

PREA AUDIT REPORT **INTERIM** **FINAL**
JUVENILE FACILITIES

Date of report: July 28, 2016

Auditor Information			
Auditor name: Jeff Rogers			
Address: P.O. Box 1628 Frankfort, Kentucky 40602			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: July 20, 2016			
Facility Information			
Facility name: Taberg Residential Center for Girls			
Facility physical address: 10011 Taberg-Florence Road, RR 1, Box 139, Taberg, New York 13471			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 315-245-0084			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Anthony Gonzalez			
Number of staff assigned to the facility in the last 12 months: 124			
Designed facility capacity: 24			
Current population of facility: 12			
Facility security levels/inmate custody levels: limited secure			
Age range of the population: 13-17			
Name of PREA Compliance Manager: Beverly King		Title: Social Work Supervisor I/PREA Compliance Manager	
Email address: Beverly.King@ocfs.ny.gov		Telephone number: 315-245-0084	
Agency Information			
Name of agency: Office of Children and Family Services			
Governing authority or parent agency: <i>(if applicable)</i> state			
Physical address: 52 Washington Street, Room 130 North, Rensselaer, New York 12144			
Mailing address: <i>(if different from above)</i> same			
Telephone number: 518-486-6766			
Agency Chief Executive Officer			
Name: Ines Nieves		Title: Deputy Commissioner	
Email address: ines.nieves@ocfs.ny.gov		Telephone number: 518-486-6766	
Agency-Wide PREA Coordinator			
Name: R.J. Strauser		Title: Director/PREA Coordinator	
Email address: raymond.strauser@ocfs.ny.gov		Telephone number: 518-474-0351	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Taberg Residential Center for Girls (TRCG) was conducted on July 20, 2016 by Jeff Rogers, from Frankfort, Kentucky who is a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculums, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The review prompted several questions by the auditor that were sent via email to the Statewide PREA Coordinator and facility PREA Compliance Manager and discussed on the telephone or email prior to the on-site audit. Most of the auditor's concerns were addressed to the satisfaction of the auditor prior to his arrival and all issues not settled were done so during the on-site audit.

During the on-site audit, the auditor was provided a multipurpose room in the facility from which to work and conduct confidential interviews with facility staff during the morning hours. In the afternoon the auditor was moved to another room closer to the resident's living units for resident interviews and additional staff interviews. The auditor interviewed residents from the two housing units with varying lengths of stay. Facility staff members were interviewed representing all shifts utilizing the DOJ provided Random Staff Questionnaire. Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections; generally and specifically, their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff were questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The following specialty staff questionnaires were utilized during this review including:

The Agency Head Designee was interviewed during a Previous PREA Audit

The Facility Director

Agency PREA Coordinator was interviewed in a previous PREA Audit

PREA Compliance Manager

Designated Staff Charged with Monitoring Retaliation

Incident Review Team

Staff that perform Screening For Risk or Victimization and Abusiveness (2)

Intake Staff (2)

Medical and Mental Health Staff (3)

Intermediate or Higher Level Facility Staff (2)

Staff First Responder (2)

Investigator was interviewed during a previous PREA Audit

Random Staff (7)

The auditor reviewed staff personnel records to determine compliance with training mandates and background check procedures. These were all in order. The Facility Director also verified in a written statement that all staff had been trained and educated in the PREA requirements. Resident case records were reviewed to evaluate screening and intake procedures as well as resident education and acknowledgement forms verifying they had received the required training and information. During the past 12 months there has been 12 allegations of sexual abuse. There were no sexual harassment allegations reported. At the time of this report there had been no substantiated allegations of sexual abuse, only unfounded or unsubstantiated allegations. All 12 incidents were investigated by the Justice Center.

The auditor toured the facility escorted by the the PREA Coordinator, the PREA Compliance Manager, and the facility director and observed among other things the facility configuration, location of cameras, staff supervision of residents, housing unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy (residents shower one at a time). Notices of the PREA audit were posted throughout the facility in common areas including resident housing units on May 27, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Taberg Residential Center for Girls is located in the central region of New York State, approximately 15 miles northwest of the City of Rome. It is a rural area with many trees and hills dotting the landscape. The campus is comprised of three buildings in a very relaxing outside atmosphere. Often times weather permitting the residents will hold group meetings outside. The main building houses two living units, dining area, medical unit and administrative offices. The facility's control center is also located in the main building. Staff are able to monitor surveillance camera footage at this location. Security staff in the control center monitor and regulate all movement into and around the buildings. The facility has 119 indoor surveillance cameras and an additional 27 cameras outdoors. At the annex there is another security checkpoint for visitors and staff using that building. An adjacent building contains a gymnasium, workout room and game-center. An annex contains classrooms, a library, computer learning center, educational workstation, cafeteria, pottery studio, training center and conference room. (The annex was formerly an OCFS facility named Annsville.) Each housing unit has single occupancy rooms. Three showers and bathrooms are located in each housing unit. Residents shower separately and are required to be dressed going into and out of the shower stall. When showers are occurring all other residents remain in their rooms. There are at least two and often three security staff on each housing unit except for the midnight shift when only two staff are posted to each unit. Each housing unit has rooms that line the rectangular shaped area with a day room in the middle of the configuration. The facility has 46 volunteers that provide additional programming mostly religious.

The youth served are female adjudicated juvenile delinquents generally between the ages of 13 and 17, placed with OCFS by the New York State Family Courts. There exists a six phase program relating to a resident's advancement through the program with the ultimate goal of release. These phases are the Engagement Phase that includes orientation and commitment; the Learning Phase; the Application Phase; the Generalization Phase; and the Future Phase. The average length of stay at Taberg is 199 days.

The following are programs designed for the residents and include Dialectical Behavior Therapy (DBT) that provides the over-arching model of treatment. Individual therapy is provided by licensed clinicians. A team comprised of clinical, professional and direct care staff facilitates DBT groups that use modules in mindfulness, distress tolerance, emotion regulation and interpersonal relationships to promote development of social skills. Licensed clinicians lead curriculum-based substance abuse education groups. Direct care staff facilitate psycho-educational groups focusing on anger management, gender issues, victim awareness and structured learning.

Education: All youth are involved in a structured school setting with small class sizes. The facility provides educational programming for youth according to New York State Education Department requirements. The Committee on Special Education (CSE) addresses special education needs for classified students. Qualifying youth may also enroll in the Alternative High School Education Programs and pursue a Test Assessing Secondary Completion (TASC).

Vocational Opportunities: Youth receive instruction in job readiness and portfolio development.

Health Services: Comprehensive health services are provided by licensed health professionals. Registered nurses are on duty during day and evening shifts seven days a week. A nurse practitioner provides primary medical care and a physician visits the facility twice a month.

Upon admission, each youth has a comprehensive health assessment and an initial plan of care is developed. Immunizations are brought up to date following current public health recommendations. Eye care services are also provided on site. Dental care is provided by the OCFS dental clinic in Rensselaer, New York. Nursing sick call occurs daily. Nurses refer health problems that cannot be addressed via routine nursing interventions to the nurse practitioner or facility physician. Health staff initiate or continue needed health services via scheduled follow-up appointments.

Mental Health Services: Taberg provides mental health services for all youth. A ten-bed mental health unit (MHU) is available, specifically designed for youth referred based on higher levels of mental health needs. All youth receive weekly clinical counseling from a psychiatrist as well as weekly clinical counseling with an Associate Psychologist or LMSW.

Recreation: Recreational programming is provided to encourage personal confidence, build self-esteem, support sportsman-like conduct and provide opportunities for productive use of leisure time. Recreational activities include arts and crafts, hobbies, games, physical fitness and sporting events. A sand volley ball court is also available.

Religious Services: A non-denominational service is offered on a weekly basis for the spiritual needs of the youth. Bi-lingual Spanish language services are also available.

Visitation: Families are vital to the treatment for youth in placement and are encouraged to visit on weekends. Family engagement is actively pursued through a series of video conferences, participation in treatment team meetings, as visiting schedule as well as facility-sponsored visits to the facility.

Special Programs and Community Partnerships:

Special programs at Taberg include pottery, a graphic arts printing program, cosmetology and culinary arts. The Community Advisory Board donates Christmas gifts, bibles and hosts picnics. The Advisory Board also donated Gizmo, the facility dog. Youth are able to learn responsibility by feeding and caring for the dog and also benefit from the unconditional love and affection he provides in return.

Pre-Release Orientation: Release planning begins at intake. The facility support team members work closely with residents, parents and community service team (CST) members to ensure that youth and their families receive the support needed for a timely and successful return to the community.

The Office of Children and Family Services serves New York's public by promoting the well-being and safety of our children, families and communities. It is our goal to provide a safe and secure environment so all facility youth will have the opportunity to fully experience the rehabilitative process, and in doing so, to realize their full social, academic, vocational and emotional potential.

SUMMARY OF AUDIT FINDINGS

Overall, the interviews of residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to a video that addresses PREA.

There are also PREA posters, guides, and pamphlets in English and Spanish to assist in educating residents about PREA. Residents indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused. Residents reported they could tell a trusted staff member, the state ombudsman, a parent, or call the Justice Center hotline telephone number. Residents consistently indicated to the auditor that they felt safe in the facility. Residents were also aware that outside services were available including counseling for sexual abuse and harassment.

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Additionally, staff were well trained on the PREA first responder's protocol for any PREA related allegation and could clearly articulate exactly the steps they would follow if they were the first responder to an incident.

During the past 12 months there has been 12 total sexual abuse allegations. There are still several investigations results pending but with those that have been investigated and a ruling made, all were either unfounded or unsubstantiated.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that department and agency leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the agency to adopt a zero tolerance policy for sexual abuse and harassment.

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Compliance Documents

OCFS Policy 3247.01 Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment pages 1-15
OCFS DYYOY Organizational Chart
Local Operating Procedure 3247.01 pages 1-3
Interviews with statewide PREA Coordinator and PREA Compliance Manager

The Office of Children and Families, Division of Juvenile Justice and Opportunities for Youth organization chart shows the PREA Coordinator's position on the chart. This position reports directly to the Deputy Commissioner in the Division of Juvenile Justice and Opportunities for Youth. This person as well as the facility PREA compliance manager have sufficient time to perform their duties. The agency's Zero Tolerance Policy meets the requirements of the standard. The facility PREA Compliance Manager reports directly to the facility Director and is included in the facility's organization chart. Both the PREA Coordinator and the PREA Compliance Manager said in interviews they had sufficient time and authority to perform their PREA related duties.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the agency who has facilities for the housing of youth at other locations.

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Compliance Documents

Interview with statewide PREA Coordinator

This standard is non-applicable because the agency does not contract for the housing of the youth.

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in how it monitors and supervises residents.

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances. Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Compliance Documentations

OCFS Policy 3247.40 titled Administrative Coverage in OCFS facilities page 3
Video Surveillance and Staffing Plan for 2016 pages 1-4
OCFS Policy 3247.18 titled Contraband: Inspections and Searches page 5
OCFS Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse and Harassment pages 1-15
Employee Manual-Rules of Conduct pages 3 and 6
Unannounced Rounds Documentation
Interviews with facility Director and PREA Compliance Manager

The auditor interviewed the facility Director who spoke at length about the factors it takes to develop the staffing plan. Each of the standard's 11 requirements for developing a staffing plan contained in this standard is taken into consideration when planning and developing the staffing plan. There has not been any deviation from the plan which is checked daily by the facility Director and other supervisory staff. The use of video monitoring is used to augment staff supervision according to the facility Director and the PREA Compliance Manager. The facility Director said the staffing ratios are 1:4 in the first two shifts from 7:00 a.m. to 11:00 p.m. From 11:00 p.m. to 7:00 a.m. the staffing ratio is at least 1:12, but is often 1:6 according to the facility

Director. The facility Director and/or other upper management staff conducts unannounced rounds for all shifts and records these rounds in the shift log. Agency and facility policy outlines the requirements for unannounced rounds including prohibiting staff from alerting other staff of the unannounced round. The staffing plan is maintained in the central services unit building. The facility has 146 surveillance cameras in use to allow control center staff to monitor the activities of the facility. These cameras can record information for up to a year for investigative purposes.

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility about how it treats transgendered and intersex residents in regards to cross-gender strip searches or cross-gender body cavity searches.

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Compliance Documents

Training Records and Curriculum for Searches
Agency Policy 3247.18 titled Contraband, Inspections, and Searches pages 4-6
Resident and Staff interviews

The agency prohibits the searches of residents by members of the opposite sex. There have been no times when a male staff patted down or in any way searched a female resident. This was confirmed by the residents interviewed. Interviews with staff and residents confirmed that the male staff announce their presence when entering an area where residents shower, dress and undress, or use the toilet and that at no times have male staff observed residents in these areas in stages of undress. Staff interviews also confirmed that except for medical staff no searches of transgendered or intersex residents occurs for the sole purpose of identifying their sexual orientation. Agency policies, training curriculum and training logs properly documented PREA standard compliance. Staff interviews further confirmed that these practices occur as required. Training had been completed for all staff.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to ensure that residents who are limited English proficient and residents with disabilities be afforded the same equal opportunities to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse or harassment.

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

Compliance Documents

2015-16 Training Records
Training Curriculum
Language Assistance Resources
Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse and Harassment pages 1 and 8
PREA Brochure in Spanish and English
Staff interviews

There have been zero (0) instances where the services of an interpreter was needed during the review period; however appropriate services may be provided through professional organizations. Resident interpreters, resident readers or other types of resident assistants are not utilized at this facility except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise residents' safety, the performance of first responder duties or the investigation of the residents' allegation(s). The facility has an agreement with a language assistance resource free of charge to residents. Staff said in interviews that they were aware of the language resource service. Staff are also available to provide assistance to residents with developmental disabilities. One staff interviewed was able to read sign language thus there is provisions to serve this type of resident if the need arises.

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard directs the facility in hiring and promotional practices in regards to PREA.

The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

- (1) 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);
- (2) 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
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The agency shall consider 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. Before hiring new employees who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) 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.

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. The agency shall 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.

Compliance Documents

OCFS Policy 2021.04 titled Employee Screening for Child Abuse, and Maltreatment pages 1-7
OCFS Policy 2026.03 titled Criminal History Screening for Employees and Candidates page 1-8
Justice Center Directive Reasons for No Hires
Justice Center Exclusion List
Examples of Staff Background Checks

The New York State Justice Center for the Protection of People with Special Needs (known at the Justice Center) is the lead agency on conducting background checks. When a person applies for a position with OCFS, the Justice Center checks to see if the person is identified on the Staff Exclusion List (SEL). If a person is not on the list, then the OCFS requests a criminal background check and a check of the Statewide Central Register of Child Abuse and Maltreatment. The Justice Center then informs the agency if the person has successfully passed the background check. Previous employment references are then contacted. On the application for employment, applicants are also required to report any arrests or misconduct that would impact their ability to work with young people. When a person is hired in OCFS, their name is entered into a national database that tracks all contacts with law enforcement agencies. If an OCFS employee is arrested in the U.S, a notification is immediately sent to the New York State Justice Center where a notice is then sent to the agency. While the agency does not conduct criminal background checks every five years, this system captures arrest information for current employees in real time. Agency policy states that employees have an affirmative duty to disclose misconduct that can impact on their ability to perform their responsibilities. OCFS checks the Statewide Central Register of Child Abuse and Maltreatment every two-years for current employees. Promotions follow similar procedures. Former employees who return to OCFS after 12 months of separation are re-fingerprinted for background checks to be completed prior to re-employment. The auditor examined a sampling of staff records to verify compliance with the requirements of this standard including criminal and sexual abuse verification checks.

Standard 115.318 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility when considering upgrades to its facility or technologies.

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Compliance Documents

2016 Annual Surveillance and Staffing Plan
Interviews with PREA Coordinator and Security Staff in the Central Services Unit/Control Center
Interview with the Facility Director

There has been no modifications to the building since 2012. Additional cameras have been added since that time. The OCFS conducts a Video PREA Audit Report

Surveillance and Staffing Plan annually. There are currently 146 surveillance cameras, 119 are located indoors and an additional 27 cameras are located outside of buildings. The Video Surveillance Plan is completed annually. There are 15 monitoring stations to view footage. Interviews with the PREA Coordinator and the facility Director said that any modifications or addition of cameras is done to further protect residents from sexual abuse.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's evidence protocol and forensic medical examinations as it relates to PREA.

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The requirements of this section shall also apply to:

- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

For the purposes of this standard, a qualified agency staff member or a qualified community based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Compliance Documents

Agency policy 3243.16 Payment for Health Services page 1
Credentials of Facility Staff Who is a Victim Advocate
Justice Center Agreement
MOU with the Vera House, Inc.
Justice Center Director Interview

The Justice Center of New York is responsible for conducting sexual abuse investigations at OCFS facilities. The Justice Center agreement indicates that for every allegation of sexual abuse or harassment an investigation is begun within 24 hours according to the interview with the Director of the Justice Center. According to the agreement all requirements of PREA standards in regard to the obtaining for suitable evidence meet the requirements of this standard. For SANE or SAFE services the facility has an MOU with the Vera House, Inc. who will provide SANE services at the University Hospital In Syracuse, New York. In addition to services for residents who have been sexually abused or harassed, there is a qualified victim advocate at the facility who can be available for any victim of sexual abuse.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's efforts at referring allegations for investigations to an appropriate investigatory agency for all sexual abuse or harassment allegations.

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse or Harassment pages 10-11
 Justice Center Agreement
 Interview with Director of the Justice Center

The Justice Center is responsible for investigating all allegations of sexual assault, abuse or harassment. The Justice Center is an independent governmental body and is not a part of the Office of Children and Family Services. According to the Executive Director of the Justice Center, investigations are begun within 24 hours unless its an extreme emergency situation. In the past 12 months there has been 12 sexual abuse allegations. Of the allegations that have been investigated and a finding made, all allegations have been unsubstantiated or unfounded. There has been no sexual harassment allegations. The agency policy related to investigations is published on the agency's website. According to the Justice Center Executive Director, the Justice Center has policies that guide the agency's efforts in the conduct of PREA Investigations.

Standard 115.331 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in its efforts to train all facility staff in the PREA requirements.

The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

Compliance Documents

- Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse and Harassment pages 7-8
- Agency Policy 3442.00 titled Lesbian, Gay, Bisexual, Transgender and Questioning Youth pages 1-3 and appendix page 1-11
- LGBTIQ Training Curriculum for Staff and Staff Training Records
- Training Curriculum for OCFS staff by OCFS training staff
- National Institute of Corrections Training Curriculum
- Verification Statement from the Facility Director
- Staff Interviews

According to the Facility Director all Taberg staff had been trained in the 11 components of this standard. The auditor verified training by reviewing a sampling of staff training records that included an acknowledgment of understanding and receiving the training. The facility Director also verified that all staff had been trained in the PREA Curriculum and signed a statement to that effect and also confirming it during an interview with the auditor. The agency trains its staff annually in the PREA requirements. Agency policy also requires that if a staff member transfers in from a male facility, that staff member will be retrained in dealing with the female population. Random staff interviews confirmed each staff member's knowledge and understanding of the PREA requirements.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs an agency's efforts to train volunteers and contractors in the PREA requirement.

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Compliance Documents

The facility has trained all volunteers in the PREA curriculum for Volunteers and Contractors. According to the facility PREA Compliance Manager there are no contractors at the facility. However, if there was to be contractors, they would be trained in the PREA Curriculum for Volunteers and Contractors. The auditor reviewed 9 examples of volunteers signing an acknowledgement form indicating their understanding of the PREA requirements. Policy dictates that all volunteers and contractors be trained in the PREA requirements.

Standard 115.333 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to provide during the intake process for a resident that residents receive information regarding the facility's zero tolerance policy about sexual abuse and harassment and how to report sexual abuse and harassment.

During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency shall maintain documentation of resident participation in these education sessions. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse and Harassment pages 6-8

Agency Policy 3402.00 titled Limited Secure and Non-Secure Facilities Admission and Orientation page 12

Local Operating Procedure 3402.00 page 6 and 8

PREA Brochures in Spanish and English

11 Examples of Resident Acknowledgement of Receiving PREA Information

Video- titled "Youth Rights" and Resident Acknowledgements of Watching the Video

Interviews with Intake Staff

Residents told the auditor that they had received the PREA related education including watching a video about Youth Rights in regards to PREA during the intake process on the first day. The auditor verified that residents had signed an acknowledgement form for receiving all PREA related materials. The facility has PREA related information available in an age appropriate language and staff are available to assist them with understanding PREA when a resident has a language or disability issue. There are PREA related posters in Spanish and English on the walls throughout the facility including housing units. There are also brochures available at all times. The PREA information is also available in the resident handbook with residents acknowledging receipt of this by their signature. Intake staff also told the auditor that the initial PREA information is given in the first hour of their arrival.

Standard 115.334 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the training requirements for investigators.

In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Compliance Documents
Justice Center Agreement

The Justice Center is the outside agency that conducts all PREA related Investigations at OCFS facilities. The Justice Center has trained its investigators in the PREA requirements according to the Director of that agency. Because the OCFS has no investigators this standard is Non-Applicable.

Standard 115.335 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to have each medical and mental health staff member go through additional specialized training beyond that given to all employees.

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assaults, Abuse and Harassment page 8
Medical Staff Training Records
Interviews with Medical and Mental Health Staff

All medical and mental health care staff have received required specialized training as documented in training records and confirmed through interviews with medical/mental health staff. Training included how to detect and assess signs of sexual abuse/harassment, preservation of physical evidence of

sexual abuse, effective/professional response to victims, reporting of allegations or suspicions of sexual abuse/harassment. Medical staff at Taberg do not conduct forensic examinations. All medical and mental health staff also complete the PREA training required for all staff.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's effort at gathering information within 72 hours of intake and periodically thereafter during confinement.

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Such assessments shall be conducted using an objective screening instrument.

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection and Response to sexual Abuse, Assault and Harassment page 6

Agency Policy 3402.00 titled Limited Secure and Non-Secure Facilities Admission and Orientation page 9-10

Facility Classification Form – OCFS-4928

Interview with agency PREA Coordinator,

Interviews with Intake Staff and Staff Responsible for Risk Screening

Interview with Residents

Initial screening is conducted on all residents prior to living unit/room assignments.

Screenings for risk of sexual abuse victimization or sexual abusiveness toward other residents are conducted within 72 hours of admission. Interviews with staff and residents confirmed that resident screening occurs within 72 hours of admission and most of the time, this screening occurs during the first day of admission prior to housing assignment. The assessment attempts to ascertain information through conversations with the residents about prior sexual victimization and/or abusiveness, any gender nonconforming appearance or manner/identification and whether the resident may be vulnerable to sexual abuse. Information is also obtained related to current charges/offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, residents' perception of vulnerability and any other specific information (medical/mental health screenings, any court records and resident file documentation) that may indicate heightened supervision needs and additional safety precautions, to include separation from certain other residents. The screening instrument is used in conjunction with resident history and records from referral agencies. Information obtained through these processes are provided only to designated staff who work directly with residents to ensure sensitive information is not exploited to the residents' detriment by staff/contractors/volunteers or other residents. Random resident records were reviewed. The review demonstrated the required initial screening and the facility reported that residents received this screening within 72 hours. Reassessments are conducted at least every six (6) months and more often as indicated.

Standard 115.342 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard sets forth guidelines for the use of screening information that is used in making housing, programming, bed, education, and work assignments.

The agency shall use all information obtained pursuant to § 115.341 and subsequently make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: The basis for the facility's concern for the resident's safety; and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each resident described in this standard a review to determine whether there is a continuing need for separation from the general population.

Compliance Documents

OCFS Policy 3247.15 Room Confinement pages 2, 4-6, and pages 8 and 9
OCFS Policy 3402.00 Limited Secure Admission and Orientation page 9-10
Classification Documents
Staff and Resident Interviews

To date there have not been any transgendered or intersex residents at Taberg. The facility has in place all safeguards necessary to protect a transgendered or intersex resident. The facility does not utilize any type of seclusion or protective housing units. The facility has ample housing units and should the need arise to move a resident it generally would not cause any issues. If a resident needs protection, a safety plan which would be developed and ensure that staff would be observing the resident at all times. Staff and resident interviews indicated that all residents receive showers one at a time. There are three showers on each housing unit. The agency (OCFS) considers on a case-by-case basis whether a residents placement would keep the resident in a safe and healthy environment and whether the placement would present management or security problems.

Standard 115.351 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's on how residents are allowed to report sexual abuse and harassment.

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The facility shall provide residents with access to tools necessary to make a written report. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection and Response to sexual Abuse, Assault and Harassment pages 8-11

Agency policy 3456.00 titled Child Abuse and Neglect Reporting in OCFS Programs page 2

NYS Justice Center Investigation Requirements

OCFS Employee Manual, pages 3 and 6

Agency Policy 3429.00 titled Reportable Incidents

Agency Policy 3456.01 titled Justice Center-Related Reportable Incidents in OCFS Facilities and Programs.

Article 19 G of the New York Executive Law

Interviews with Residents and Staff

Residents were able to articulate to the auditor the various ways for a resident to report a PREA allegation, including tell a trusted staff member, contact the Justice Center by phone, tell a third party such as a parent, or contact the Ombusman. Residents reported that the calls to these agencies are free and that they could remain anonymous when reporting an incident. Random staff interviews indicated that they accept verbal reports from residents and would report this immediately through their chain of command or Justice Center hotline. Staff also said they could call the Justice Hotline number to report an allegation privately. Agency policy dictates procedures for any resident detained for civil immigration purposes. Executive law 19 G requires all employees of OCFS to report any allegation of Sexual Abuse or Harassment.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's efforts in how residents may use the grievance system for PREA allegations.

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The agency shall 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, and such grievance is not referred to a staff member who is the subject of the complaint. The agency 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. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The agency 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. The agency 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. 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 shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Compliance Documents

Agency Grievance Policy PPM 3443.00

The OCFS does not utilize the Grievance Process for PREA related allegations therefore this standard is Non-Applicable.

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's effort at providing residents with access to support services and legal representation.

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall 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. The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Compliance Documents

OCFS Form 4902 Youth Admission Handout about Sexual Abuse and Assault
Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse and Harassment pages 8-9
PREA Posters in Spanish and English
MOU with Vera House Inc.
Resident Interviews
Agency Policy 3422.00 titled Resident Mail page 2
Agency Policy 3455.00 titled Visitation at DJJOY Facilities page 5

The facility has entered into a MOU with the Vera House, Inc. for the provision of emotional support and SANE services related to sexual abuse. Posters on the wall throughout the facility and the resident's handbook contain telephone numbers and addresses for the outside service providers such as the Vera House, the Justice Center, and the OCFS Ombudsman. Residents told the auditor that they knew counseling services were available to support them and that the calls to them were free and that the information shared would be confidential. OCFS policy also outlines how civil immigration youth could contact their consular offices.

Standard 115.354 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility to establish a third party reporting mechanism for sexual abuse or harassment.

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Compliance Documents

Agency public website – <http://http://ocfs.ny.gov/main/rehab/prea.asp>

Agency Policy PPM 3247.01, Prevention, Detection and Response to sexual Abuse, Assault and Harassment, page 10

Facility PREA Posters with Third Party Reporting Information.

<http://www.justicecenter.ny.gov/> Information Regarding Third Party Reporting made Available on the Agency's Website.

The facility's policy on Prevention, Detection and Response to Sexual Assault, Abuse and Harassment describes multiple methods used to receive third-party reports of sexual abuse/harassment and is posted on the agency's website to inform the public about reporting resident sexual abuse or harassment on behalf of residents. Toll free telephone numbers are provided on the OCFS and Justice Center websites for anyone wishing to make a third party report.

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility regarding staff and facility reporting duties.

The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited 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. Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to the first paragraph of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility

has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment pages 10, 12, and 13
Agency Policy 3456.00 titled Child Abuse and Neglect Reporting
New York Executive Law 19 G
Radom Staff and Facility Director Interviews

The facility's policy on Prevention, Detection and Response to Sexual Assault, Abuse, and Harassment describes requirements for all staff to immediately report any knowledge, suspicion or information received related to sexual abuse/harassment incidents, retaliation and staff negligence that may have contributed to such incidents. Medical and Mental Health staff are also required to report any suspicion or information to the facility Director or ADO. According to staff interviews, they are also required to report any suspected retaliation against staff or residents who reported such an incident and to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility administration is required by law to report any sexual abuse incidents to the Justice Center. The Facility Director said he also contacts the resident's family if allowed and if not to the resident's case worker. He also said he contacts the attorney of record within 14 days or sooner. All staff interviewed were aware of their reporting obligations.

Standard 115.362 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard addresses the agency's protection duties.

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Compliance Documentation

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 9
Justice Center Code of Ethics pages 1-2
Staff Interviews and Facility Director

All staff interviewed including the Facility Director knew to separate the victim from the alleged perpetrator immediately. There has been no occurrence of this occurring in the last 12 months.

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to report any allegations received from a resident that may have occurred at another confinement facility.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment pages 10-11
Interview with the Facility Director

The Facility Director said he would report the allegation to the Justice Center immediately upon learning of it. Agency Policy requires a notification to be sent by the receiving facility to the facility where the resident came from. These notifications are required within 72 hours of the arrival of the resident who reports the allegation. There has been no occurrences of this in the past 12 months.

Standard 115.364 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's first responders actions.

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 10
Interviews with Random Staff/First Responders

Agency Policy requires that staff first responders take immediate action to separate the victim and perpetrator, preserve and protect the crime scene until steps can be taken to collect any physical evidence, request the victim to not destroy any evidence by washing hands, using the toilet, and brushing teeth. The first responder shall also instruct the perpetrator to not destroy evidence by using the toilet, washing hands, and brushing teeth. All random staff interviewees knew the first responder requirements.

Standard 115.365 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility to have a coordinated response plan for sexual abuse.

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Compliance Documents

Local Operating Procedure 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 2
Interviews with Facility Director and First Responders

According to the Facility Director all facility staff are trained in the first responder requirements. There has been no staff having to carry out first responder duties in the last 12 months. Local Procedures outlines a plan that coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. The interview with the Facility Director indicated that staff is aware of their responsibilities to coordinate their actions in the event of an incident.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the agency's use of union agreements.

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated

Compliance Documents

Interview with PREA Coordinator

There have been no new or renewed collective bargaining agreements in the past year; however, any contracts developed or renewed will not limit alleged
PREA Audit Report

staff sexual abusers to be removed from contact with residents pending the outcome of the investigation and a determination of discipline.

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in its effort to protect residents and staff from retaliation.

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 11
Interview with Staff who Monitor Retaliation

According to the staff interviews protection is provided to the resident or staff who may experience retaliation for reporting sexual abuse or harassment or for cooperating with investigations of sexual abuse and harassment. PREA Compliance Manager said that a suspected case of retaliation shall be monitored as long as the victim is at the facility (even beyond 90 days). While the victim of retaliation is at the facility changes can be made to housing assignments and or ultimately transferred to another facility in order to protect the resident. If the perpetrator is another resident, that resident can be assigned to another housing unit or transferred to another facility. If the perpetrator is a staff, that person is removed from supervising or otherwise being around the victim. The staff person can be disciplined up to and including being terminated and if criminal in nature turned over to the local prosecutor. The PREA Compliance Manager (who monitors retaliation) said she looks for a variety of signs such as fearfulness, changes in behavior, bedwetting, and staff write ups when suspecting retaliation is ongoing.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the agency's efforts when utilizing segregated housing.

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

The Taberg Residential Center for Girls nor any OCFS Facility does not use isolation for victims of sexual abuse or harassment, therefore this standard is Non-Applicable.

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in regards to administrative and criminal investigations.

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The 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. 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. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. 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. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. 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.

Compliance Documents

Letter of Agreement with the Justice Center
Agency Policy 3429.00 titled Reportable Incidents
Agency Policy 3456.00 titled Child Abuse and Neglect Reporting
Agency Policy 3247.00 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 11
Interview with Justice Center Executive Director

There have been 12 investigations of sexual abuse at this facility (0 sexual harassment allegations). Investigators are to use any available evidence, including witness interviews and suspected sexual abuse perpetrator reports. Investigations are not terminated should the source of the allegation recant the allegation. Should criminal prosecution be considered interviews of alleged victims/suspected abusers and witnesses will be conducted by the Justice Center investigators who will also gather physical and DNA evidence, and any electronic data; along with prior complaints and reports. No truth-telling device is used as a condition for continuing the investigation. Administrative investigations will include efforts to determine whether staff actions or failures contributed to the abuse documented through written reports which will include physical and testimonial evidence, credibility reasoning assessments and investigative facts and findings. All written reports will be retained for at least seven (7) years from resident(s) discharge or until the age of majority is reached whichever is longer. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation progress according to the Facility Director.

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is related to the evidentiary standard used for administrative investigations.

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.

Compliance Documents

Agency Policy PPM 3247.01, Prevention, Detection and Response to Sexual Assault, Abuse, and Harassment
New York State Justice Center Law page 33
Interviews with the Justice Center Executive Director
Interview with statewide PREA Coordinator

Facility policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse or harassment. The Justice Center has been asked to use this standard for investigations at the facility. Through an interview with the agency PREA Coordinator, it was stated that the Justice Center uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment. This was also stated by the Justice Center Executive Director in an interview.

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard establishes the reporting process relating to the outcome of an investigation.

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 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. An agency's obligation to report under this standard shall terminate if the resident is released

from the agency's custody.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 14
Sample Letter of Notification
Interview with the Facility Director
Interview with the Justice Center Executive Director

Each time an investigation is completed a notification letter is sent to the resident victim detailing the outcome of the investigation whether it be substantiated, unsubstantiated, or unfounded. The letter is given to the resident and the resident signs the notice signifying her receipt of the notification. During the course of the investigation, the Facility Director is kept informed of the investigation's progress either by phone or email. If the sexual abuse was perpetrated by another resident, the victim is kept informed if the perpetrator has been convicted on a charge related to sexual abuse within the facility. If the perpetrator is a staff the victim is kept informed if the perpetrator is no longer at the facility, or has been indicted related to a charge of sexual abuse at the facility.

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's efforts at disciplining staff who have violated the requirements of the PREA.

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 13

In the past 12 months there has not been any staff person terminated from the facility related to a case of sexual abuse or harassment. Agency policy is specific that if a staff person is guilty of sexual abuse or harassment then personnel and union rules regulate his punishment up to and including termination. And if criminal in nature then the staff person would be referred to the local prosecutor's office.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard provides guidance to the facility as it relates to disciplinary sanctions against a contractor or volunteer.

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 13

Agency policy requires that if a volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and if criminal in nature, the case will be turned over to the local prosecutor

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's disciplinary sanctions against residents for violation of sexual abuse or harassment of staff or a resident.

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Any disciplinary 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. 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. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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. An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 13-14
Agency Policy 3443.00 titled Youth Rules pages 6-7

According to agency policy any disciplinary 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 also considers 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 agency/facility does not allow the use of isolation for any victim of sexual abuse or harassment. The agency does not allow sexual activity of any kind between residents and if the sexual activity was not coerced it will not be considered to be sexual abuse. The facility also will allow perpetrators of abuse to be offered therapy and counseling to address their behavior.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in regards to conducting medical and mental health screenings and history of sex abuse.

If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Compliance Documents

Agency Policy 3243.18 titled Initial Mental Health and Medical Screening page 1-3
Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 8
Local Operating Procedure 3243.18 titled Initial Medical and Mental Health Screening page 3
Interviews with Medical and Mental Health Staff
Interviews with Intake Staff
Interview with PREA Compliance Manager

Agency policy and local operating procedures requires that a follow up meeting be offered within 14 days if she has been a victim of prior sexual abuse or if she was a perpetrator. According to the PREA Compliance Manager and Intake staff any information related to sexual victimization or abusiveness is to be kept confidential and the information is limited to Grade 18 staff and above. Grade 18 staff are management staff, medical and mental health staff, and counseling staff. According to medical and mental health staff informed consent is not required if the resident is under the age of 18.

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility in providing access to emergency medical and mental health services.

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. If no qualified medical or mental

health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 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.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment pages 9-10
Interviews with Medical and Mental Health Staff

According to interviews with medical and mental health staff emergency treatment of victims of sexual abuse provide medical and mental health services according to their professional judgement. If an allegation of abuse occurs when these staff are not present, facility first responders are required to take steps to protect the victim and notify medical and mental health practitioners of the allegation. Interviews also revealed that emergency contraception and sexually transmitted infections prophylaxis are offered to the victim and at no cost to the victim.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's ongoing medical and mental health care for sexual abuse victims and abusers.

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The 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 facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from conduct specified in this section, 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 offered tests for sexually transmitted infections as 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 facility shall attempt to conduct a mental health evaluation of all known resident-on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Compliance Documentation

Agency Policy 3243.33 titled Behavior Health Services page 5 and 13
Agency Policy 3243.01 titled Principles of Health Services page 2
Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment pages 12-13
Interviews with Medical and Mental Health Staff

Agency policy provides that there are no costs to the victim for related medical expenses in relation to being sexually abused or harassed. These costs include pregnancy tests and access to all lawfully pregnancy related medical services including tests for sexually transmitted infections. According to interviews with Medical and Mental Health Staff, they would offer a mental health evaluation to perpetrators of abuse within 60 days of learning of such abuse history and offer treatment if deemed appropriate by mental health practitioners.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility's efforts at reviewing any sexual abuse incident that occurred at the facility.

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. 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, 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, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Compliance Documents

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 12
Interview with the Facility Director
Interview with the PREA Compliance Manager

As outlined in agency policy, should a sexual abuse allegation be founded, an incident review will be conducted following a final determination of findings, unless unfounded. According to the Facility Director and PREA Compliance Manager a meeting would be held with upper management, medical and mental health staff, investigators, and input from upper level line supervisors. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, 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 and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff . A report is made of all incident reviews and distributed to the Facility Director and PREA Compliance Manager.

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard guides the agency in its data collection efforts.

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency 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. The agency shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Compliance Documents

PREA Data Base of OCFS

Agency Policy 3247.01 titled Prevention, Detection, and Response to Sexual Assault, Abuse, and Harassment page 15

Survey of Sexual Violence 2013

Interview with statewide PREA Coordinator

The PREA Coordinator in conjunction with the facility's PREA Compliance Managers, shall collect accurate and uniform data from each facility operated by the OCFS. The agency does not contract for any additional beds. This information is aggregated annually and a report is made of its findings. The Survey of Sexual Violence is used to prepare this report as well. The data includes incident reports, investigation reports and incident reviews. The report is published on it's agency's website each year according to the PREA Coordinator and observation by the auditor.

Standard 115.388 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard directs the facility efforts at reviewing data for corrective action.

The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. 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. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Compliance Documents

Agency website

Interview with Statewide PREA Coordinator

The PREA Coordinator collects data annually and compared it with the previous year report. Problem areas are addressed and solutions determined to protect the residents in OCFS facilities. Information of a personal nature are not included in the annual report. The report is published on the OCFS website <http://www.ocfs.state.ny.us/main/rehab/2013-SSV-Survey-DJJOY-Facilities.pdf>

Standard 115.389 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

This standard directs the facility in its efforts to comply with data storage, publication, and destruction of records related to PREA.

The agency shall ensure that data collected pursuant to § 115.387 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Compliance Documents

Agency Policy 1900.00 titled Telecommunications and Computer Use pages 1-7
Interview with Statewide PREA Coordinator

Agency policy dictates the security measures used to protect sensitive information from being exploited or accessed by others. The agency publishes its annual report on its website. Personal identifiers are removed from the report according to the PREA Coordinator. Agency policy dictates that sexual abuse data be retained for at least 10 years.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Jeff Rogers

July 28, 2016

Auditor Signature

Date