP prior to a staff member being approved for a work assignment. A conditional staff clearance is provided to the facility from the BOP. The Human Resources staff interviewed stated this process takes about three weeks for completion. Thirty-two (32) staff background checks were conducted this audit year per the PAQ. The background check process was verified through eight employee personnel files reviewed. Of the five contractors the facility utilizes, four are under direct staff supervisor when in the facility and the visits are infrequent or as needed. Only one contractor has weekly visits to the facility and not under direct supervision, the IT contractor. This contractor had a background check. Per policy and FBOP contract, background checks will be completed every five (5) years. Three of the eight employees were required to have the five-year background check, and all were completed and documented in the employee's personnel file.

The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct and will annually require all existing staff to provide signed statements to this affect. Employees are required to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. This is completed annually as part of the annual staff meeting through a completion of the questionnaire that is signed and dated. The Human Resource staff stated that staff are required to report any misconduct within two business days by reporting to the Vice President or Director. They then will inform FBOP. Also, through interviews with the Human Resource Manager, Director, and PREA Coordinator it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks.

The agency's policy 115.211 states the agency will 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. The interview with the Human Resources Manager indicated all information would be disclosed only if legally allowed based on the New York laws and would be handled by the Human Resource Office. The employee would have to sign a Release of Information prior to information shared.

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*)

The facility has not made a substantial expansion or modification to existing facilities. There has not been any upgraded or installed video monitoring, electronic surveillance system, or other monitoring technology. This was confirmed through the interviews with the Agency Head and the Director. The Director indicated a camera upgrade is being planned for installing two new cameras and replacing three cameras. When considering placement of the new cameras, the Director stated they looked for facility blind spots and obtained recommendations from staff and the FBOP. The facility made changes to a few doorways that provided better visual lines to the bathrooms.

The Agency Head stated the agency is always considering the sight lines for resident and staff safety. This is considered as part of the annual staffing review.

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*)

All investigations are conducted by FBOP and criminal cases by the Rochester Police Department. The FBOP may give direction to the facility for assistance in the investigation. They may ask the facility for documentation, i.e. camera video footage, incident reports, and interviews conducted. The Agency Head also stated any serious incident of sexual abuse the facility would call 911 for the local law enforcement to respond and investigate. The agency is informed on the progress and outcome of the cases by the outside agencies. The agency trained PREA investigator confirmed the practices for PREA investigations and was very knowledgeable of the investigation process and the role of the outside investigative agencies. The facility's policy 115.211 states the Site Supervisor must ensure that all protocols are followed for crime scene preservation in order to enable the local law authorities to conduct a proper investigation of all allegations of sexual abuse. The Site Supervisor or designee shall make all witnesses, the scene, and any evidence immediately available to the police investigators. The facility staff were knowledgeable in the first responder duties and the protocols for obtaining useable physical evidence. They stated they would separate the residents, lock down the area of the incident, and request the residents not to destroy any evidence.

Emergency medical healthcare along with forensic examinations are conducted at an outside hospital, Strong Memorial Hospital. The forensic exams are conducted by Sexual Abuse Nurse Examiner (SANE)/ Sexual Abuse Forensic Examiner (SAFE) staff at the outside hospital with no cost to the resident. The interview with the hospital representative indicated the hospital has 21 certified SANE nurses on call. When a resident enters the emergency room, a SANE would be called in. The normal response time is within an hour. The facility does not have a MOU with the Strong Hospital. Attempts have been made and documented through emails and the proposed MOU. The SANE hospital representative stated they are in the process of developing a MOU with the facility. The hospital has a Sexual Abuse Response Team for over 20 years. On the team are the District Attorney, Assistant District Attorney, Sheriff, and representatives from all hospitals, RESTORE Sexual Assault Services (RESTORE), child advocacy services, local colleges, Rochester Police Department, the crime lab, and a State Trooper. The team meets quarterly to discuss concerns within the area, provide agency updates, and for education. There were no forensic medical exams conducted during the audit period.

During the forensic exam, the hospital requests victim advocacy services for the alleged victim from RESTORE. An advocate will be provided to the resident upon request to provide emotional support through the forensic medical examination and investigation interviews. The hospital representative stated a Survivors Bill of Rights was passed in December 2018 by New York State. The bill provides every patient the right for law enforcement investigation, medical care, victims services, advocacy services, and District Attorney's services. The RESTORE pamphlet outlines the services provided to include crisis intervention for sexual assault survivors, short term counseling, support through medical examinations and treatment, advocacy and support during interaction with law enforcement, court accompaniment, individual consultations with professionals, community education programs, professional training programs, and referrals for additional needed services. This pamphlet is available to the residents and would be provided to an alleged victim after a report of an allegation. The facility does not have a MOU/agreement with RESTORE. The facility has made attempts to develop a MOU which were documented through emails. The Auditor made three attempts to interview a RESTORE representative. The agency did not respond to the Auditor's attempts.

The agency's policy 115.11 states the program shall request that the investigating agency abide by all PREA requirements/ standards. The facility had not requested the Rochester Police Department to

follow all the requirements of the standard paragraphs when responsible for investigating allegations of sexual abuse.

Did Not Meet: The facility should obtain an MOU with local law enforcement or request that the local police department follow the requirements of the standard provisions.

Corrective Action Taken: The facility has provided a request to the Rochester Police Department follow the requirements of standard 115.221 provisions. The facility provided a copy of the request for documentation on November 8, 2019 through an email request by the Vice President of Housing/PREA Coordinator. There also has been an attempt to enter into a MOU for the investigative process. Compliance was met in all material ways.

Recommendation: The facility should continue to attempt in establishing a MOU with RESTORE for emotional support and crisis support services.

Recommendation: The facility should continue to attempt in establishing a MOU with Strong Hospital for emergency medical and forensic exam services.

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*)

The facility does not conduct criminal or administrative investigations. The agency's policy 115.211 outlines the reporting requirements to an outside agency for investigation. The policy states in allegations of sexual abuse, the Site Supervisor shall notify the local law enforcement department as soon as possible and any contracting agency and in allegations of sexual harassment, the Site Supervisor will contact the contracting agency. All investigations are conducted by FBOP and criminal cases by the Rochester Police Department. The Agency Head stated all allegations are referred for investigation to the FBOP. THE FBOP may give direction to the facility for assistance in the investigation. They may ask the facility for documentation, i.e. camera video incident reports, and interviews conducted. The Agency Head also stated any serious incident of sexual abuse the facility would call 911 for the local law enforcement to respond and investigate. The agency is informed on the progress and outcome of the cases by the outside agencies. The agency trained PREA investigator confirmed the practices for PREA investigations and was very knowledgeable of the investigation process and the role of the outside investigative agencies.

There was one allegation reported during the audit. The allegation was staff on resident sexual abuse that was reported by a third party. The third party called to report a staff member was having a personal relationship with the resident. It was reported verbally to a case manager who reported the allegation to the PREA Compliance Manager, who then reported to the PREA Coordinator. The PREA Compliance Manager interviewed the resident who denied the allegation and had no concerns for his health or welfare. The allegation was reported to FBOP per policy. At the time on the on-site audit, the investigation was still open six months after the allegation.

The agency's website, <https://www.voaupny.org>, provides the agency's policy Staff and Resident Sexual Abuse and Sexual Harassment. The policy outlines the investigation responsibilities and the referral and reporting process for allegations. This is also outlined in further detail in the attachment First Responder-Reports of Sexual Abuse or Sexual Harassment.

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*)

The agency's policy 115.211 states the VOA will train any and all staff who have contact with residents on the elements of the standard and the training will be provided via video, on-line testing, staff presentations, and/or staff meeting updates. The agency conducts PREA training as part of the initial new employee training, during annual in-service training, and provides refresher topics as needed. Staff complete the National Institute of Corrections (NIC) on-line course Your Role Responding to Sexual Abuse which is a 3-hour course. Other staff training includes Guidance on Cross Gender and Transgender Pat Searches, PREA First Responder Protocol, and PREA and Victim Services for Incarcerated People with Disabilities. Training records, staff interviews, and review of curriculums indicated the training includes the zero tolerance policy; the agency's policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident; the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training is tailored to address how sexual abuse may differ between the genders and the possible different resident responses as the facility houses both male and female residents. The random staff interviews and general questions asked of staff during the tour clearly indicate each staff member is

knowledgeable on how to perform their responsibilities in prevention, detecting, reporting, and responding to sexual abuse and sexual harassment.

The agency's policy 115.211 states the agency shall provide employees with refresher training every year to ensure that these employees know VOA's current sexual abuse and sexual harassment policies and procedures. The staff receive training annually as documented in the training files. Staff interviewed acknowledged they receive training annually on-line, through staff meetings, and updates through emails. The agency's policy states the VOA shall document through testing or an employee signature that they understand the training they have received. The Program Manager stated all staff cleared for regular resident contact receive PREA training within their initial training period within the first 40 hours at the facility. All staff except kitchen staff then complete the NIC on-line training. Other staff without regular contact with residents receive the PREA policy and sign-off that they have read and understand VOA's sexual abuse/harassment zero tolerance policy.

The Auditor reviewed training records of eight staff, the training records indicated the staff had received the annual training and other training requirements. The training files contained signed staff acknowledgements of attending and understanding the training. All staff per the PAQ had completed the annual PREA training.

The agency exceeds the requirement of the standard by conducting annual training instead of every two years, conducts refresher courses as needed or as policy changes occur, and refreshers at staff meeting and on-line.

Recommendation: The food service staff have training through the facility staff meetings and agency updates. The food service staff does not complete the NIC training as other staff. The food service staff should complete the same basic training through NIC on-line course as all staff since they do have contact with residents.

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*)

All contractors and volunteers who have contact with residents receive PREA training prior to assuming their responsibilities. The agency's policy 115.211 states the VOA will ensure that all volunteers and contractors who have contact with PREA-protected residents have been trained on their responsibilities under the VOA's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to the volunteers and contractors shall be based on the services they provide and level of contact with residents. At a minimum, all volunteers and contractors will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This information will be provided prior to entering the facility or having any contact with residents. The VOA shall maintain documentation confirming the volunteers and contractors understand the training they have received.

The volunteers and contractors review a PREA brochure The Prevention of Sexual Abuse which they must review and sign acknowledgement and understanding of the zero-tolerance policy. Interviews was conducted with a volunteer and contractor. They acknowledged the training received of receiving a pamphlet to read and staff discussion with them. They both were required to sign acknowledging the training. They stated the training consisted of signs to look for, be aware of situations, how to report, the zero-tolerance policy, and reporting to the Program Director immediately. Documentation is maintained of the training in their training files that were reviewed by the Auditor. The PREA Compliance Manager stated the volunteer/contractor training currently is a one-time training. They are given the PREA materials to read and are given a PREA overview by staff. There are plans to add a video for reoccurring volunteers to watch.

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*)

The agency's policy states during the intake process residents will receive information explaining the VOA's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The program provides residents with PREA education in formats accessible to all residents, including those who are limited English proficient (LEP), deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. The program maintains documentation of resident participation in all education sessions. Within 30 days of intake the VOA shall provide comprehensive education to residents. The majority of residents interviewed acknowledged receiving PREA education at intake through staff providing them a packet of information that the resident reads and signs. They also acknowledged the PREA postings on doors with phone numbers to call. The intake staff interviewed stated that residents are given an informational packet at intake that includes the facility's rules and PREA information which is signed for by the resident. They also verbally explain the zero-tolerance policy, consequences of sexual activity and they are not able to consent, house rules, and point out the PREA posters on the walls. The intake staff acknowledged education is provided usually within an hour of arriving and the resident must stay in the living area adjacent to the intake desk until the information is reviewed. The residents' files demonstrated the intake education was provided the same day or within 24 hours of arrival. The Auditor observed a resident intake. During this intake, the resident was not provided PREA information as directed by policy and the standard. After the intake process, the staff was asked about the intake process and when the PREA information is provided to the resident. The staff stated the case manager provides the information.

The Auditor observed the same resident's orientation process conducted by the Case Manager. The Case Manager provided and discussed with the resident the FBOP Sexual Abuse /Assault Prevention and Intervention Handbook and the facility's Resident Handbook. This discussion covered definitions of sexual abuse/assault; how to report; zero tolerance; the right to be free from sexual abuse, sexual harassment, and retaliation; medical and forensic exam process; the investigation process; counseling; and avoiding sexual abuse. The resident was also referred to review the PREA postings in the facility for PREA information. The resident views the video entitled PREA: What You Need to Know. The resident signs the Sexual Abuse/Assault Prevention Resident Orientation Acknowledgement form. This documents the resident's acknowledgement that the FBOP Sexual Abuse/Assault Prevention and Intervention handbook was received and understands that staff are available to discuss any questions. The resident also signs a form acknowledging viewing the video, that they understand the zero-tolerance policy, and if they feel threatened or mistreated in a sexual manner, they can report the event without any fear of retaliation. The same training is provided to all residents upon transfer to the facility. The Auditor reviewed eleven resident files and all the files had documentation of PREA training occurring the day after arrival. During the audit period, 270 were admitted to the facility and noted that all residents received education.

Staff during interviews explained the steps that would be taken to effectively communicate with disabled residents when necessary. Facility staff, the Language Line Solutions, and sign language interpreter is available to the facility for interpretation services. The facility will provide a PREA-trained staff person fluent in the resident's native language or access Language Line Solutions. If the resident is deaf and able to read and write, staff will communicate through writing. If the resident needs further assistance, staff will contact a sign language interpreter. Residents that are visually impaired will have staff read the PREA information to the resident; and will consider other accommodation request from the resident. If the resident will benefit from enlarged text, VOA will provide reading materials in a large font. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. PREA reminders will be given more frequently. If a resident's mental health interferes with the ability to understand PREA materials, staff will consult with the resident's mental health provider to develop an appropriate plan to effectively convey information. Residents that are limited in their

reading skills will have staff provide information verbally. The Agency Head interviewed confirmed the practices and shared that Catholic Family Services assists with interpretation services as needed. PREA brochures, posters (We Care About Your Safety and Sexual Abuse is Not Part of Their Sentence), and resident handbook are available in English and Spanish. The PREA posters are located in English and Spanish throughout the facility. The Auditor interviewed two residents with low cognitive skills, one resident hearing impaired, and three limited English proficient (LEP) residents with an interpreter. All low cognitive skills residents stated that staff explained the PREA information to them. They also stated they could go to their case manager if they needed any assistance. The hearing-impaired resident stated the information was explained by a staff member and was provided a written handbook to read. The three LEP residents stated they received the information from a staff member in their language and was provided written in Spanish.

The residents have continuous and readily available PREA education through the facility and FBOP handbooks. Information is also available through posters in English and Spanish throughout the facility.

Random residents interviewed and during discussion with residents on the facility tour, residents acknowledged they have received PREA information upon arrival including the handbook and watching a video. They were able to explain how to report an incident and were aware of the zero-tolerance policy.

Did Not Meet: Residents need to receive education at intake into the facility. There is confusion by staff of when the intake education is provided to the resident. The intake staff indicate when seen by the Case Manager. The Case Managers indicated that the initial education was conducted by the intake staff at arrival. The Auditor reviewed the intake packet at arrival and there was no PREA education in the packet. The process needs to be defined and staff trained on the education process for residents. Resident PREA education is very minimal from observing the orientation process and interviews with the Case Managers.

Corrective Action Taken: The agency revised the Orientation Checklist and operating policy and procedures that requires at intake the resident will be provided the PREA flyer and information covered by the intake staff. The PREA flyer, "We CARE about your safety," states VOA has a zero-tolerance policy of sexual abuse and sexual harassment; how to report and report immediately; it's your right to say no, and phone numbers to report. The revised policy also outlines the education requirement by the Case Manager. The education requirement requires having the resident watch the Ending Sexual Abuse Behind the Walls video and the Case Manager to discuss the video content and facility specific PREA information. The agency also updated the Orientation Checklist into two sections Arrival Intake and Case Managers Meeting. Under the Arrival Intake, it notes the resident received the FBOP and Resident Handbook and the Basic PREA flyer. The intake staff member and the resident signs and dates the form. Under the Case Manager's meeting, it acknowledges the PREA interview, discussing the right to be free from and how to report sexual abuse and sexual harassment, and the PREA video was watched and facility specifics discussed with the Case Manager. The form is then signed and dated by the resident and Case Manager. The Auditor received documentation on November 11, 2019 that demonstrated compliance.

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*)

The facility does not conduct criminal or administrative investigations. The agency's policy 115.211 outlines the reporting requirements to an outside agency for investigation. The policy states in allegations of sexual abuse, the Site Supervisor shall notify the local law enforcement department as soon as possible and any contracting agency and in allegations of sexual harassment, the Site Supervisor will

contact the contracting agency. All investigations are conducted by FBOP and criminal cases by the Rochester Police Department.

Although, the agency does have a trained investigator. The agency PREA Coordinator has completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting. The training was completed in 2016, 2017, and 2019. During the interview, the PREA Coordinator demonstrated knowledge in techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution. The PREA Coordinator acknowledged that all allegations are referred to the FBOP and allegations that appear criminal to local law enforcement.

The facility exceeds the standard. The facility is not required to have a trained investigator since they do not conduct any form of criminal or administrative sexual abuse investigations. The PREA Coordinator investigation training provides the agency knowledge of the investigation process and further provides insight when asked by the outside agencies for assistance.

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*)

The facility does not have medical and mental health staff. All residents are referred to the outside local medical providers for medical care and mental health services. All alleged victims of sexual assault who require a forensic exam are taken to Strong Memorial Hospital for completion of the forensic exam and emergency medical healthcare with no cost to the resident.

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*)

The screening process for the risk of victimization and abusiveness is outlined in the agency's policy 115.211. The policy states all residents arriving at the program shall be assessed during an intake screening (and upon transfer to another facility) for their risk of being sexually abused by other residents or sexually abusive toward other residents using the PREA Possible Victim/Predator Screening and Scoring Checklist or the PREA Risk Screening Form as appropriate. Intake screening shall ordinarily take place within 72 hours of arrival at the program. The risk screening occurs the same day or by the following day of intake. The risk screening is documented on the PREA Risk Screen form. The Case Manager marks whether the screening is the initial PREA risk screen or the PREA risk screen review (30-day reassessment). The first section of the form scores the risk for potential aggressor. The questions include institutional incidents of sexually abusing other inmates; prior acts of violent sexual abuse (non-institutional); prior convictions for violent offenses; prior violence within institutional setting; and current of prior convictions for sex offenses against a child or adult. If the question institutional incidents of sexually abusing another inmate is answered yes and/or there are three or more questions answered yes, the resident is scored as a potential aggressor. The second section of the risk screening form scores for the risk for potential victim. The questions include presents or identifies a mental, physical or developmental disability; history of prior sexual victimization institutional; history of prior sexual victimization non-institutional; inmate is less than 21 or over 65 years old; physical statute of resident; first time incarcerated; criminal history is non-violent; resident is or perceives to be gay, lesbian, bi-sexual, transgender, intersex, or gender non-conforming; and resident believes he/she is vulnerable to being sexually victimized in the residential re-entry center. If the questions the resident presents or identifies a mental, physical, or developmental disability or history of prior sexual victimization institutional are answered yes and/or there are three or more questions answered yes, the resident is scored as a potential victim. The form also has an area for the Case Manager to list the source for the information, FBOP, resident, observation, or any combination. Although risk screening is documented for the residents, from observation of a risk screening with a resident and interviews with Case Managers; the residents are not being asked the risk screening questions. The Auditor observed the initial risk screening of a resident conducted by the Case Manager. In the initial risk screening observed, the resident was provided the form to review and answer the questions without explanation by the Case Manager. The resident did not score as a potential aggressor or victim.

Staff indicated the risk screening are usually completed on the day of intake if early arrival or the next day if a late arrival. The screening process begins prior to the resident arrival by reviewing the Pre-Sentence Investigation (PSI) and any other referral materials from the FBOP. If the resident arrives late on Friday, the risk screening is completed Monday morning. The agency's policy requires the screening

should occur no longer than 72 hours from arrival. All residents present during the audit had initial risk screening as documented in the resident files.

The facility policy 115.211 states residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to whether the resident has a mental, physical, or developmental disability; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; and the residents own perception of vulnerability. Staff stated if the resident refuses to answer questions, they will not be disciplined. The staff noted they will try to obtain the information through the PSI or other FBOP information. They will also attempt again with the resident as part of a conversation.

The facility's policy 115.112 states within a set time period, not to exceed 30 days from the resident's arrival at the program, staff will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the program since the intake screening. A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Of the 227 residents whose stay was longer than 30 days, the PAQ indicated all the residents received a reassessment. This was also confirmed through the review of the resident files for those residents with stays longer than 30 days.

The risk reassessment screening is documented on the same PREA Risk Screen form. The Case Manager marks the screening is the PREA risk screen review (30-day reassessment). The interviewed Case Managers indicated the reassessments are conducted within thirty days or sooner if the resident is seen as vulnerable. All residents in the program at the time of the audit had the reassessments completed in a timely manner as documented in the resident files. Through interviews with the Case Managers, they stated the reassessment is conducted through review of the resident's records and does not include an interview with the resident.

The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other residents. The risk assessments are maintained in the resident's file locked in file cabinets in the Case Managers' offices. Other than the Case Managers, the only other staff with access to the resident's file is the Program Director, PREA Coordinator, PREA Compliance Manager, and the FBOP if needed. Information is shared with appropriate staff as needed to make housing, bed, work, education, program assignments, and mental health and medical referrals based on providing safety for the resident. The facility policy 115.211 states program staff shall implement appropriate controls on the dissemination within the program of responses to questions asked pursuant to the intake screening in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The screening is completed by only case management staff and the information is stored in locked cabinets in locking offices. Only the program Case Manager, Program Manager, VP of Housing, PREA Coordinator, funder staff and program auditors will have access to the risk assessment.

Did Not Meet: Although risk screening is documented for the residents, from observation of a risk screening with a resident and interviews with case managers; the residents are not being asked the risk screening questions. Also, reassessments need to be completed with the resident through an interview and any additional relevant information received by the facility since the intake screening.

Corrective Action Taken: The agency developed PREA Risk Screening Instructions that covers the initial risk screen and the 30-day risk screen review. The revised PREA Risk Screen has instructions for

the staff member to read the questions to the resident exactly as they are written. The resident will sign the form and acknowledge that the Case Manager read the questions and that the answers recorded are the answers given. The same process is used for the 30-day risk screen review. Documentation demonstrating compliance was provided to the Auditor on November 8, 2019.

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*)

The agency's policy 115.211 states the programs use information from the PREA Possible Victim/Predator Screening and Scoring Checklist and/or the PREA Risk Screening Form to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The programs make individualized determinations about how to ensure the safety of each resident. The PREA Coordinator stated the information from the risk screening is utilized for the suitable room placement, programs, and work assignments; to keep potential victims and aggressors housed separately; and how to monitor a resident to ensure safety. The Case Managers also stated the same information. Upon scoring the initial risk assessment, if the resident scores as a potential aggressor or victim, the Case Manager will complete the housing, education, and program section of the PREA Risk Screen form. These sections have checked boxes in each section that identify if the resident has scored as a potential victim and staff is to ensure they are not housed, seated, or placed for employment with a potential aggressor; where the resident did not score, or if the resident scored as a potential aggressor and staff is to ensure they are not housed, seated, or placed for employment with a potential victim. If a resident is determined to be a potential victim or aggressor, the Case Manager will share the information with the Program Director who will help determine next steps related to continued placement in the facility and housing, education and employment placements. The Program Director will involve the VP of Housing or the PREA Coordinator as appropriate. Supervisory staff shall be proactive in the prevention of sexual abuse and sexual harassment when making roommate and room selections for residents. The policy also states If a resident has a known history of being a sexual predator, as evidenced through detaining or committing offenses, reports from prior placements, or other credible information, that resident shall be placed in a single room, if space allows. No potential victims will be placed with potential perpetrators or vice versa. Staff shall take seriously a resident's request for a room change and discretely inquire whether the resident is feeling unsafe. If the resident answers yes, the staff member should bring this to the attention of a Site Supervisor and/or the agency PREA Coordinator for investigation.

The housing and program assignments are made on a case by case basis on whether a placement would ensure the resident's health and safety and whether the placement would present management or security issues as stated by the Case Managers and the PREA Coordinator. Of the review of eleven resident files, two of the residents screened as potential victims. The Case Manager discussed with the residents their own perception of their vulnerability and housing placement as noted in the files. The residents noted they felt safe in the housing environment of the facility. The facility design with two floors and twenty rooms allows the facility several options for housing placements.

There were no residents identified as a lesbian, gay, bisexual, transgender, or intersex resident to interview at the facility. The policy 115.211 states the programs make housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis considering whether a placement would ensure the residents' health and safety, and whether the placement would present management or security problems. A transgender or intersex resident's own views with respect to his or her (if applicable) own safety shall be given serious consideration. The resident is asked during the screening process if they perceive themselves at risk for sexual victimization. The Case Managers stated they would discuss with the transgender or intersex residents about their comfort with the room placements and other employment and program decisions.

The facility policy 115.21 states transgender and intersex residents shall be given the opportunity to shower separately from other residents. The PREA Coordinator and Case Managers interviewed stated the facility has a process in place for the transgender or intersex the opportunity to shower separately from other residents through the use of individual bathrooms or the staff will create a plan if there are special needs. The transgender or intersex resident is able to use the single bathroom with shower by

requesting the key from the staff. All showers in the facility are single stalls with shower doors. The facility policy only allows one resident at a time in a bathroom.

The facility's policy 115.211 states the placement of lesbian, gay, bisexual, transgender, or intersex residents in dedicated units solely on the basis of such identification or status, (unless such placement is in a dedicated unit established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents) is prohibited. The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status per interview with the PREA Coordinator.

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*)

The facility has established procedures allowing for multiple internal and external ways for residents to report sexual abuse, retaliation, staff neglect, and violations of responsibilities that may have contributed to such incidents as supported by agency policy 115.211. The policy states the program shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The program also shall inform residents of at least one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This information will be prominently displayed in the facility. The policy also states the program has standardized reporting forms available to residents to fill out. Residents can submit confidential reports of sexual abuse or sexual harassment violations by completing the reporting form, putting it in an envelope and placing the envelope at the front desk or designated locked box.

PREA allegation reporting methods are shared with residents at intake and the orientation process through the PREA information provided (available in English and Spanish), the video observed, and staff discussion. The resident is now provided at intake the PREA Flyer "We CARE about your safety," that provides how to report and reporting phone numbers. It states to report to any staff person, slide a note under a staff's door, and by calling the PREA Coordinator, RESTORE, or the New York State Sexual Violence Hotline. The Case Manager provides and discusses with the resident the FBOP Sexual Abuse /Assault Prevention and Intervention Handbook and the facility's Resident Handbook including how to report. The resident is also referred to review the PREA postings in the facility for PREA information. The FBOP Sexual Abuse/Assault Prevention and Intervention Handbook informs the resident how to report through telling a staff member and/or FBOP staff; write the Program Director; write the FBOP Regional Director or the Director; file a Request for Administrative Remedy; and write to the Office of Inspector General (OIG). The facility's Resident Handbook instructs the resident to report immediately to a staff member, put it in writing and place in the slot in Director's door, report it to a family member or friend, contact the PREA Coordinator by writing or calling; and write or call RESTORE. The posters in the facility state the same reporting methods from the Resident Handbook and are posted in English and Spanish. The posters were viewed posted throughout the facility by the Auditor during the facility tour. Reporting to the FBOP by writing, writing, or calling RESTORE, writing the OIG, and calling the New York State Sexual Violence Hotline are all methods to report outside the agency. The FBOP is the only entity that will receive and immediately forward the resident report. They also start the investigation from the allegation report.

Calling any of the toll-free numbers or writing allows residents to remain anonymous upon request. The facility has a pay phone for resident's use, or they can utilize their own cell phones. During the formal resident interviews, the residents acknowledged receiving information on how to report at intake and orientation, in the handbooks, and on posters. They were able to identify reporting methods including telling a staff member, call the hotlines, drop a note in the mailbox, contact PREA office, and/or telling family or a friend. Also, during the informal interviews with residents while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to a staff member. Most residents were aware they could make a report without giving their name. Residents have accessibility to call through their own personal cell phones, or a pay phone. The hotline numbers are posted beside the pay phone which allows for toll free calls, is not monitored, or require a pin number. The Auditor tested the pay phone for reporting and accessibility to support services. The Auditor was able to contact RESTORE and New York State Sexual Violence agency. The reporting methods were demonstrated through a review of policies and procedures, the handbooks, posters throughout the facility, and interviews with residents and staff. The one allegation during the audit period was reported by a third party to a facility staff member who reported to the PREA Compliance Manager upon notification.

The agency policy 115.211 states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document and respond to any verbal reports. The program shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Reports can be made in person to the Program Director in the manager office, via email or via phone from the staff office. Staff indicated through interviews they were aware of the methods available for residents to report sexual abuse and sexual harassment including telling a staff member, telling another resident, slide/write a note to a staff member, call the hotline numbers, contact the PREA Coordinator, contact FBOP, and tell a family member. Staff were also knowledgeable on the multiple-ways residents could report to staff and their responsibility in the process. They indicated they would report immediately to the Director or PREA Coordinator. They stated they may also call 911 for local law enforcement if needed. After verbal reporting, a written report would be completed and forwarded to the Director. Staff were aware of the methods to privately report sexual abuse through emails or phone call to the PREA Coordinator, Director, or PREA Compliance Manager. The reporting requirements and process is provided to staff through training and agency policy.

The reporting information is also posted on the agency website. The website states anyone wishing to report acts or allegations of sexual abuse or sexual harassment may contact the agency's PREA Coordinator by phone at 585-402-7211 or by email at preacoordinator@voaupny.org. Individuals may also report to the Bureau of Prisons directly by writing to: Federal Bureau of Prisons, National PREA Coordinator, Reentry Services Division, 400 First Street NW, Room 4027, Washington, DC, 20534 to report inmate abuse of another inmate. To report an act or allegation of staff abuse of an inmate, individuals can write to: Federal Bureau of Prisons, Office of Internal Affairs, 320 First Street NW, Room 600, Washington, DC, 20534.

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*)

The facility is not exempt from this standard. Residents can file grievances through the facility or directly to the FBOP. The agency's policy 115.211 outlines a formal administrative process to address resident grievances regarding sexual abuse and sexual harassment. The program prohibits an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment. To submit a grievance, a resident can provide a verbal or written report to any VOA staff member; call or email VOA's PREA Coordinator; call VOA's Human Resources line; and call local or state crime victims or sexual abuse hotline. This information is shared with residents at move-in and posted prominently throughout the facility and in the residents' rooms. VOA will respond to any third-party reports of sexual abuse on behalf of residents; and allows residents to access staff and other outside parties to assist with grievances. If the resident chooses to decline third-party assistance, VOA will document the refusal in the resident's chart. The program shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment. A resident who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff member who is the subject of the complaint. VOA will address the grievance in a timely manner. The staff person who receives the initial report will immediately notify the Site Supervisor, Vice President of Housing or the PREA Coordinator. The PREA Coordinator will be notified on the first business day following the initial report. Within 72 hours of notification the PREA Coordinator will inform the resident of the grievance process including all notifications that will be made to the resident and the associated timeframes. VOA shall 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 unless the contracting agency or another appropriate entity is conducting an investigation into the grievance in VOA's stead or has instructed VOA not to share information. Residents who made an allegation of personal abuse will be informed in writing of any agency decision. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. VOA may claim an extension of time to respond, of up to 70 days, if the normal time-period for response is insufficient to make an appropriate decision; VOA shall notify the resident in writing of any such extension and provide a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level.

The policy also states the program shall provide procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, the program shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse or sexual harassment) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final decision shall document the program's determination whether the resident is in substantial risk of imminent sexual abuse or sexual harassment and the action taken in response to the emergency grievance.

The policy also states the program may discipline a resident for filing a grievance related to alleged sexual abuse only where the program demonstrates that the resident filed the grievance in bad faith. There were no residents during the audit disciplined for filing a grievance in bad faith.

During the audit period, there were no grievances filed.

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*)

The agency's policy 115.211 states the program will 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, and national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The facility has accomplished this with services available from RESTORE Sexual Assault Services. The agency policy states the program will maintain or attempt to enter into memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The program maintains copies of agreements or documentation showing attempts to enter into such agreements. The facility had not attempted to obtain a MOU agreement with RESTORE Sexual Assault Services. The PREA Compliance Manager stated they have attempted to obtain a MOU with victim advocacy agency. The services provided by RESTORE are outlined in their pamphlet including crisis intervention for sexual assault survivors, short term counseling, support through medical examinations and treatment, advocacy and support during interaction with law enforcement, court accompaniment, individual consultations with professionals, community education programs, professional training programs, and referrals for additional needed services. This pamphlet is available to the residents and would be provided to an alleged victim after a report of an allegation. The Auditor made three attempts to interview a RESTORE representative. The agency did not respond to the Auditor's attempts. The residents are also able to obtain services on their own in the community from local mental health agencies where they may be obtaining other services.

The interview with the PREA Compliance Manager indicated that the services are free of charge to the resident and the hotline is available 24-hours a day for the residents. The hotline number and victim advocacy services are provided to the residents on posters throughout the facility and in the Resident Handbook. The calls and mail to the are not monitored. The residents are able to mail correspondence without monitoring and are able to call through their personal cell phones or the pay phone. If needed the staff will assist them. The Program Director and PREA Compliance Manager noted no residents requested victim advocacy services during the audit period through staff assistance.

The majority of the residents interviewed were not aware of outside support services available to them. However, the facility provides this information in multiple ways to the residents. Six of the residents interviewed were aware of services and stated mental health services and counseling would be available. Those residents and others acknowledged the information was available to them on posters and the handbook if they needed it.

Did Not Meet: The facility should obtain or request an MOU with RESTORE for emotional support and crisis support services.

Corrective Action Taken: The agency requested RESTORE to enter into a MOU with the agency for emotional support and services that documents current practice. This email correspondence was provided to the Auditor on November 11, 2019 to demonstrate compliance.

Recommendation: Although the resident is able to make confidential calls through their personal cell phones, the facility's posters and handbook referencing victim advocacy services should include information regarding the pay phone calls are not monitored and would be confidential.

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*)

The agency's policy 115.211 states the program shall allow for third parties to report sexual abuse or sexual harassment for any resident and distributes information explaining how to report sexual abuse and sexual harassment on behalf of a resident. VOA staff will accept and investigate both written and verbal reports from third parties. All reports of sexual abuse and sexual harassment received from third parties shall be responded to according to VOA policy by agency staff. Any staff receiving a third-party report of sexual abuse or sexual harassment shall forward such report to their immediate supervisor who will in turn forward to the Site Supervisor and PREA Coordinator who will follow the proper PREA reporting guidelines. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and sexual harassment, and shall also be permitted to file such requests on behalf of residents; If a third party files such a request on behalf of a resident, VOA 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; If the resident declines to have the request processed on his or her behalf, VOA shall document the resident's decision and include this information with the original incident report. The agency had not established a method to share how to report sexual abuse and sexual harassment on behalf of a resident. Residents were informed through the Resident Handbook they may make a third-party report.

Did Not Meet: The facility needs to distribute publicly information on how to report sexual abuse and sexual harassment of a resident.

Corrective Action Taken: The agency updated the website information to provide how to report sexual abuse or sexual harassment of a resident. The facility notified the Auditor of the website update on November 11, 2019 that was then reviewed the Auditor. The third-party reporting information is available on the agency's website. The website states anyone wishing to report acts or allegations of sexual abuse or sexual harassment may contact the agency's PREA Coordinator by phone at 585-402-7211 or by email at preacoordinator@voaupny.org. Individuals may also report to the Bureau of Prisons directly by writing to: Federal Bureau of Prisons, National PREA Coordinator, Reentry Services Division, 400 First Street NW, Room 4027, Washington, DC, 20534 to report inmate abuse of another inmate. To report an act or allegation of staff abuse of an inmate, individuals can write to: Federal Bureau of Prisons, Office of

Internal Affairs, 320 First Street NW, Room 600, Washington, DC, 20534. The agency's website update demonstrated compliance.

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 N/A
- 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 N/A

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*)

The agency's policy 115.211 states program staff who learn of alleged sexual abuse, sexual harassment or sexual contact between residents must immediately report the allegations to a Supervisor. The initial report to a Supervisor may be verbal, but it must be followed up with a written incident report, authored by the staff involved in the incident, prior to the end of the shift. Any staff must immediately report to the Site Supervisor or designee, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program; retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. All reports of sexual abuse and sexual harassment that are received from third parties must be received and responded to according to policy by all staff. As soon as practical, program staff must report all allegations of sexual abuse or sexual harassment, including third party and anonymous reports, to the local authorities as relevant and to all contracting agencies for further investigation, and to the PREA Coordinator. The appropriate staff must file a report as required by facility procedures. Failure of staff to report allegations of resident or staff sexual abuse or sexual harassment or sexual contact will result in disciplinary action, up to and including termination. Staff, with knowledge of sexual abuse or sexual harassment, or sexual contact between residents, who wish to make a confidential report, may do so by contacting/calling VOA's PREA Coordinator or a non-VOA agency. All such reports will be kept strictly confidential. Depending on the circumstances, the contracting agency, local law enforcement or PREA Coordinator shall be assigned to investigate the allegations.

The staff interviewed stated they would verbally report an allegation immediately to the Facility Director, PREA Compliance Manager, and the PREA Coordinator. They would also complete a written report as soon as possible or by the end of shift. The reporting requirements are covered in the annual PREA training. The policy also directs upon receiving an allegation that a resident was sexually abused while residing at the program, the staff receiving this information must immediately notify the Site Supervisor. The Site Supervisor, or designee, must then institute the Incident Report process, notify the PREA Coordinator and Human Resources if a staff person is involved. The PREA Coordinator will provide direction about calling the local authorities to begin a criminal investigation and the appropriate contracting agency. The Site Supervisor will notify the PREA Coordinator as soon as possible, but not longer than by the end of the business day of the day the report of the allegation was received. The Site Supervisor will document such report and notification in the facility log. All allegations including third-party are referred to the appropriate investigation unit. The Facility Director stated all allegations are investigated and the first responder process is followed which includes notification to the FBOP and local law enforcement for investigations.

The agency's policy 115.211 states apart from reporting to designated supervisors or agency officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Interviewed staff were aware of the policy requirement and noted information would only be shared on a need to know basis. This is also covered in the staff annual training.

The agency's policy 115.211 stated staff receiving a report of sexual abuse or sexual harassment of a vulnerable adult, as defined by Adult Protective Services, is required to report the incident to the state or local adult protective services by the person who received the report or the Site Supervisor. The PREA Compliance Manager provided an update to the policy that states if the alleged victim meets the New York State definition of vulnerable adult, which includes frail elderly, developmentally disabled, mentally ill, physically disabled or a substance abuser, the Site Supervisor will notify Adult Protective Services. The facility does not house individuals under the age of 18.

The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of residents. Staff indicated through interviews they were aware of the methods available to report sexual abuse and sexual harassment. Staff were also knowledgeable on the multi ways residents could report to staff and their responsibility in the process. They indicated in the interviews they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the supervisor and PREA Coordinator.

The facility does not employ any medical or mental health staff. All services are provided by community agencies.

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*)

The agency's policy 115.211 states upon learning that a resident is subject to risk of imminent sexual abuse, the first staff member to respond will separate the alleged victim and alleged abuser (to protect

the victim and prevent further violence); not leave the alleged victim alone; call 911 if warranted; and contact the Person-in-Charge (Site Supervisor or designee) to request assistance (including notifying BOP or Parole, as applicable, of incident). All staff interviewed knew the steps to take to protect a resident at risk for sexual abuse. They stated they would take immediate action to protect the resident by separating the resident from the area and other residents and maintain the resident in a safe location. They then report the incident to the Site Supervisor or Facility Director for further action and write a report. These responsibilities are covered for all staff in the annual in-service training and staff meetings. In the Facility Director and Agency Head interviews, they stated an immediate corrective action would be taken of moving the resident to safety, and immediate talk to the resident. This also could include the housing location change or transfer of the aggressor from the facility. The resident would be monitored. During the audit period, no resident reported feeling at imminent risk of sexual abuse, or any staff reported that a resident was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

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*)

The agency's policy 115.211 states 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. The program shall document that it has provided such notification and send the documentation to the VOA PREA Coordinator. The Agency Head and Facility Director stated in their interviews that any allegation reported to the facility from another facility would be investigated as any other allegation. An investigation would be started immediately following the First Responder Protocol.

The facility received no notifications of alleged abuse from another facility or received an allegation from another facility. This was documented on the PAQ and confirmed through interviews.

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*)

The facility's policy 115.211 states upon learning that a resident was sexually abused, the first staff member to respond to the scene must separate the alleged victim and alleged abuser (to protect the victim and prevent further violence); not leave the alleged victim alone; ensure no one else enters the area to preserve and protect the crime scene; call 911 if warranted; and contact the Person-in-Charge (Site Supervisor or designee) to request assistance (including notifying BOP or Parole, as applicable, of incident). 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. Through random interviews with staff it was demonstrated that staff was knowledgeable in the steps as a first responder including to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. First responder responsibilities are covered for all staff in the annual in-service training, staff meetings, and PREA refreshers for all staff. The process is also outlined in the First Responder – Reports of Sexual Abuse or Sexual Harassment directive. All staff are considered security staff. Through interviews with staff it was demonstrated that staff was knowledgeable in the steps to as a first responder and the steps to be taken.

There was one allegation reported during the audit. The allegation was staff on resident sexual abuse that was reported by a third party. The PREA Compliance Manager interviewed the resident who denied the allegation and had no concerns for his health or welfare. The facility took immediate action upon learning of the allegation, however, there were no first responder actions required.

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*)

The agency has a written coordinated response plan, the PREA Reports – Agency Coordinated Response Plan and a PREA Incident Coordinated Response Checklist. The Plan is divided into three sections. The first section of the plan, Immediate Response includes the initial report, first responder duties, notifications, victim advocate contact, and immediate victim services. The second section, Next Business Day, addresses further notifications, review of the response coordination, additional procedures; medical assessment; mental health referral; post medical assessment; and confidentiality. The plan coordinates the actions taken in the investigation process, and victim services follow-up. The third section, Follow-Up, details the retaliation monitoring, investigation updates, post-investigation reviews, and data collection. The Checklist includes the initial report, first responder duties, notifications to agency administration, notifications to investigating agency FBOP and local law enforcement if needed; contact victim advocate for services; escort victim to the hospital for forensic exam; coordinate on-going medical and victim services; and monitor retaliation. The form includes areas to record the time and date of each step taken. The Facility Director stated the PREA Compliance Manager is responsible to ensure the completion of all tasks and the form completed. Also, the facility is attempting to establish MOUs with the outside agencies part of the coordinated plan. During staff interviews, staff detailed their responsibilities in their coordinated efforts during an incident.

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*)

The agency reported there has been no collective bargaining agreement entered into or renewed since August 2012. The agency is an “at will employer” and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any residents or place an employee on administrative leave pending the outcome of an investigation. The Agency Head confirmed that the agency has not entered any collective bargaining or other agreements since August 2012. It was also shared that staff is provided this information during training including the consequences of actions.

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*)

The agency's policy 115.211 states residents and staff who report sexual harassment or abuse or who participate in a related investigation will be protected from retaliation. The PREA Coordinator will help staff identify any changes to the program structure or operations necessary to minimize retaliation. 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 two business days of the report and will inform them that they have a right to protection from retaliation, describe what retaliation might look or feel like,

provide staff contact information for multiple staff who will respond to reports of retaliation, and collect preferred method of on-going contact (phone or email). The PREA Coordinator will designate staff to monitor the conduct and treatment of residents and staff to ensure retaliation is not happening. The PREA Coordinator will pro-actively contact residents and staff every thirty days (as long as they are in the facility) via their preferred contact method to ask about any concerns related to retaliation. Any reports of retaliation will be thoroughly investigated, and appropriate efforts will be made to keep staff and residents safe.

The PREA Coordinator interviewed as the staff member charged with monitoring retaliation stated that an initial contact occurs with the resident or staff within 24 hours. The monitoring would occur for up to ninety days and longer if needed. Monitoring may occur weekly, however at least once a month with the PREA Coordinator or designee. Daily monitoring would also occur through the program staff. The resident monitoring will include the review of any high rate of restrictions, work assignments, room assignments, program changes, and behavior changes. The staff monitoring would include work hours, disciplinary actions, a change in behavior, or morale. The agency can provide staff protection measures for retaliation through additional monitoring, administrative leave, or transfer for a staff member. Protection measures for a resident would be program changes, change in room assignment, or a transfer from the facility. The Facility Director stated additional protection measures may be disciplinary action up to termination for staff and for the resident disciplinary action up to removal by FBOP from the facility. If retaliation is determined, the case would be investigated.

There were no instances requiring monitoring for retaliation during this audit period.

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*)

The facility does not conduct criminal or administrative investigations. The agency's policy 115.211 outlines the reporting requirements to an outside agency for investigation. The policy states in allegations of sexual abuse, the Site Supervisor shall notify the local law enforcement department as soon as possible and any contracting agency and in allegations of sexual harassment, the Site Supervisor will contact the contracting agency. All investigations are conducted by FBOP and criminal cases by the Rochester Police Department. The Agency Head stated all allegations are referred for investigation to the FBOP. THE FBOP may give direction to the facility for assistance in the investigation. They may ask the facility for documentation, i.e. camera video incident reports, and interviews conducted. The Agency Head also stated any serious incident of sexual abuse the facility would call 911 for the local law enforcement to respond and investigate. The agency is informed on the progress and outcome of the cases by the outside agencies.

Although, the agency does have a trained Investigator. The agency PREA Coordinator has completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting and is the agency's trained Investigator. The training was completed in 2016, 2017, and 2019. During the interview, the PREA Coordinator demonstrated knowledge in techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings, and the

criteria and evidence required to substantiate a case for administrative or prosecution. The PREA Coordinator acknowledged that all allegations are referred to the FBOP and allegations that appear criminal to local law enforcement. The agency trained PREA Investigator confirmed the practices for PREA investigations and was very knowledgeable of the investigation process and the role of the outside investigative agencies. The agency's Investigator role would be to complete any tasks as directed by FBOP. According to the Rochester Police Department, officers called to the scene will do initial assessment and if a sexual assault, the case will be referred to trained IMPACT officers.

The agency's policy 115.211 states in allegations of sexual abuse, the Site Supervisor shall notify the local law enforcement department as soon as possible and any contracting agency. The Site Supervisor must ensure that all protocols are followed for crime scene preservation in order to enable the local authorities to conduct a proper investigation of all allegations of sexual abuse. The Site Supervisor or designee shall make all witnesses, the scene, and any evidence immediately available to the police investigators. In allegations of sexual abuse by staff upon a resident, the matter may be prosecuted. The program shall request that the investigating agency abide by all PREA requirements/standards. Documentation shall be maintained if this request is unsuccessful. In all other allegations of sexual harassment (boundary violations), the Site Supervisor, will contact the contracting agency and a determination will be made whether the allegation will be investigated by the contracting agency or should be investigated internally. Staff must cooperate fully with the local authorities and any administrative investigators in all facets of any criminal and/or administrative investigations. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The policy also states If the alleged abuser is a resident under the custody of a contracting agency, all written reports of the investigation must be retained while the abuser is under custody plus an additional five years. If the alleged abuser is a staff member, all written reports of the investigation must be retained while the staff member remains employed plus an additional five years.

The Investigator stated an investigation is started immediately. The facility staff responds by separating the victim and aggressor, securing the area, and protecting any evidence until an outside agency investigator arrives. The first steps would be contacting the FBOP of the incident and follow instructions from them. If the allegation appeared criminal, the local law enforcement would be called immediately and FBOP then notified. This is the same process if the allegation was reported through a third-party or anonymous. The credibility of an alleged victim, suspect, or witness would all be treated the same unless evidence proves otherwise.

The agency's policy 115.211 states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The Investigator stated if a staff member terminates employment or a resident leaves the facility, the FBOP would continue the investigation. If an investigation warrants prosecution, criminal charges would be filled with the District Attorney's office. When the FBOP conducts an administrative investigation, they will inform the agency if staff actions or failures to act contributed to the sexual abuse. The agency receives a copy of the Investigation Determination that provides the outcome of the investigation. The facility is able to request additional information. The agency can make the final determination if staff will be

terminated. If the investigation is completed by the local law enforcement, the agency receives a copy of the written investigation and outcome.

The agency's policy 115.211 states when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA Coordinator stated the PREA Compliance Manager would be responsible to maintain contact with outside agencies.

There was one allegation reported during the audit. The allegation was staff on resident sexual abuse that was reported by a third party. The third party called to report a staff member was having a personal relationship with the resident. It was reported verbally to a case manager who reported the allegation to the PREA Compliance Manager, who then reported to the PREA Coordinator. The PREA Compliance Manager interviewed the resident who denied the allegation and had no concerns for his health or welfare. The allegation was reported to FBOP per policy. At the time on the on-site audit, the FBOP investigation was still open six months after the allegation.

Recommendation: Investigations are to be completed promptly. The facility should discuss with FBOP a process to ensure timely investigations including details of the investigation and outcome.

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*)

The agency's policy 115.211 states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The investigator interviewed indicated that a preponderance of evidence is required to substantiate allegations. The interview with the investigator confirmed compliance with the policy and standard.

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*)

The agency's policy 115.211 states at the completion of an investigation, the PREA Coordinator will be notified, along with the victim if still in the facility, the Site Supervisor, and the VOA Executives of the outcome. The Facility Director stated the resident would be informed of the outcome of the investigation. 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. Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 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. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The Facility Director stated the resident would be informed of the outcome of the investigation if on-site or under home confinement. The PREA Compliance Manager would stay informed of the investigation and be notified when the investigation is completed by the outside agency and the outcome of the investigation. The facility had no allegations that required investigation, therefore, there were no notifications made. The facility did provide an example from a previous year that demonstrated the resident

being informed that a staff member was to have no interaction with the resident. The staff member was placed on administrative leave pending the outcome of the investigation.

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*)

The agency’s policy 115.211 states staff shall be subject to disciplinary sanctions up to and including termination for violating VOA sexual abuse or sexual harassment policies. Termination shall be the

presumptive disciplinary sanction for staff who have engaged in sexual abuse of residents. Disciplinary sanctions for violations of VOA 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. All terminations for violations of VOA 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.

In the past twelve months, there have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment. There was one allegation reported during the audit period of staff on resident sexual abuse, inappropriate relationship. The facility informed the staff member with the permission of FBOP there was a PREA allegation reported involving her. The facility will not take any further steps unless directed to do so by the FBOP. The PREA Compliance Manager stated the investigation is still open with FBOP and the employee was terminated prior to the PREA investigation completion for other causes.

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*)

The agency's policy 115.211 states Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from entry to any VOA programs and shall be reported to law enforcement agencies, (unless the activity was clearly not criminal), and to relevant licensing bodies. 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 VOA sexual abuse or sexual harassment policies by a contractor or volunteer.

The volunteer interviewed confirmed knowledge of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of a resident. The Facility Director stated during the interview that the volunteer/contractor would be pulled immediately from entering the facility during the investigation. If the investigation is substantiated, the volunteer or contractor would be terminated. If unsubstantiated, the Facility Director would consider if the volunteer or contractor could resume services in the facility and whether other facility policies were violated. In the past twelve months, there have been no contractors or volunteers suspended or reported to law enforcement for engaging in sexual abuse of residents.

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*)

The agency's policy 115.211 states 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. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The 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. 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. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The program prohibits all consensual sexual activity between residents and will discipline residents for such activity. However, according to PREA, VOA may not deem such activity to constitute sexual abuse if it determines that the activity was not coerced.

The Program Manager indicated that all resident discipline would be determined by the FBOP which may include progressive discipline, sanctions, extra chores, or removal from the facility. The sanctions would be proportionate to the nature and circumstances for the safety of the residents in the facility. For a

resident with mental disability or mental illness, the Facility Director and staff advocate would review and consider appropriate sanctions. The Case Manager would also contract the FBOP contracted mental health provider for feedback. The program may refer the resident to outside community agencies for 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. This services may be provided through the FBOP mental health contracted provider.

In the past twelve months, there were no administrative findings of resident on resident sexual abuse. There was no criminal finding of guilty for resident on resident sexual abuse.

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*)

The agency's policy states 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. 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. 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. 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 PREA Compliance Manager stated the facility staff would call 911 and have residents transported to the hospital unless the resident declines treatment. If the resident is interested, staff will help the resident to call RESTORE. The FBOP will also contact the victim and offer mental health services.

Emergency medical healthcare along with forensic examinations are conducted at an outside hospital, Strong Memorial Hospital. The forensic exams are conducted by Sexual Abuse Nurse Examiner (SANE)/ Sexual Abuse Forensic Examiner (SAFE) staff at the outside hospital with no cost to the resident. The interview with the hospital representative indicated the hospital has 21 certified SANE nurses on call. When a resident enters the emergency room, a SANE would be called in. The normal response time is within an hour. The hospital representative stated the victim would have timely access to emergency contraceptives infectious disease testing including follow-ups within 24 and 48 hours. During the forensic exam, the hospital requests victim advocacy services for the alleged victim from RESTORE. An advocate will be provided to the resident upon request to provide emotional support through the forensic medical examination and investigation interviews. The hospital representative stated a Survivors Bill of Rights was passed in December 2018 by New York State. The bill provides every patient the right for law enforcement investigation, medical care, victims services, advocacy services, and District Attorney's services. The RESTORE pamphlet outlines the services provided to include crisis intervention for sexual assault survivors, short term counseling, support through medical examinations and treatment, advocacy and support during interaction with law enforcement, court accompaniment, individual consultations with professionals, community education programs, professional training programs, and referrals for additional needed services. This pamphlet is available to the residents and would be provided to an alleged victim after a report of an allegation.

During the staff interviews, they were knowledgeable in their roles as first responders and the referral to medical services. Most indicated that 911 would be contacted to transport the resident to the emergency room for services.

There were no allegations that required medical care during the audit period.

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*)

The agency's policy 115.211 states the program shall coordinate access to medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any criminal justice setting. This includes helping residents call local or state sexual abuse hotlines, connecting residents with immediate mental health care options and referring residents to emergency medical services with SANE nurses. Each site should refer to its PREA First Responder Protocol for site-specific and updated information. VOA staff will help residents make phone calls, provide transportation, and/or accompany residents to appointments as appropriate and requested. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The program shall help such victims with access to medical and mental health services consistent with the community level of care. In VOA programs that house female offenders, resident victims of sexually abusive vaginal penetration while in the program shall be offered pregnancy tests. If pregnancy results from conduct, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Resident victims of sexual abuse while incarcerated shall be provided referrals for tests for sexually transmitted infections as medically appropriate. Staff will also provide residents with requested level of support (transportation, staff accompaniment, etc.) necessary for residents to access these referrals. On-going 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.

Emergency medical healthcare, forensic examinations, and follow-up treatment and testing are conducted at an outside hospital, Strong Memorial Hospital. The hospital representative stated the victim would have timely access to emergency contraceptives, infectious disease testing including follow-ups within 24 and 48-hours including pregnancy testing. The resident will be referred to the Department of Health for follow-up treatment including a seven-day supply of prophylaxis and HIV testing follow-up at one month and three months. During the forensic exam, the hospital requests victim advocacy services for the alleged victim from RESTORE. An advocate from RESTORE will be provided to the resident upon

request to provide emotional support through the forensic medical examination, investigation interviews, and follow-up services. The RESTORE pamphlet outlines the services provided to include crisis intervention for sexual assault survivors, short term counseling, support through medical examinations and treatment, advocacy and support during interaction with law enforcement, court accompaniment, individual consultations with professionals, community education programs, professional training programs, and referrals for additional needed services.

The residents receive all their medical and mental health services at community agencies. The facility does not employ medical or mental health staff. The agency has developed a Medical Care Following Sexual Abuse Directive. The directive covers preventive treatments, laboratory testing, follow-up care, protecting others, emotional support, counseling or psychotherapy, and medication. The PREA Coordinator and PREA Compliance Manager indicated that the facility would provide all follow-up medical care as directed by the hospital. The medical care following sexual abuse document is reviewed with the victim. Case Managers would assist in developing an outside plan with referrals to services. The Case Manager would follow-up to ensure all appointments are made by the resident. If the treatment is not covered by Medicaid, the costs would be covered through the agency. There would be no cost to the resident.

The agency's policy states the program shall attempt to coordinate a mental health evaluation of all known resident-on-resident abusers who remain in a VOA facility within 60 days of learning of such abuse history and connect abusers with treatment when deemed appropriate by mental health practitioners. VOA staff will work with the funding agency to identify an appropriate mental health evaluator and encourage resident engagement in the evaluation and follow-up treatment deemed appropriate by the mental health evaluator. The PREA Compliance Manager stated the FBOP would coordinate for this evaluation with their contracted mental health provider. The facility staff would assist scheduling as needed.

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*)

The agency's policy 115.211 states 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, local law enforcement and medical or mental health practitioners. The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification,

status, or perceived status or gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and 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. The facility shall implement the recommendations for improvement or shall document its reasons for non-compliance.

The PREA Compliance Manager stated the Incident Review Team consists of the Vice-President of Housing (PREA Compliance Manager), PREA Coordinator, CEO, and others as needed. The team utilizes the investigation report to determine factors and review the incident. Some of the factors reviewed include the incident detailed information, were there blind spots, does staff need further training, was staff interacting appropriately and following policies and procedures, and what measures, if any, need to be put in place to ensure resident and staff safety. The Incident Review Report is then submitted to the PREA Coordinator for approval and implementation of any recommendations.

The incident review team members interviewed indicated they review the incident in detail. All incidents will be reviewed even unfounded. Under motivation they review the racial, sexual orientation, gang affiliation, were residents properly screened, special populations, and the review of the investigation information. In reviewing the location of the incident, they consider if the area has visibility, staffing coverage, blind spots, camera needs, enough lighting, and what could be changed to make the area safer. When assessing staffing, they review changes in procedures, was staffing adequate, were rounds conducted, were staff trained, failure of staff actions, staff response time, were policies and procedures followed, and general facility operations at the time of the incident. Under monitoring technology, the team reviews camera location, lack of camera views, video recording needs, and are mirrors needed. Suggestions made through the review process were to train staff to perform actions in front of the cameras as protective actions and add cameras in the Case Managers offices. The PREA Coordinator stated there have been no trends identified. It was also shared that the PREA Coordinator will follow-up to ensure any corrective actions have been completed.

The agency's policy exceeds the standard with the requirement of all allegations to be reviewed. Although the policy exceeds, the Auditor was unable to verify through practice since the facility had not completed an incident review during the audit period. There was one allegation forwarded for investigation. At the time of the audit, the investigation is still open.

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*)

The agency's policy 115.211 states VOA 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. VOA shall aggregate the incident-based sexual abuse data at least annually. 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. VOA shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. Upon request, VOA shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The PREA Coordinator is responsible for complying the number of sexual abuse and sexual harassment data at a minimum once a month. The agency utilizes the Department of Justice Survey of Sexual Victimization Other Confinement Facilities as their standardized instrument and set of definitions. The agency provided the Auditor the survey and a spreadsheet the agency utilizes for data collection. The agency has not been requested to submit the information to the Department of Justice. The agency's policy states VOA shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

The 2015-2016, 2016-2017, and 2017-2018 Annual PREA Report are available for review on the agency's website. The reports demonstrate the collection of the agency's incident based sexual abuse data at least annually. The reports were reviewed as part of the audit process.

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*)

The agency's policy 115.211 states VOA shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each program, as well as VOA as a whole. 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. VOA's report shall be approved by VOA's CEO and made readily available to the public through its website. VOA 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 PREA Coordinator indicated that all incidents are reviewed; and the data maintained for the incident to be included in the annual statistics. The data is maintained on the computer system with a secure drive with limited access to the PREA folder. The data is reviewed during the monthly meeting. And issues or trends would be discussed, and corrective action would be taken including changing policy and procedures. There have been no trends identified in the agency. The agency would redact any details of the incident and the individuals involved. This information is provided in the annual report. The annual report is created by the PREA Coordinator and approved the agency CEO.

The annual report is published on the agency website www.voaupny.org. The 2015-2016, 2016-2017, and 2017-2018 Annual PREA Report are available for review on the agency's website. The reports were reviewed as part of the audit process. The Annual Reports provided a summary of the incidents with outcomes. It outlines actions the agency is taking to ensure compliance with the PREA standards. It also notes the number of investigations that are open and with what agency. The Annual Report does not include a comparison from the current's year data from previous years, however, this information is available through each annual report comparisons. The Annual Report is prepared by the PREA Coordinator and approved by the VOA President/CEO. The facility had not posted the latest Annual Report for 2018-2019.

Did Not Meet: The agency's website does not contain the latest Annual Report.

Corrective Action Taken: The agency updated the website to include the annual reports. The facility notified the Auditor of the website update on November 11, 2019 that was then reviewed the Auditor. The agency's website update demonstrated compliance with the posting of 2015-2016, 2016-2017, 2017-2018, and 2018-2019 Annual Reports.

Recommendation: Although the agency provides comparison data from year to year by comparing each Annual Report, the agency must provide a comparison of the current year's data with those of prior years on the Annual Report. (115.288 (b))

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*)

The agency's policy 115.211 states VOA shall ensure that sexual abuse data collected are securely retained in locked filing cabinets behind locked doors or in limited access electronic files. Access to electronic files is controlled by Information Technology staff and access requires the PREA Coordinator's authorization. VOA shall make all aggregated sexual abuse data, from programs under its direct control, readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, VOA shall remove all personal identifiers. VOA shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

The PREA Coordinator indicated that all incidents are reviewed; and the data maintained for the incident to be included in the annual statistics. The data is maintained on the computer system with a secure drive with limited access to the PREA folder. The agency would redact any details of the incident and the individuals involved.

The annual report is published on the agency website www.voaupny.org. The 2015-2016, 2016-2017, and 2017-2018 Annual PREA Report are available for review on the agency's website. The reports were reviewed as part of the audit process. The Annual Reports has no information redacted. The agency does not include any personal identifiers that would need to be redacted.

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*)

The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities. The agency has ensured during this audit cycle that each facility operated by the agency was audited at least once and at least one-third of facilities audited each year during the three-year period starting August 2016. The Auditor observed on the agency's website the PREA Report for their other facility that was completed in May 2018. The initial report for this facility that was conducted in 2016.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the auditor for conducting staff and resident interviews. Staff and resident interviews were held in an administrative office located off the lobby. Posted signs advised residents could send confidential information or correspondence to the auditor. The Auditor did not receive any correspondence from residents.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

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*)

Instructions for Overall Compliance Determination Narrative

The Auditor observed on the agency's website the initial PREA Report for their other facility that was completed in May 2018 and the initial report for this facility that was conducted in 2016.

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.

Barbara A. King

February 25, 2020

Auditor Signature

Date