

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: 1/27/2017

Auditor Information			
Auditor name: Kimberly Collica-Cox, Ph.D. (lead auditor); Tony Hough (2 nd Auditor)			
Address: 41 Park Row, 11 th Floor, Room 1126, New York, NY 10038			
Email: kcollicacox@pace.edu			
Telephone number: 212-346-1862			
Date of facility visit: 8/08/2016; 8/09/2016; and 8/11/2016			
Facility Information			
Facility name: Westchester County Department of Correction			
Facility physical address: 10 Wood Road, Valhalla, NY 10595			
Facility mailing address: <i>(if different from above)</i> PO BOX 10 Valhalla, New York 10595			
Facility telephone number: 914-231-1400			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	X <input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Kevin Cheverko			
Number of staff assigned to the facility in the last 12 months: 837			
Designed facility capacity: 1821			
Current population of facility: 1054			
Facility security levels/inmate custody levels: U-Unclassified; B=Low; A=Medium; AA-High; AAA-Maximum			
Age range of the population: 16 years of Age to 75 Years of Age			
Name of PREA Compliance Manager: Leandro Diaz		Title: Deputy Commissioner of Operations	
Email address: lldd@westchestergov.com		Telephone number: 914-231-1326	
Agency Information			
Name of agency: Westchester County Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i> N/A			
Physical address: 10 Woods Road, Valhalla, NY 10595			
Mailing address: <i>(if different from above)</i> PO BOX 10 Valhalla, New York 10595			
Telephone number: 914-231-1400			
Agency Chief Executive Officer			
Name: Kevin Cheverko		Title: Commissioner	
Email address: kmc4@westchestergov.com		Telephone number: 914-231-1055	
Agency-Wide PREA Coordinator			
Name: Leandro Diaz		Title: Deputy Commissioner of Operations	
Email address: lldd@westchestergov.com		Telephone number: 914-231-1326	

AUDIT FINDINGS

NARRATIVE

Overall

WCDOC (Westchester County Department of Correction) did an excellent job maintaining and demonstrating compliance with all 43 DOJ (Department of Justice) PREA-related standards. We found staff and inmates to be very cooperative. The auditors debriefed the Deputy Commissioner at the conclusion of each day, which served to be an effective practice for remediation and gathering additional documentation. Documentation was well organized. Although there was a corrective action period for three out of the 43 standards, WCDOC had a well documented plan for achieving compliance within the next 60 days. Following this period of corrective action, WCDOC is currently in compliance with all 43 standards. WCDOC can serve as a model to other facilities, particularly jail facilities, trying to attain PREA accreditation. Once corrective action was completed, WCDOC was the first jail, notwithstanding the first large jail, to achieve PREA accreditation in the state of New York. The auditors were pleased to be a part of this accomplishment.

WCDOC is a facility committed to safety and rehabilitation. All of the inmates interviewed said they felt safe at WCDOC and even though this was a jail facility, there was a variety of programs available, including, but not limited to boot camp (for minors), Solutions (a drug program), RSVP (an anti-violence program), TSU (Transitional Services Unit), TASC (formerly the GED), BOCES Adult Literacy Program, BOCES Computer Programming, BOCES Incarcerated Youth Program, Right to Write (Sarah Lawrence College), Mommy Read (Sarah Lawrence College), EMERGE (Family Services of Westchester), Young Offender Program (Life Skills), AA/NA, Aramark Food Service Training Program, Vocational Grounds Maintenance and Landscaping Program, Vocational Laundry Services, Father's Count (Family Services of Westchester), The Reentry Initiative (in collaboration with local police departments), Community Link, Prisoner Fellowship, STRIVE, etc. Inmates were referred/assigned to programs via the Program Board once they were sentenced and had at least 45-60 days remaining on their sentence. Inmates could volunteer/request to participate in programs prior to being sentenced. All programs were conducted during cycles that consisted of at least 8 weeks. The first step to entering a program was through the Program Board's referral or through self referral (volunteer) via an Inmate Request Form.

Last, further commitment to PREA compliance was demonstrated when the Commissioner sent both WCDOC Deputy Commissioners to the PREA Resource Center's training to become certified PREA auditors.

WCDOC was in compliance with all standards following the corrective action period.

WCDOC (After Corrective Action):

Exceeds Standards:	13
Meets Standards:	30
Does Not Meet Standards:	0

Pre-Audit

On July 28, 2016, during the pre-audit stage, the two auditors met with the Deputy Commissioner at the WCDOC (Westchester County Department of Correction), who also served as the Warden, the PREA Coordinator and the PREA Compliance Manager. During this time, the auditors reviewed the folders, identified areas of concern and identified additional documentation that was needed. The auditors took a brief tour of one of the minor blocks, the Mental Health Unit and the Clinic, in addition to meeting some medical staff. The auditors briefly met with the Commissioner, who was also debriefed on the progress of the pre-audit. The auditors toured booking and examined the screening area. At the day's end, the auditors set forth the schedule for the in-facility portion of the audit. WCDOC was adequately prepared for this audit and had ample documentation to share with the auditors as

evidence of standard compliance.

Areas of concern in the pre-audit stage included:

- a. 115.31 - Employee Training - civilian staff employed over two years with WCDOC needed PREA training. The Deputy Commissioner provided a schedule for this training, as well as a schedule for civilian refresher training, prior to the audit's conclusion. This training schedule will exceed DOJ standards, requiring yearly training for civilian staff, rather than training every two years.
- b. 115.33 Inmate Education - Inmates were not receiving comprehensive education within the required 30 day period. The Deputy Commissioner said they were producing an educational video (available in English, Spanish and later with Closed Caption), which was almost complete. During the tour, we met with the Training Captain who provided the auditors with information regarding the video's progress.
- c. 115.41 Screening for Risk and Abusiveness & 115.42 Use of Screening Information - The questions asked in the current screening accounted for many of the required PREA-related questions but it was not an exhaustive list. WCDOC was implementing a new screening tool, which, when put into effect, will exceed DOJ standards. The Deputy Commissioner provided the auditors with a copy of the new PREA screening tool and an updated copy of the classification policy, which included this new screening instrument.
- d. 115.88 - Data Review – Information on how to obtain PREA-related aggregate data was not on the WCDOC website. The Deputy Commissioner had this information added to the WCDOC website prior to the end of the in-facility audit.

The auditors requested additional documentation for the following:

1. As per standard 115.81, if an inmate reported abuse during admission there had to be a mental health (MH) screening within 14 days. The auditors were not provided with a policy which delineated the time frame. The auditors received a copy of an e-mail from the Health Services Administrator (HAS) which said MH screening had to be done immediately; no exact time frame was provided in the e-mail. This was not necessarily a failure to meet compliance but additional documentation would make WCDOC's ability to meet compliance clearer. The Deputy Commissioner provided us a copy of CCS' (Correct Care Solutions – a contracted medical and mental health services agency) policy which said that such screenings are typically conducted within 7 days.
2. More detailed information regarding cross gender searching was needed. This practice was not conducted at WCDOC but the auditors wanted more information regarding its practice and/or non-practice.
3. A completed investigative report of staff (one criminal and one administrative) to review was needed.
4. Reports that showed notification was given to inmates who documented a PREA complaint and the type of information provided to the inmate by WCDOC regarding their complaint was needed.
5. Updated records for promotion and hiring (the ones provided during the pre-audit were over 12 months) that included PREA screenings was needed.

This requested information was either provided before the in-facility audit or during the in-facility audit.

Based on the information collected during the pre-audit, WCDOC, prior to the in-facility audit, exceeded 10 standards, met 28 standards and was not in compliance with 5 standards. Three of these standards were in compliance prior to the end of the three day facility audit.

In-Facility Audit – Day #1

August 8, 2016 was the first day of the in-facility audit. The auditors conducted a full jail tour (New Jail, Old Jail, Penitentiary, and the Women's Unit/Annex), in addition to impromptu interviews with inmates and staff while walking throughout the facility. Touring began at 10:30AM and ended at 5:00 PM. While there, auditors toured the following areas: Booking/Classification (the auditors spoke with the Booking Captain); 2 North West (General population/New Jail); 2nd Floor Classroom; 3 South East (working Block/General Population/New Jail); 4 North

East (Minor Block); Infirmary/Clinic (Old Jail); Mental Health (Old Jail); 1K (Mental Health Block/Old Jail); 3 West (PC Block/Old Jail); Old Jail Recreation area; 1 West (Old Jail); SHU (Penitentiary); I-North (minor block/Boot Camp Program Block/ Penitentiary); I-South (General Population/18 to 24 years of age/ Penitentiary); Minor recreation Yard (Penitentiary); Minor recreation Gym (Penitentiary); F-1 (General Population/Penitentiary); GPH – B Block (Penitentiary); Female Minor Block (Annex – A Block); Female Adult Unit (Annex/E Block/General Population) and the Training Division. While touring each area, the auditors spoke with officers, staff and inmates.

Two areas of concern were presented to the Deputy Commissioner following the conclusion of the first day of the facility tour:

1. PREA notices were not found in the single cell bull pens. These areas were usually reserved to house minors during the classification and screening process and were designed to maintain sight and sound separation from adult offenders. Before the auditors left, the Deputy Commissioner said that notices, secured under plastic, would be hung. The auditors visited those single bull pen cells before the conclusion of the audit to ensure its completion and all signs were posted.
2. There seemed to be a lot of consensus among male inmates that “women on the block” were not always announced. As a woman entering the block, the female auditor was only announced once. At least two officers told the auditors that female civilians were not routinely announced. Instead, the escort officer does a “peek and see”. In the female block, the male auditor was announced immediately and the female inmates said announcements were always made if there was a man on the block. The Deputy Commissioner already spoke to his supervisors about conducting supplementary training this week to ensure that all staff were reacquainted with this part of the standard in Policy #2-12 (Sexual Assault/Harassment).

Summary of Day #1: Overall, cameras were throughout the facility. Areas appeared to be properly staffed. Staff was familiar with many aspects of PREA. When speaking with the inmates, some were familiar with PREA but many were not. This will prove to be less of an issue once the educational video is implemented. However, many inmates knew about the posted signs and how to report abuse. Signs were appropriately posted throughout the facility, with the exception of one area in booking (mentioned above). This was corrected prior to the conclusion of the audit. Men were always announced when entering a female block, but the same consistency did not appear to take place when women entered the male blocks. Supplemental training with staff was conducted the week of the audit to reiterate that process. The minors had sight and sound separation from the adults and when separation was not possible, they were always under the direct supervision of a CO (Correction Officer). Inmates had privacy when showering, changing clothes or using the bathroom. Inmates were only allowed to shower one at a time. In Booking and in SHU, there were privacy walls for inmates to use the restroom. While touring, no inmate reported an issue regarding staff of the opposite gender viewing them while undertaking any of these activities. Classification and screening will be improved with the new PREA screening instrument but classification, medical and mental health were all very familiar with PREA protocols, particularly if someone reported an instance of sexual abuse. Immediate referrals were made and inmates would be sent to Westchester Medical Center for services. Supervisors made unannounced rounds and toured at least 2 times per shift. All inmates said that they felt safe at the WCDOC.

In-Facility Audit – Day #2

On August 9, 2016, the auditors focused on conducting inmate interviews. The auditors met with the Deputy Commissioner at 9:30AM to debrief the previous day. The auditors left the facility at 8:30PM. Upon arrival, the auditors discussed the following with the Deputy Commissioner:

Transgendered Inmate

The only transgendered inmate housed at the WCDOC was discharged (bailed out) prior to the auditors being able to interview her. Hence, the Deputy Commissioner provided the auditors additional information for her case file.

Civilian Training

The Deputy Commissioner gave the auditors the training schedule for civilian staff employed with the WCDOC for more than two years. The training was scheduled for the last day of the in-facility audit. The Deputy Commissioner also gave the auditors a copy of a memorandum with all of the refresher PREA training dates for civilian staff. To exceed the standard, training will be provided yearly.

CCS Screening

The Deputy Commissioner provided the auditors with a copy of CCS' Policy on Receiving & Screening – OPS-100_E-02. This policy placed WCDOC in compliance with standard 115.81 – Medical and Mental Health Screenings. The policy specifically stated that routine staff referrals were answered within 7 days, urgent staff referrals were answered within 3 days, and emergent staff referrals were answered within 1 day. This provided complimentary documentation to the memorandum by the Health Services Administrator which stated that all referrals in cases of sexual abuse should be immediate. Immediate – as clarified by the policy – was within 1 day. An updated WCDOC Classification Policy was provided as well.

The auditors interviewed 35 inmates on Day #2.

Auditor #1 completed interviews in the New Jail and Annex, in addition to one interview in the Penitentiary, totaling 18 interviews. Auditor # 2 completed interviews in the Old Jail and Penitentiary, totaling 17 interviews. Inmates from each housing unit, including specialty areas like the Infirmary, Psych, PC, minor blocks, and the SHU, were part of the random sample collected from the housing roster. Due to a decrease in population, only 30 blocks, out of the available 55 blocks, were open (i.e., closed blocks included 3 North West, J Dorm, H Dorm, etc).

There were four refusals from women offenders – in such cases, Auditor#1 chose a different inmate at random from the housing roster. No inmates declined participation if they agreed to come to the interview room; after explaining the purpose of the interview, everyone said they were fine with answering questions. Although independent of PREA, one inmate stated he needed a VA representative. Auditor #1 was able to contact the Director of Programs at WCDOC and a VA representative was scheduled to see him. WCDOC appeared very committed to programming.

Inmate Interview Summary:

In examining inmate responses, the auditors made the following conclusions:

1. **Opposite Gender Officers Announcing their Presence on the Housing Blocks**
 - a. When male staff entered the women's block, they **always** announced "Man on the Block" or "Man on Deck". This answer was consistent with 100% of female respondents. Auditor #2 was announced as soon as the officer saw him standing behind the gate.
 - b. When female staff entered the male block, announcements were made less than half of the time. An inmate drew attention to the fact that Auditor #1, a female, was not announced upon entering the block. Male inmates noted that announcing "Female on the Block" often caused more problems than it solved. When there was a shift change, the inmates were normally in their cells; many would be sleeping. Making such an announcement, they believed, caused unnecessary problems; some inmates became angry and started yelling because they were awoken. This appeared to cause a female officer to start her shift in a very unhealthy, and possibly, dangerous atmosphere. In other cases, rude remarks, gawking, etc, occurred when women entered the block. Out of all of the inmates the auditors spoke with, the majority stated that female officers do not see them when they are undressed, showering, etc. They also said they always knew when a woman was on the block because you could hear her or when you looked out of your cell window, you could see her. When changing or using the bathroom, they are allowed to cover their window. None of the male inmates the auditors spoke with said they were ever surprised by a woman's presence on the block. The Deputy

Commissioner gave the auditors documentation that supplemental training would be provided with CO staff during the audit week to reinforce the policy of female staff announcing their presence on male housing blocks. WCDOC has a strict policy on cross-gender announcements.

2. **Cross Gender Searches**

100% of respondents (both male and female) were consistent in their answers. WCDOC does not conduct cross-gender pat frisks or strip searches. All inmates felt that if they were stripped frisked, it was done infrequently (i.e., after visits, after court, or a possible shakedown) and their privacy was always maintained.

3. **Women and Activity Restriction Based on A Lack of Women COs**

100% of female inmates said they were never denied access to programs or work because a female officer was not available to pat frisk them. In fact, they stated female staff was always available, every day, and on every tour.

4. **PREA Education & Reporting**

In speaking with both male and female inmates, it was clear that they had a vague idea regarding PREA, what it was, and what it was about. About half of the inmates said they received a brochure upon admission or they remembered it being a part of the inmate handbook. However, very few could answer specific questions about PREA. All inmates signed for this handbook. During Booking, most said they were asked if they were in fear of their safety but the majority stated they were not asked about sexual victimization or whether they identified as LGBTI. A few said they remembered being asked about sexual victimization when they met with medical. Many knew they could report abuse by going to sergeant or by using the hotline. There were, however, a few who did not know the purpose of the hotline. The women offenders were happy to learn that the hotline was 24 hours and that they could call the hotline to speak to a counselor about abuse that occurred years prior. Most of the inmates did not believe the hotline was confidential, regardless of what was said to them. This was truer of the male inmates, when compared to their female counterparts. The majority of inmates were also unaware that they could not be punished for reporting, that they had the right to be free from sexual abuse, and that they could report in writing/in person or via a third party. Some inmates knew about this because they read the handbook and/or the posted signs on their housing block. The auditors used this time to provide supplemental education and asked inmates to share this information with other inmates on their block. Most inmates knew the signs were posted but never read them. They had a vague idea of what the signs said. The education video will help to alleviate many of these problems. The women were comfortable talking about PREA but the majority of men prefaced their answers with – “I never really thought about it because that would never happen to me” or “I am a big dude” or “I don’t even want to think about that.” In response, the auditor told them that this information, even though it may not apply to them specifically, may help someone on their block who confided in them. About half of the inmates knew there were community-based services but only a handful said they received this information from the jail. The remainder of inmates said they already knew there were services on the outside or they assumed there were services on the outside, but when asked, the majority could not really describe what those services might be. Overall, almost all offenders said they would be comfortable talking to their block CO or a sergeant if something happened that made them uncomfortable; others said they would probably talk to one of the volunteers from the church. No inmates disclosed that they had experienced sexual abuse in the prison. One woman told Auditor#1 of previous abuse in another state but she said she never disclosed it to the facility. In her case, it was reported to the authorities and her pastor, the abuser, was arrested and convicted. Auditor #2 interviewed an inmate from the psych block who reported a PREA incident during the screening process that occurred outside of confinement. He disclosed to the auditor that it was bogus complaint. When asked why he filed a bogus complaint, he said it was “to get even.” The auditors requested his case file and saw that the PREA complaint, although bogus, was fully investigated by the WCDOC’s SIU (Special Investigations Unit). Inmates were interviewed from minor blocks, the PC block, SHU, psych, the infirmary, general pop and program blocks. At least one inmate from

every housing block, in every building, was interviewed.

5. Minors

Minors' responses were in line with the majority of adult offenders (see above). Three minors were interviewed (2 males and 1 female – at the time of the interview, there was only 1 female minor on the minor block; there was another female being processed in booking). It is clear that minors had sight and sound separation from adults. Anytime they were out of their housing area or in the presence of an adult, they were supervised by a CO.

6. Special Cases

We did not interview any inmates on Day #2 who reported a PREA incident or complaint within the facility. We asked for the file on a female inmate who reported a PREA complaint but when we tried to see her, she was at court. It is quite possible that she was released. We were not able to interview any Transgendered inmates; WCDOC had one in custody but she was released prior to our ability to interview her. On the 3rd day of the audit, Auditor #1 spoke to a female identified as having a PREA complaint, but upon interviewing her, it was clear that she did not file a complaint; an officer filed one against a sergeant on her behalf. WCDOC's current screening instrument did not ask about sexual orientation or whether someone was intersexed, hence, the auditors had no one specific to interview who met those qualifications. The auditors were able to interview a hearing impaired inmate, with the use of an ASL interpreter, on the last day of the audit.

7. Specialized Staff

One interview was conducted by Auditor #1 with a staff person from mental health. Based on this interview, PREA training for CCS (Correct Care Solution) staff was ongoing and they were trained in how to detect and assess signs of sexual abuse/harassment, how to preserve evidence, how to respond, and who to report to if such cases occurred. Therapy and a continuum of services were offered to anyone who reported abuse. Transgendered inmates were automatically placed on mental health's caseload for a welfare check every 30 days. They had clear procedures on consent, which was based on the inmate's age and where the abuse occurred. Anytime abuse was reported, services were provided immediately. If the incident occurred recently, the inmate would be taken to the outside hospital and receive FACT (Forensic Acute Care Team) services (i.e., SANE/SAFE exams, information regarding pregnancy, STIs, etc). If an inmate was pregnant, she would be offered information regarding pregnancy options. This staff person said it would be done within an hour of reporting. All inmates who reported an incident would receive a victim assistance card, which provided information on community-based resources. Inmates who reported an incident of abuse would receive a complete psycho/social evaluation by a MH worker and they would be offered counseling. They would be seen monthly, at the minimum, but have the ability to put in sick call slips to be seen daily. Care provided was consistent with community level care. Inmate abusers were also seen on a monthly basis.

8. Officer Interviews 3 to 11

Seven officers were interviewed who worked the 3PM to 11PM shift. Auditor #1 conducted 5 interviews and Auditor #2 conducted 2 interviews. Officers were selected at random from the day's lineup sheet: the auditors interviewed 2 COs from the New Jail, 2 COs from the Old Jail; 2 COs from the Penitentiary and 1 CO from the Women's Unit. All officers interviewed had PREA training. Most received this training in April of 2016 and said they received it yearly. They were mostly knowledgeable about PREA policies and procedures, including the jail's zero tolerance policy, how to report, detect and respond, and what their responsibility or roles were when an inmate reported sexual abuse/harassment. If an incident happened recently, all COs knew that they had an obligation to protect the inmate and preserve/protect the crime scene. All COs knew to contact their supervisor and all COs said they would respond immediately. All had a way to report suspicions or information privately. Everyone knew they were mandated reporters. All COs (6 men and 1 woman) said they announced their presence on the housing blocks of the opposite gender and the majority knew how inmates could report privately. The auditors had no refusals.

In-Facility Audit – Day #3

August 11, 2016 was the final day of the in-facility audit and focused on conducting staff interviews, particularly interviews with specialized staff. The auditors met at the facility at 6:15AM and left at 4:30PM. The auditors randomly selected officers from the line-up sheet. The auditors conducted 7 interviews with officers from the 11PM to 7AM shift (2 from the New Jail, 2 from the Old Jail, 2 from the Penitentiary and 1 from the Women's Unit). The auditors conducted 7 interviews with officers from the 7AM to 3PM shift (2 from the New Jail, 2 from the Old Jail, 2 from the Penitentiary and 1 from the Women's Unit). The auditors interviewed the SIU Captain and requested additional documentation (i.e., completed investigations, background checks, etc), which was provided prior to the close of business. Auditor #1 interviewed the Agency Contract Administrator. Auditor #2 interviewed a staff person from Education and Programs who worked with youthful offenders. Auditor # 1 interviewed 1 captain and 1 sergeant. Auditor # 2 interviewed 1 captain and 1 sergeant. Auditor #1 interviewed a hearing impaired inmate with the assistance of an ASL Interpreter. Auditor #2 interviewed an inmate with a PREA complaint. During the interview, the auditor learned that this inmate did not file the complaint. An officer, who was uncomfortable with the behavior of a sergeant, filed the complaint on her behalf. Auditor #1 interviewed the Captain of ESU (Emergency Services Unit) to discuss the process of cross gender stripping, which is not done at WCDOC. Auditor #2 interviewed a CO as a first responder, a CO from the protective custody block, and a volunteer/contractor who had contact with inmates. Auditor #1 interviewed the commissioner, the Medical Staff Director and a mental health case worker who acted as a first responder. Auditor # 1 interviewed the Warden/PREA Compliance Manager/PREA Coordinator (these three positions are performed by one person). Auditor #1 interviewed a CO from booking who performed screening. Auditor #2 interviewed a CO from booking who conducted intakes. Auditor #1 interviewed the Coordinator of FACT from Westchester Medical Center via phone. Auditor # 2 interviewed a CO who supervised minors.

In total, the auditors met with 34 people, who, because of their position, were subjected to multiple interviews (40 interviews).

Summary

1. COs

All officers had PREA training. Most received this training in April of 2016 and said they received it yearly. COs were mostly knowledgeable about PREA policies and procedures, including the jail's zero tolerance policy, how to report, detect and respond, and what their responsibility or roles were when an inmate reported. They all knew they were mandatory reporters. Most of the officers remembered being trained in cross gender pat frisks; however, none of the officers ever conducted one. They also knew transgendered/intersexed could not be searched to determine genitalia. If an incident happened in real time, all COs knew that they had an obligation to protect the inmate and preserve/protect the crime scene. All COs knew to contact their supervisor and all COs said they would respond immediately. All had a way to report suspicions or information privately and they knew the ways in which inmates could report. Everyone knew they were mandated reporters. All COs said they announced their presence on the housing blocks of the opposite gender and the majority knew how inmates could report privately. The auditors had no refusals. There were a few midnight officers who thought inmate *interpreters* were used to report sexual abuse allegations. Most officers did not think it would be used unless it was an emergency. In examining officer responses, it was clear they were trained on PREA policy and procedures.

In interviewing the **PC Block CO**, it was clear that PC was used only until alternative housing could be provided. At most, inmates were in PC for 30 days. They could be reassigned based on the captain's review. While in PC, they had no limitations to programs, education or work. In interviewing the **Minor Block CO**, the auditors were told that all minors had sight and sound separation from adults on their housing unit. If they left their housing unit, they had direct CO supervision. In interviewing a **1st responder CO**, it was clear he knew the proper steps to take when an inmate reported sexual abuse/harassment, such as separating the victim and abuser, securing the crime scene, preserving evidence on the victim and abuser, calling the sector supervisor, providing medical and mental health referrals immediately, and beginning the

process of documentation immediately. In interviewing an **Intake CO**, the auditors learned that inmates were given information about PREA and the facility's zero tolerance policy in the inmate handbook. Inmates were required to sign for this handbook and received it during the admissions process. The CO mentioned that a new assessment would be put into place shortly. In interviewing a **Screening CO**, the auditors were informed that WCDOC screened for sexual abuse and it was done within hours of arrival. Inmates would be reassessed within 72 hours of arrival. The CO would look at past charges, whether they had been to WCDOC before, current charges, past incarcerations, issues during past incarcerations, appearance, demeanor, previous mental health, special alerts, previous PC, if they felt safe, if they wanted PC, etc. Additional questions would be asked as needed. They did not currently ask if an inmate was intersexed and they did not inquire about sexual orientation. This is addressed in the new screening instrument. Referrals to mental health were done as needed. All inmates were seen by medical. Information obtained from the risk screening was used to refer inmates to mental health. If an inmate indicated prior sexual victimization, they were referred immediately to medical and mental health. If an inmate was an abuser, he was referred immediately to mental health. If an inmate was transgendered, his/her programming needs were reassessed at least twice per year and his/her perception of safety was given serious consideration in housing and program assignments. They had the ability to shower separately and were housed in single occupancy cells.

2. 6 Upper Level supervisors were interviewed – 4 Captains and 2 Sergeants.

Two Sergeants

Both sergeants said they made unannounced rounds all of the time, at least twice a day. They logged their rounds in the logbook. In order to prevent staff from alerting other staff, they did things such as change the route of their rounds, change the time of their rounds, or view the camera before entering the block. Both sergeants said they announced their presence on a cross gender unit.

Two Captains

Both captains said they made unannounced rounds all of the time, at least twice a day. They logged their rounds in the logbook. In order to prevent alerting staff, which was more difficult as a Captain (their white shirt was unambiguous), they obtained a copy of the keys or swiped into a unit, rather than have the block CO let them onto the Unit. They did not let anyone know the route of their rounds for a particular day.

One Captain – Emergency Services Unit (ESU)

There would never be a time when a female CO would not be available for a pat frisk or a strip frisk. Cross-gender strip frisks are not done and have not been done in years. There are 770 uniformed officers and 40% of them are women. If a forcible removal of clothing was needed, they would exhaust all de-escalation procedures first. They would consult with mental health to see if there was anything in the inmate's background that could be aggravated by the frisk. If ESU (Emergency Services Unit) needed to respond to an incident on the women's unit, they obtained 2 female COs who received the same equipment as a regular ESU officer. One of the women served as the camera operator, while the other conducted the search. Male staff was out of site, had no visual but stayed around the corner, just in case there was an emergency.

One Captain - SIU - Member of the Incident Review Team, HR Person, Staff Charged with Monitoring Retaliation and Investigative Staff

All incidents were reviewed by the Sexual Assault Incident Review Board (SAIRB) and they considered if the incident was a hate crime. They looked at all possible motivational factors, even if it was gang related, and determined whether a move to another facility might be needed. The SAIRB always examined areas for physical barriers. There was one incident where a file cabinet prevented full view of the camera. Cabinets were moved in response. They also assessed staffing levels and monitoring technology. To monitor retaliation, all investigations were monitored for 90 days. Upon completion, a memo was sent to the Captain with a recommendation for continued monitoring or termination of the investigation. When examining possible retaliation, SIU monitored housing, disciplinary behavior, etc. If there was an indication of retaliation, they would interview the inmate. They did not have any reports of staff retaliating against other

staff. All reports went into a computer database (AIM) in case the investigation needed to proceed further. SIU initiated contact with all inmates who reported sexual abuse. They conducted the initial investigation, they followed-up as necessary and they provided the notification of investigatory results in person. If discharged prior to the completion of an investigation, inmates could call or write for the notification. SIU monitored every 30 days for a period of 90 days and if there was a concern, they monitored until discharged or as long as necessary. All staff, including volunteers and contractors, underwent background investigations. Everyone was fingerprinted through E-Justice and SIU was notified within 24 hours if someone was arrested. The process was ongoing. When hiring or promoting, or enlisting the services of contractors/volunteers, prior incidents of sexual abuse/harassment were considered. All applicants were asked about any prior misconduct and WCDOC imposed an affirmative duty to disclose misconduct. They could provide information about abuse/harassment perpetrated by a former employee if there was a release of information form, as mandated by NYS law. It was standard to send release forms to each place of business the applicant worked. All SIU staff received PREA training and specialized training on conducting investigations in a confinement setting. These trainings included information regarding techniques for interviewing sexual abuse victims, use of Miranda warnings, use of Garrity warnings, sex abuse evidence collection and evidence required to substantiate a case. All investigations were screened through the WCPDPS (Westchester County Police Department of Public Safety) detective, who is based in SIU full-time, to investigate all cases of criminality. He attended all initial interviews. Investigations began upon notification. SIU looked at evidence, reviewed documents, reviewed video footage, and conducted interviews with the victim, the abuser, witnesses and staff. All cases were screened by the detective. When a determination was made, the inmate was notified. Third party and anonymous reports were handled in the same way. COs were expected to preserve the crime scene and keep it secure. They must log anyone who goes in and out of a crime scene. If the detective determined there was criminality, it would be referred to the DA's office. The credibility of the suspect, victim or witnesses was taken on their own merit. All information was documented in reports, whether they were administrative or criminal. There were disks in the files which held interview recordings and video footage. The auditors saw a file containing 5 disks of recordings. WCDOC has not had any cases referred for prosecution. If a staff member resigned and was alleged to have committed abuse, the investigation would continue but SIU cannot compel an interview. If the victim or abuser left the facility, the investigation continues and SIU may travel to the new facility to conduct an interview. They utilized a team approach in conjunction with the police department. Upon completion of the investigation, any security lapses, cameras, etc, were discussed by the Sexual Assault Incident Review Board to determine if those factors contributed to the abuse. All administrative investigations were conducted by SIU and the standard of evidence to substantiate an allegation was preponderance of the evidence. All inmates would be notified in person if an allegation was substantiated, unsubstantiated or unfounded.

3. Investigations

WCDOC does a thorough job investigating all PREA allegations as stated above.

4. Medical Staff

Medical staff was trained regarding PREA, in addition to specialized PREA training. They did not conduct their own forensic exams. They were trained in how to detect and assess signs of sexual abuse/harassment, how to preserve evidence, how to respond, and who to report to, if such cases occurred. The inmate was informed of confidentiality and limits of confidentiality as soon as they were seen. Medical staff was required to report any knowledge of sexual abuse and do so every time it was reported to them. The medical and mental health director were also members of the Sexual Abuse Incident Review Board. Therapy and a continuum of services were offered to anyone who reported abuse but it was not required as a condition of program participation. They offered counseling, if it was refused, they offered it again in 14 days. They had clearer procedures on consent, which was based on the inmate's age and where the abuse occurred. Anytime abuse was reported, services were provided immediately. If the incident occurred recently, the inmate would be taken to the outside hospital and receive FACT services (i.e., SANE/SAFE exams, information regarding pregnancy, STIs, etc). If an inmate was pregnant, she would be offered pregnancy options and relevant

information. It would be done immediately. WCDOC had the morning after pill; they are a Class 3A licensed pharmacy. All inmates who reported an incident would see medical first, receive a mental health (MH) referral, be added to MH's caseload, and they would also receive a victim assistance card which provided information on community-based resources. There would be a treatment plan and subsequent follow-up.

5. Interview MH Staff Who Act as 1st Responders

If an inmate disclosed a PREA issue during a MH evaluation, the MH worker insured there was a confidential setting, explained confidentiality, and her duty to report. She would take their statement, explain PREA, and report to the Director of Medical, HAS (Health Services Administrator), the Director of nursing, and WCDOC. The response would be immediate. She would look to make sure the inmate was separated from the abuser, as well as help to preserve evidence. Therapy was always offered but the victim could decline. They would follow-up to inquire about therapy services. The abuser was offered therapy but could decline; they would follow up with him/her several times. Inmates would also be given a victim services card and they would be set-up with services in the community. She stated CCS had an excellent working relationship with WCDOC.

6. SANE Staff/FACT Team

An inmate would be triaged within 60 minutes of arrival at Westchester Medical Center, but on average, inmates were seen within 40 minutes. Westchester Medical had a good working relationship with WCDOC. Forensic examiners were always on call. They were 1 out of 5 Centers for Excellence in NYS; there were only 5 centers in NYS that could also service children. Counseling services were done simultaneously; after hours, the counselor was available via phone. They offered HIV, STI and pregnancy testing and prophylaxis. Inmates were not treated any differently than community members, with the exception that there may need to be an officer in the room. However, she said there was always time to talk privately without the CO. There was 24/7 coverage.

7. Commissioner Interview

In talking with the Commissioner, it was clear that there were services for inmates who were limited English speaking or who presented with a disability. There were translators, information, including the hand book, in English and Spanish, and a new educational video. There were no new structures, however, any planning would involve the PREA Coordinator, who sat on all planning committees. WCDOC planned to build a new infirmary and the PREA Coordinator was actively involved in the planning meetings to insure PREA compliance. Inmates were well supervised. There was active supervision for any block with over 20 inmates. In 2010 they installed an additional 800 cameras and there were 30 minute sector tours. If there was an allegation of abuse, a full investigation was conducted by SIU. WCPDPS had a detective based full-time in SIU who reviewed every complaint, and if it warranted a criminal investigation, he would proceed. If an inmate was at imminent risk, he/she could be separated from the potential abuser or offered PC. If an inmate alleged he/she was abused at WCDOC upon transfer to a new facility, WCDOC's SIU would investigate that allegation thoroughly. There were no complaints to date. Anyone could receive the call but the call would be sent to the shift commander, following notification to SIU and the PREA Coordinator. The commissioner had the ability to remove anyone from their position in the interest of safety, pending an investigation; collective bargaining agreements do not prevent this. Anyone who made a claim is protected from retaliation. SIU monitored for retaliation for 90 days and if necessary, they could move the inmate to another housing area, offer PC or facilitate a substitute jail order. If it was a staff person, they could move the staff person. In order to improve sexual abuse prevention, detection and response policies, practices and training, there was a Sexual Assault Incident Review Board (SAIRB) Team. The PREA Coordinator compiled data for an annual report, which was approved by the commissioner, and given to the auditors.

8. Interview Agency Contract Administrator

In speaking with the person in charge of contract management, it was clear that WCDOC did not contract for the confinement of its inmates. For all service providers, PREA language was included in all original and all

renewal contracts. All contractors at this time were in PREA compliance.

9. Interview with Warden/PREA Compliance Manager/PREA Coordinator (same person)

In speaking with the Warden/PREA Compliance Manager and Coordinator (herein referred to as the Deputy Commissioner), he stated he had enough time to manage his PREA responsibilities, which was evident in the detail placed in the PREA folders and the work/effort over the last few years to become PREA compliant. There was a staffing plan, governed by SCOC (State Commission on Corrections), which also followed NIC (National Institute of Corrections) guidelines for appropriate staff to inmate ratios. It extended to video monitoring, which was reviewed for blind spots, particularly when there was an alleged incident. WCDOC was never under minimum staffing requirements and would hire OT (over time) as needed. When assessing adequate staffing levels and video monitoring, WCDOC considered generally accepted correctional practices, all components of the facility's physical plant, inmate composition, the number and placement of supervisory staff, institutional programs on a particular shift, and any applicable state or local laws. They exceeded minimum standards on some posts – for example, the minor and psych blocks only required one officer but they have two officers. If there was non-compliance, such as in inclement weather, it would be documented, but only non-essential posts were ever closed. If an inmate was taken for a forensic exam, the FACT services at Westchester Medical offered emotional support, crisis intervention and referrals during the exam. There were no expansions or modifications to the facility within the last few years but the PREA Coordinator was included in all capital projects to insure they were PREA compliant. There were 1,073 cameras throughout the facility which were used to enhance inmate safety and their placement was always taken into consideration during review boards. If an inmate was at imminent risk for sexual abuse, the shift commander was notified and the sector supervisor responded immediately. The CO monitored the victim to maintain his/her safety. There would be an investigation, as well as risk assessment, to see if the inmate required new housing. Protective custody was not a practice normally used. It was only used if there was a substantial risk to the inmate and there was no other alternatives. If this was the case, they were placed on a PC block; they were not placed in SHU. Their status was reviewed weekly and monthly. The Deputy Commissioner provided an example where an inmate, who was afraid of becoming victimized, was placed on PC for 48 hours. His case was reviewed and he was moved to another housing area. During screening, only certain people had access to the risk assessment in order to inform housing and programs, which included booking, mental health and medical. If someone identified as LGTBI, they were not placed on a specific unit; one did not exist. If someone was identified as a victim, they would not be placed in a dorm or near any known abusers. Such inmates would be housed in a single occupancy cell for safety. The housing location of transgendered (TG) and intersexed inmates was not restricted. PC was done on a case by case basis. The Deputy Commissioner met with TG inmates at least twice a year (they never identified an intersexed inmate), typically more than what was required by the standard, to see if they were having any problems. When classified, the inmate's health and safety, as well as management and security problems were taken into consideration. The inmate's perception of safety was strongly considered. MH will see this inmate every 30 days. TG and intersexed inmates could shower privately. There were no common showers. All inmates showered one at a time and there were curtains or stalls for privacy. WCDOC was not under any consent decrees. All allegations were investigated. If the reporter was under 18, abuse was mandatorily reported; no consent was required. MH, medical and the appropriate outside agency (ACS – Administration for Children Services) were all notified. WCDOC remained informed of all criminal investigations because SIU was involved at every level. They worked closely with the WCPDPS Detective, who was based in their unit, and they were members of the Sexual Assault Incident Review Board (SAIRB). Inmates could report any allegations privately or anonymously through the rape crisis hotline. If they notified the WCPDPS through the other available hotline, WCPDPS forwarded the recording to SIU for investigation. Once an investigation was completed, the inmate victim was notified of the outcome. WCDOC had a coordinated response plan which highlighted each actor's responsibilities when allegations were made, such as first responders, sector supervisors, SIU, the police, the DA, mental health, medical and the outside hospital. Retaliation was prohibited. A 30 day check for retaliation, for a period of 90 days, was conducted by SIU. SIU handled the investigation if retaliation was found. Staff could be removed and contractors could have their security clearance revoked. WCDOC policy always prohibited

further inmate contact until the investigation was completed. The abusing inmate could be charged with a Class 3 or 4 offense. They could be put in 60 days of punitive segregation and if criminal charges were warranted, the police were involved. Sanctions were fair and equitable. If an inmate had a MH disorder, MH was consulted prior to any disciplinary review. The Sexual Assault Incident Review Board (SAIRB) involved upper level management. They discussed all incidents and revised policy, added cameras or modified staffing plans to increase safety. They considered if an incident was the result of a hate crime. They also considered physical barriers, adequate staff, and if more cameras were required in a particular area. Data was routinely analyzed by the SAIRB but no trends were found except for a large number of bogus claims from inmates in SHU and inmates subjected to ESU response. Even if a claim appeared bogus, all were fully investigated. If a trend was found, corrective action would be employed. WCDOC collected data to assess and review the effectiveness of sexual abuse detection and response policies. Corrective action, if needed, would be informed by such statistical data. No identifying information was provided in the final report of aggregate data, which was also available to the public. Original data was securely retained as stated in the AIM policy. SIU was the only team to have access to this data.

10. Interview with a Contractor Who Has Contact With Inmates

Contractors were trained in their responsibilities regarding sexual abuse/harassment prevention, detection and response. They were aware of the zero tolerance policy.

11. Interview With Education Staff Who Have Contact With Minors

Sight and sound separation did not affect the ability of minors to engage in programming. If minors and adults were in contact, there was always direct CO supervision.

12. An Additional 2 Inmates were Interviewed for a Total of 37 Inmates

Most inmates were interviewed on Day #2 of the audit but two interviews were conducted on day #3 – one was with a female offender with a PREA allegation and one was with an inmate who was hearing impaired.

Inmate With A PREA Complaint

Auditor #1 interviewed an inmate with a PREA complaint. The inmate did not make the complaint. The complaint was made against a sergeant, by an officer, on her behalf. She said she was strip searched after an incident on the block. She had one female CO with her after the incident because she was on suicide watch. The female CO told the Sergeant that she needed her clothes back. The sergeant walked over and the female CO said, “Sir, she is naked”. The inmate did not feel that this was sexual. She felt the sergeant was checking on her but she assumed that the female CO did not like it and put in a complaint. SIU questioned her and she was seen by mental health and medical. It was not 30 days since the incident, so she was not yet notified of the results of SIU’s investigation. She was leaving in 5 days and would be gone before notification would most likely take place.

Inmate With a Disability

Auditor #2 interviewed an inmate who was hearing impaired with the use of an ASL interpreter. He was very appreciative of the services WCDOC provided him, particularly taking the time to provide him with information in a way he understood. Auditor #2 felt this was a very powerful interview.

13. Documentation

While present, all civilian staff (absent 1), who were employed with WCDOC for over two years, received PREA training. One person, who provided rabbinical services, was not there but received 1:1 training from the warden the following week. Post investigation reports were provided which showed that inmates were notified regarding the outcome of their PREA complaint. An inmate statement form was provided. An investigative summary report was provided by SIU. A memorandum demonstrating monitoring for retaliation for 90 days was provided. All reports were given to the Captain for review. A background investigation for a CO and a civilian was provided, demonstrating that screenings for PREA were completed. In addition, a promotional candidate summary sheet was provided to show a PREA screening was conducted. The updated 2013 PREA

Annual Findings Report was provided. The reports for 2014 and 2015 were provided a few days following the conclusion of the in-facility audit.

14. EXIT INTERVIEW

The two auditors met with the two Deputy Commissioners and the Commissioner.

Auditor Data Based Upon:

Review of documentation and PREA Folders

Observation of staff duties

26 Officers Interviewed Formally

21 officer Interviewed Informally (While Touring)

37 Inmates interviewed formally

21 Inmates Interviewed Informally (While Touring)

21 Areas Toured

34 Specialized Staff Interviewed Formally (40 Interviews with these 34 Persons)

Issues that were Resolved During the In-Facility Audit:

1. 115.31 Employee Training (initially not in compliance)
Civilian staff employed at the WCDOC for over 2 years were in training on Day #3 of the audit. Refresher training was scheduled annually, which placed the WCDOC as exceeding the standard.
2. 115.88 – Data Review For Corrective Action– (initially not in compliance)
Information on how to access the data was put on the WCDOC website. This placed WCDOC in compliance with the standard.
3. 115.81 – Medical and Mental Health Screenings (did not place WCDOC as non-compliant but additional documentation was needed to assure stricter compliance). The standard dictated that if an inmate was a victim of sexual abuse or a perpetrator of sexual abuse, a follow-up must be done within 14 days. The CCS Policy on Receiving & Screening – OPS-100_E-02 – which stated, routine staff referrals were answered within 7 days, urgent staff referrals were answered within 3 days, and emergent staff referrals were answered within 1 day, placed WCDOC in full compliance of the standard.
4. PREA Signs were not posted in the single cell bull pens, normally used for minors (issue discovered during the tour). There were signs posted throughout the rest of the Booking/Screening area. All signs were posted by Day #2 of the audit.

Issue Regarding Caution (does not demonstrate non-compliance):

1. **Standard 115.15 – Limits to Cross Gender Viewing and Searches** (issue discovered during inmate interviews and tours). There was a policy which mandated staff of the opposite gender announced their presence on the block. This was clearly followed on the female unit but not always followed on the male unit. This did not place the WCDOC as non-compliant but it was an area of concern. The Deputy Commissioner ordered supplementary training of all CO staff to reiterate this standard.
2. **Standard 115.16 – Inmates with Disabilities and Inmates Who are Limited English Proficient** (Issue discovered during officer interviews). There was a policy which prohibited the use of inmate interpreters to report sexual abuse/harassment; however, a few COs from the midnight shift seemed to believe that inmate interpreters were used when reporting sexual assault. The Deputy Commissioner ordered supplementary training of all CO staff to reiterate this standard.

Issues Going Toward Corrective Action:

1. Standard 115.33 – Inmate Education

Inmates were not receiving comprehensive education within 30 days of confinement as required. It was clear from the interviews, discussions with the Deputy Commissioner, discussions with Booking/Classification staff, discussions with training, etc, that this was not being done as consistently and as thoroughly as the standard mandates.

Suggested Corrective Action:

The Training Division is completing a video which will be available in both English and Spanish. The training Captain said it will be completed by the beginning of September. Once the video is completed, it will be shown on all the blocks to capture previously confined inmates and it will play on the admissions blocks to capture all newly confined inmates. There will be a closed caption component but it will take longer to implement. In the interim, if there is a hearing impaired inmate, 1:1 education will be conducted via the ASL Interpreter or the Sorenson Service, which allows the “deaf community to communicate with both deaf and hearing family, friends and business contacts using Video Relay Service”.

2. Standards 115.41 – Screening for Risk and Abusiveness & 115.42 – Use of Screening Information

In examining the questions asked during Booking/Classification, there were many questions which addressed PREA related issues; however, the list was not an exhaustive list. As a result, WCDOC was not in compliance with either of these standards. It was clear from inmate interviews that questions regarding sexual orientation and whether an inmate was intersexed, were not being asked. This prevented the auditors from interviewing inmates who identified with said categories. If all of the proper PREA-related questions were not being asked(Standard 115.41), it precluded all necessary information needed to inform housing (Standard 115.42).

Suggested Corrective Action:

WCDOC will be implementing a new screening tool which will address all PREA issues. A new LGBTBI policy will go above the standard by also taking into consideration the inmate’s preferred name and pronoun. Once this new screening tool is implemented and classification staff are properly trained, WCDOC will exceed the standard.

Going into Corrective Action, WCDOC currently:

Exceeds Standards:	10
Meets Standards:	30
Does Not Meet Standards:	3

Post Audit

The lead auditor submitted the interim report to the Deputy Commissioner of WCDOC on September 10, 2016. The auditors looked forward to working with the WCDOC to gain compliance for the last three standards during the corrective action period.

Corrective Action – August 15, 2016 to January 27, 2017

WCDOC became compliant with all three of the standards in question (115.33, 115.41 and 115.42) during corrective action by the end of January 2017. All final documentation was provided to the auditors on January 27, 2017.

Standard 115.33: an orientation video, providing information on WCDOC policies, rules and regulations, included a substantive section on PREA. The video is narrated in English and provides Spanish subtitles. The auditor was forwarded two 50 minute videos on December 12, 2016. One video was designed for male

offenders and one video was designed for female offenders. According to the Deputy Commissioner, there is also a third video, which is gender neutral, and can be used for men and women. These videos included footage from inmate interviews; inmates discussed, candidly, how one can protect themselves in a correctional environment from sexual abuse, harassment and manipulation. This was a very powerful video. The videos were played on all blocks during the week of January 16, 2017, in order to make sure that all inmates were properly educated about PREA. Since there were over 1,000 inmates who needed to watch the video, each CO was responsible for documentation of the video in the block's corresponding log book. A sample of log book pages, documenting that the video was shown, was provided to the auditors during the last week of January. In addition, official count sheets (JROS) and floor plans (per housing block) were provided to the auditors with the names of inmates housed at the WCDOC, per each individual block, to correspond with the respective log book entries. After this initial large group of inmates were educated, the video played and will continue to play on all new admissions blocks; the block CO will document video viewing by new inmates in their respective log book. WCDOC is now in compliance with this standard.

Standard 115.41 and Standard 115.42 – WCDOC implemented a new screening tool during the corrective period, which is an exhaustive list of all PREA related items. The tool was implemented and is used for all new admissions; it aids in informing housing assignments. The screening tool asks additional information, such as preferred name and preferred pronoun. In January of 2017, the Deputy Commissioner provided the auditors with a screen shot of a completed intake, which included all required PREA items. This new system also utilizes a flag mechanism which will immediately alert the intake officer if they attempt to house an abuser near a victim. These items go over and beyond what is required of the standards. Hence, WCDOC has exceeded both of these standards.

WCDOC (After Corrective Action):

Exceeds Standards:	13
Meets Standards:	30
Does Not Meet Standards:	0

DESCRIPTION OF FACILITY CHARACTERISTICS

The Westchester County Department of Correction (WCDOC) is located in Valhalla, NY within the County of Westchester, a large suburb of New York City, and the second largest jail in the State of New York. WCDOC's mission is to serve the public by providing an efficient, secure and humane means of detaining individuals with criminal matters pending in Westchester County. This mission is executed pursuant to appropriate legal mandates and professional standards. As a criminal justice agency, WCDOC dedicates itself to promoting a safe environment for staff, visitors and inmates, and to providing educational, vocational and self-help initiatives to inmates to further reduce rates of recidivism.

WCDOC, under the direction of Commissioner Kevin M. Cheverko, consists of a Jail Division, which houses individuals 16 years and older (including males accused of a crime or awaiting sentencing and females accused of a crime, awaiting sentencing or sentenced to terms of a year or less) and a Penitentiary Division, which houses males sentenced to terms of one year or less. The facility has 7 main building structures: the Old Jail (linear style), the New Jail (podular style), the Penitentiary (podular, linear, Quads, and dormitory style), the Women's Unit (linear style), the Training Division, the Maintenance Shop, and Headquarters. WCDOC has 55 housing blocks, with 30 currently in use (dormitory style housing is not currently in use). Twenty-five units are single-dorm housing units.

This jail facility holds detainees, sentenced offenders and federal detainees, with varying levels of security (i.e., unclassified, low, medium, high and maximum). With the ability to hold a capacity of 1,821 inmates, WCDOC has a current population of 1,054 inmates. Within the past 12 months, WCDOC admitted 6,043 inmates. Of the 6,043 inmates, 2,213 were housed for 30 days or longer and 4,723 were housed for 72 hours or longer. There were 186 youthful offenders housed in WCDOC within the past 12 months. There were 837 staff who have contact with inmates and 70 of these staff were hired within the last 12 months. There were two contracts executed within the past 12 months where service providers had contact with inmate population. WCDOC maintains a high level of security as evidenced by 1,068 cameras throughout the complex.

The Department is accredited by the American Correctional Association and operates within local, state and federal guidelines. Its medical operations are accredited by the National Commission on Correctional Health Care. WCDOC follows the policies and guidelines mandated by the NYS Commission of Correction (SCOC).

SUMMARY OF AUDIT FINDINGS

Issues Going Toward Corrective Action:

1. Standard 115.33 – Inmate Education

Inmates were not receiving comprehensive education within 30 days of confinement as required. It was clear from the interviews, discussions with the Deputy Commissioner, discussions with booking/classification staff, discussions with training, etc, that this was not being done as consistently and as thoroughly as the standard mandates.

Suggested Corrective Action:

The Training Division is completing a video which will be available in both English and Spanish. The training Captain said it will be completed by the beginning of September. Once the video is completed, it will be shown on all the blocks to capture previously confined inmates and it will play on the admissions blocks to capture all newly confined inmates. There will be a closed caption component but it will take longer to implement. In the interim, if there is a hearing impaired inmate, 1:1 education will be conducted via the ASL Interpreter or the Sorenson Service.

*This was completed during the corrective action period.

2. Standards 115.41 – Screening for Risk and Abusiveness & 115.42 – Use of Screening Information

In examining the questions asked during booking/classification, there were many questions which addressed PREA related issues; however, the list was not an exhaustive list. As a result, WCDOC was not in compliance with either of these standards. It was clear from inmate interviews that questions regarding sexual orientation and whether an inmate was intersexed, were not being asked. This prevented the auditors from interviewing inmates who may have identified with said categories.

Suggested Corrective Action:

WCDOC will be implementing a new screening tool which will address all PREA issues. A new LGTBI policy will go above the standard by also taking into consideration the inmate's preferred name and pronoun. Once this new screening tool is implemented and classification staff are properly trained, WCDOC will exceed the standard.

*This was completed during the corrective action period.

Number of standards exceeded: 13

Number of standards met: 30

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 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.

- a. WCDOC has a written policy mandating zero tolerance toward all forms of sexual abuse and harassment. The policy outlines their approach to preventing, detecting and responding to such conduct. Policy #2-12 provides information on definitions, the limited use of protected custody, retaliation, screening, cross gender viewing and searches, minors, first responder duties, securing statements and evidence from witnesses, removing/isolating alleged perpetrators, and crime scene prevention. The policy highlights prevention planning, medical referrals, mental health referrals, classification and searches of transgender and intersexed prisoners, open reporting and mandatory responses to such reports/allegations of sexual misconduct. As per this policy, staff members are mandated reporters. The policy prior to PREA and the policy enacted/updated with PREA guidelines was provided to the auditors. An additional policy (although not required) on the treatment of LGBTI was provided.
- b. WCDOC designated 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. WCDOC was well prepared for the audit and the organization of their files, in addition to the documentation provided, demonstrates their ability to devote sufficient time to meeting PREA standards. In an interview with the Deputy Commissioner, he disclosed that he has enough time to manage his PREA duties.
- c. This agency does not operate more than one facility. The duties of the PREA Coordinator and the PREA Compliance Manager are handled by the Deputy Commissioner of Operations. An organizational chart, with required duties, was provided to the auditors.

WCDOC exceeds this standard: WCDOC has additional policies not required by the standard, such as the policy on LGTBI, where TG inmates can select their preferred name and pronoun.

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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.

WCDOC does not contract with private agencies or other entities for the confinement of its inmates. Infrequent transfers of inmates to other agencies are accomplished through state oversight and the guidelines set forth by the NYS Commission of Correction (SCOC), who must approve and review all transfers. As a demonstration of good faith, WCDOC adopted and complied with PREA in several of its contracts that do not relate to outside confinement, such as inmate food services. The Federal Bureau of Prisons contracts with WCDOC to hold federal detainees. WCDOC follows all PREA guidelines and policies in relation to federal offenders. This information was confirmed in Auditor #1’s interview with the Contract Administrator; he reiterated that WCDOC does not contract for the outside confinement of its inmates. In an effort to exceed this standard, WCDOC insures that PREA language is included in all contracts, both originals and renewals.

WCDOC exceeds this standard; even though they do not contract with other entities for the confinement of their inmates, they provide PREA language in all contracts for inmate services.

Standard 115.13 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.

- a. WCDOC developed a regular staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates from sexual abuse; there is documentation of this plan. WCDOC has 1,068

cameras, in addition to 87 DVRs. The auditors witnessed a significant amount of cameras in the areas they toured. Documentation on camera placement was provided to the auditors. A memorandum documenting camera usage and number was provided to the auditors, in addition to a new camera policy that adheres to NYSCOC Standard 9 NYCRR 7003. This policy discusses the CCTV system, its purpose, type of equipment, video storage and the periodic review and upgrade of equipment. Their staffing plan is approved by SCOC and adheres to NYS Minimum Standard #7401 (staffing requirements) and ACA Standard 4-ALDF-2A-14 . This was confirmed in an interview with the Deputy Commissioner. The staffing plan also follows NIC guidelines for inmate to staff ratios. It extends to video monitoring, which is reviewed for blind spots, particularly when there is an alleged incident. WCDOC is never under minimum staffing requirements and will hire OT as needed. In interviewing the Commissioner, Auditor#1 learned that WCDOC has active supervision for any block with over 20 inmates, they have 30 minute sector tours, and they added 800 cameras in 2010 for increased monitoring and safety. While touring the recreation yards, it was clear that recreation areas were adequately staffed and video monitored. There were no blind spots. In speaking with some of the inmates, they reported to the auditors that they felt safe.

- b. In inclement weather, non-essential posts may be closed and such deviations from the regular staffing plan are documented; such documentation was provided to the auditors. WCDOC utilizes over time as needed to comply with their staffing plan. They are never underrepresented; safety is not compromised. WCDOC has never closed housing posts. A daily green sheet, which documents the use of overtime to meet staffing standards, was provided to the auditors, in addition to sheets regarding yearly budget post analyses.
- c. There is an annual review (which covers all 11 points in the standard) conducted which examines and reviews staffing plans and video equipment. Documentation of review meetings were provided to the auditors. WCDOC utilizes overtime as needed to comply with their staffing plan. They are never underrepresented; safety is not compromised. Through an interview with the Deputy Commissioner, the auditors learned that when assessing adequate staffing levels and video monitoring, WCDOC considers generally accepted correctional practices, all components of the facility's physical plant, inmate composition, the number and placement of supervisory staff, institutional programs on a particular shift, and any applicable state or local laws. They exceed minimum standards on some posts – for example, the minor and psych blocks only require one officer but they have two officers on post. If they were non-compliant with the staffing plan, such as in inclement weather, it would be documented, but only non-essential posts are ever closed.
- d. Policy #2-11 relates to security patrols, inspections and the use of unannounced rounds of intermediate level and higher level supervisors. This policy prohibits staff from alerting other staff about these rounds. Log sheets covering all three shifts from housing blocks were provided to the auditors as documentation. The auditors interviewed two Sergeants and two Captains who all said they consistently conducted unannounced tours and they documented these tours in the logbooks. In an attempt to prevent staff from alerting other staff of these rounds, they change the route of their rounds, they change the time of their rounds, they view the cameras before entering the block, they obtain a copy of the keys to a particular block or they swipe themselves into an area within the block, without the block CO's immediate knowledge.

WCDOC exceeds this standard; WCDOC never closes essential posts, even in inclement weather, and despite cost, they hire overtime as needed to meet the staffing plan guidelines.

Standard 115.14 Youthful inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

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

- a. Policy #2-12 governs the housing of youthful inmates. This policy mandates sight and sound separation from adult offenders. NYS Correction Law section 500-b was amended to change the minimum age of classification to be in line with PREA requirements (memorandum provided as documentation). WCDOC follows these guidelines and, as a result, inmates under the age of 18 are housed separately from those 18 years of age and older. Minors are housed in the Penitentiary Division for Boot Camp, a podular unit in the New Jail or on a separate block in the female unit. Policy #6-01 discusses housing assignments. Female minors, ages 16 to 17, are housed separately from female adults and male minors, ages 16 to 17, are housed separately from male adults. Daily population reports for the past 12 months were provided to the auditors. WCDOC is in compliance with ACA standard 4-ALDF-2A-32 (Classification and Separation of Minors) and NYSCOC Part 7013 Standard (Classification, Policy & Procedure) regarding the classification of minors.
- b. As per policy #6-01, if youthful offenders are within close proximity to adult offenders in areas outside of the housing unit, they must be under direct supervision by a correction officer. Policy #2-13 (Inmate Passes and Movement) discusses inmate movement; when minors need to move from one area of the facility to another, they are escorted by a correction officer. The auditors witnessed these practices when touring the facility. Interviews with inmates housed on the minor block, in addition to interviews with the minor block COs, confirmed this practice. Minors were not isolated. In practice, WCDOC does not isolate or segregate minors. Minors are never sent to solitary confinement. Upon misbehavior, minors are kept on their housing unit and may be placed in their cell but only for a few hours at a time. Programs and large muscle activity are not limited. An interview with an education staff member who works with minors revealed that minors always have sight and sound separation from adult inmates but if they are in the presence of adults, there is direct CO supervision. A minor’s access to programming is never limited. One formal interview and one impromptu interview with COs on the minor block confirmed this. They said there is always sight and sound separation, but, if the minor comes into contact with an adult, they are under direct CO supervision. All have access to exercise and programming. The minors have no restrictions.

WCDOC exceeds this standard; regardless of misbehavior, minors are never isolated, restricted in exercise, or limited in regard to educational/vocational opportunities.

Standard 115.15 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.

- a. The facility does not conduct cross-gender strip searches absent exigent circumstance as per policy #2-14 (Searches and Control of Contraband). None were conducted in the past 12 months. The facility does not conduct cross gender visual body cavity searches except when performed by medical practitioners. None were conducted in the past 12 months. Interviews with officers, inmates, and the ESU Captain confirm this practice. All officers said they do not conduct cross gender pat frisks or strip searches, however, the majority remember receiving training on how to conduct such searches. All inmates said they have never been searched by staff of the opposite gender. According to the ESU Captain, there would never be a time a female CO would not be available for a strip frisk of a female inmate. Interviews with all female inmates confirmed this practice. Female officers were available each day and on each tour.
- b. WCDOC does not permit cross gender pat down searches except in exigent circumstances as per Policy #2-14. None were conducted in the last 12 months. Female staff is always on duty; hence, female inmates are not restricted from programming or other out-of-cell opportunities. Interviews with female inmates and COs confirmed this practice. Anytime a cross gender search is conducted, Policy #2-14 mandates its documentation. No cross gender searches were conducted. A memorandum requires a supervisor to be present anytime a transgendered inmate is searched for contraband.
- c. WCDOC does not conduct cross-gender strip searches except under exigent circumstances. None were conducted within the past 12 months. Such searches would only be conducted after multiple layers of de-escalation proceedings. Body cavity searches were not conducted by law enforcement personnel. As per memorandum documentation, there were no cross gender forcible clothing removals in 2015 or 2016. There were two forcible removal of clothing incidents of female inmates but these procedures were conducted by female staff. According to an interview with the ESU Captain, there would never be a time when a female CO would not be available for a strip frisk. Cross-gender strip frisks were not conducted and had not been conducted in years. There are 770 uniformed officers and 40% of them are women. If ESU had to do a forcible removal of clothing, they would exhaust all de-escalation procedures first. They would consult with mental health to see if there was anything in the inmate's background that could be aggravated by the frisk. If ESU needed to respond to an incident on the women's unit, they would obtain two female COs who are furnished with the same equipment as a regular ESU officer. One of the women serves as the camera operator, while the other female officer facilitates the search. Male staff are out of site, have no visual and stay around the corner, just in case of emergency.
- d. WCDOC has a policy which enables inmates to shower, perform bodily functions or change clothing without opposite gender viewing their breasts, buttocks or genitalia. Staff of the opposite sex announce when they are entering a unit as per Policy #2-11 (Security Patrols & Inspections). Interviews with COs and inmates reported that male staff are always announced when entering the female block; this practice was confirmed by 100% of female respondents. When female staff enter the male block, announcements are made less than half of the time. A Captain stated that she does not always announce herself right away when on her rounds in order to protect the element of surprise. An inmate drew attention to the fact that Auditor #1, a female, was not announced when entering the male block. The Deputy Commissioner ordered supplemental training for staff to reiterate this policy. A memorandum mandating the training was provided as documentation to the auditors. There are no substantiated PREA claims for 2016. All inmates, male and female, indicated their ability to shower, perform bodily functions, etc., privately. They can cover their window for brief periods of time. This policy was also confirmed in an interview with the Deputy Commissioner, as well as in interviews with the COs and inmates. A tour of the facility confirmed that

inmates had privacy; there are also privacy walls in Booking and SHU.

- e. WCDOC policy prohibits the physical examination of a transgendered or intersexed inmate solely for the purpose of determining the inmate's biological genitalia as per Policy #2-14. If the genitalia is unknown, it is determined through conversations or medical documentation review. A supervisor is always present when a transgendered inmate is admitted to the jail and the Deputy Commissioner/PREA Coordinator meets with each transgendered inmate to assist with proper classification and to provide PREA education.
- f. Staff is trained on how to conduct pat down searches of transgender and intersexed inmates in a professional manner as per staff training guidelines (PREA Standard 115.31). In addition to training from one of WCDOC's certified instructors in the Training Division, staff are also required to watch a video (Cross-Gender and Transgender Pat Searches) put forth by the Moss Group, a leader in PREA implementation and education. Interviews with officers indicated they were trained in how to provide such searches, although none of them had ever conducted a cross gender search. This was true of male and female staff.

WCDOC meets this standard; there were no cross gender pat frisks, cross gender strip searches or cavity searches within the last 12 months. Female staff is available to assist in all searches involving female offenders. Transgender inmates are never searched for the purpose of determining biological sex; if searches are done for contraband, a supervisor's presence is required. When admitted to the facility, all transgender admissions meet with the Deputy Commissioner, who also serves as the PREA Coordinator. Male staff are always announced on the female block but not all female staff announce their presence on the male blocks. Supplemental training was conducted with COs to insure stricter compliance.

Standard 115.16 Inmates with disabilities and inmates 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.

- a. WCDOC Policy #15-09 (Reasonable Accommodations for Inmates With Disabilities) takes appropriate steps to make sure that inmates with disabilities have an equal opportunity to participate in all efforts to prevent, detect and respond to sexual abuse and harassment. Services for non-speaking English inmates, as well as inmates with hearing impairments, are provided. Written materials are provided to ensure effective communication for all inmates. Notices are posted in Spanish. The inmate handbook, which provides information on PREA, is available in Spanish. There is also a Spanish speaking grievance assistant as per Policy #15-02. An inmate admission form was provided as documentation for inmates receiving the handbook, wherein the officer discussed PREA and the disciplinary policy. Interviews with officers, particularly officers and the Captain in Booking, the Commissioner, and the Deputy Commissioner confirmed this practice. Auditor # 2 interviewed a hearing impaired inmate with the help of an ASL (American Sign Language) interpreter. The interpreter was available within 24 hours of the request. An e-

mail of the Deputy Commissioner's request was provided as documentation. If the ASL interpreter was not available, inmates have access to the Sorenson Service, which provides video ASL services to the hearing impaired. An e-mail from the Deputy Commissioner to the Training Division stated that he wanted information on the Sorenson Machine incorporated into the inmate handbook; this e-mail was provided as documentation to the auditors. In the interview, the hearing impaired inmate stated that he was very appreciative of the services provided to him by the WCDOC because they provided information in a way he could understand.

- b. WCDOC provides interpreters for non-English speakers in order to further the agency's mission to prevent, detect and respond to instances of sexual abuse and harassment. Policy #5-04 (Admissions/Discharges) requires staff to assist all inmates in need of an interpreter. Sign language interpreters are provided to hearing impaired inmates through the Westchester County Office for the Disabled. Invoice documentation for this service was provided to the auditors. Inmates have access to the Sorensen Video Relay Service, which allows the hearing impaired to communicate with both deaf and hearing persons through a 24-hour service, paid for by the government's Telecommunications Relay Service (TRS) fund. Calls can be placed and received with an ASL (American Sign Language) interpreter. Inmates have access to the language line service, which provides access to over 240 languages. Invoice documentation of the Language Line was provided to the auditors. Auditor #2 saw this phone line while he was interviewing the hearing impaired offender and the auditors have a picture of this phone to serve as documentation.
- c. WCDOC does not rely on inmate interpreters as per policy #15-09. Staff is trained on PREA compliant practices for inmates with disabilities as per PREA Standard 115.13.

WCDOC is in compliance with this standard; the Department is in the process of creating a PREA educational video which will be in Spanish, audio, and power point display. Upon completion of this video, they will exceed the standard.

During corrective action, WCDOC completed the video. Services are provided to other abled offenders in a variety of ways. WCDOC now exceeds the standard.

Standard 115.17 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.

- a. WCDOC does not hire, promote or contract with anyone who has engaged in sexual abuse in their facility, in another facility or in the community.
- b. All incidents of sexual harassment are considered in the decision to hire or promote. A civilian and officer background investigation, inclusive of a PREA screening, were provided to the auditors as documentation .

A promotional sheet was also provided to show that the PREA screening was completed.

- c. Background checks are performed on anyone who is hired or contracted to provide services to WCDOC. A *PREA Notice and Required Disclosure* form, which all employees must sign, was provided as documentation to the auditors. A *Request for Applicant's Employment Record* form was also provided as documentation to the auditors, which includes a section that inquires about substantiated instances of sexual misconduct. CCS (Correct Care Solution) employees (i.e. medical/mental health staff) must also answer questions in regard to sexual misconduct or sexual harassment during their application process. PREA screenings are conducted prior to promotion. A promotion summary sheet, inclusive of a PREA screening, was provided as documentation to the auditors. All employees sign a PREA-related information form, which mandates reporting of any involvement in sexually-related abuse cases. The civilians sign a Civilian Code of Conduct, as per Policy #7-04 (Security Clearance for Civilians/Volunteers), which mandates them to report such behavior as well. Prospective employees are required to report any incidents during the hiring process and staff are required to report any incidents that occurred while employed. A denied security clearance, based on a sexual offense, was provided as documentation to the auditors. WCDOC's Special Investigation Unit (SIU) is notified if an employee, contractor, or volunteer was arrested.

Interviews with the Captain of SIU indicated that everyone - employees, contractors and volunteers - are fingerprinted through E-Justice. WCDOC is notified within one day if they were arrested. Hence, monitoring for sexual misconduct is ongoing. During the hiring and promotional process, prior incidents of sexual harassment/abuse are considered. Staff are asked about prior misconduct and have an affirmative duty to report any misconduct. WCDOC can provide information to a new facility about a prior employee, in regard to misconduct issues, if there is a signed release. This is in accordance with NYS employment law.

WCDOC meets this standard; All employees – law enforcement officers, civilians, contractors, and volunteers – are screened for instances of past sexual misconduct/sexual harassment in the hiring and promotional practices of the facility.

Standard 115.18 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.

- a. WCDOC has not designed, acquired, modified or significantly expanded the jail in the past 4 years. However, a 2013 memorandum to the Commissioner of Public Works, provided as documentation to the auditors, stated that any upgrades to the facility require input from the PREA Coordinator; A PREA analysis must be conducted for all future projects. An interview with the Commissioner and Deputy Commissioner

confirmed this.

- b. If WCDOC installs or updates video monitoring, a team will meet to determine its ability to protect inmates from sexual abuse, as per the CCTV Compliance Policy. A memorandum documenting 1,073 cameras and 87 DVRS throughout the facility was provided as documentation to the auditors. These cameras are checked every 6 months. A team, consisting of the TSU (Technical Services Unit) Commanding Officer and the Deputy Commissioner of Operations, reviews this equipment and the placement of such equipment annually. As per policy #2-53 (Sexual Assault Incident Review Board) and Policy #18-09 (Use of Force Review Board), members of this Board will advise the TSU commanding officer if an investigation/incident review suggested CCTV implementation or adjustment was needed. An interview with the Deputy Commissioner confirmed this. If an incident occurred, the Team will meet to discern whether a lack of cameras led to the incident. If so, a plan for adjustment will be enacted. All video storage, including portable storage, as per Policy # 2-46, must be stored in a secure environment.

WCDOC exceeds this standard: Although no capital projects have taken place in the last several years, WCDOC has an action plan in accordance with the Commissioner of Public Works. In addition, a review team meets annually to examine the current cameras and whether a lack of cameras may have played a role in an incident, including ones regarding sexual misconduct. WCDOC added 800 cameras in 2010 to enhance safety.

Standard 115.21 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.

- a. The Westchester County Police Department of Public Safety (WCPDPS) investigates all criminal acts that take place on facility grounds as per the Westchester County Code, Chapter 620, Parkway Police, Sec 620.01, Legislative Authority. They are responsible for the enforcement of law and order and they have jurisdiction over criminal investigations at the WCDOC. WCDOC follows their protocol on evidence collection. A detective from WCPDPS is based within WCDOC, assigned full-time to SIU.
- b. The protocol for the Westchester County Department of Public Safety is followed in regard to conducting sexual assault forensic examinations, which are completed at Westchester Medical center. Interviews with COs and the Deputy Commissioner confirmed this practice. Auditor #1 also interviewed the FACT coordinator as further corroboration. The Coordinator indicated that FACT had a very good working relationship with the WCDOC. An inmate will be triaged within 60 minutes (on average it is 40 minutes) of arrival. Forensic examiners are always on call. They were named as a Center for Excellence in NYS; there are only 5 forensic centers in NYS that can also service children and only 5 Centers for Excellence

throughout the entire State of New York. Counseling services are done simultaneously; after hours, the counselor is available via phone. They offer HIV, STI and pregnancy testing and prophylaxis. Inmates are not treated any differently than community members with the exception that there may need to be an officer in the room. However, the Coordinator stated there is always time for private conversation. There is 24/7 coverage in FACT. Services provided are consistent with a community level of care.

- c. An interview with a mental health staff worker revealed that if the incident occurred recently, the inmate will be taken to the outside hospital and receive FACT services (i.e., SANE/SAFE exams, information regarding pregnancy, STIs, etc). If an inmate was pregnant, she would be offered pregnancy options and relevant information. This staff person said it would be done within an hour of reporting.
- d. FACT (Forensic Acute Care Team) is available to WCDOC inmates through a Westchester County Contract with the Westchester County Medical Center to provide SANE exams, victim advocates, HIV and STI (sexually transmissible infections) screening, the morning after pill, etc, free of charge. New York State Law does not allow inmates to be charged for medical services. A copy of a letter informing the Police Chief of the contract with Westchester Medical Center to receive FACT services was provided to the auditors as documentation of these services. Policy #2-12 specifically states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim cooperates with the investigation. CCS (Correct Care Solution – medical staff) employees have a SANE staff member onsite but she does not conduct forensic exams for WCDOC inmates; a copy of her certification was provided as documentation to the auditors. CCS Policy #100-B05 provides the guidelines for responding to sexual abuse. Information regarding the 24 hour hotline crisis number was also available. An interview with the Deputy Commissioner and an interview with the FACT Coordinator confirmed the services provided by FACT.
- e. A victim advocate is available through the services of FACT.
- f. An advocate is available during the forensic examination via FACT.
- g. WCDOC follows the protocol of the Westchester County Department of Public Safety.
- h. WCDOC policy allows SIU (Special Investigation Unit) to preserve evidence and secure the crime scene until police arrival.

WCDOC meets this standard: As part of the county contract, WCDOC is able to provide victims of sexual assault a multitude of services, free of charge.

Standard 115.22 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.

- a. WCDOC requires that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. An interview with the SIU Captain confirmed that all cases are screened through the WCPDPS Detective. The detective, who is based full-time in SIU, attends all initial interviews, even if such cases do not initially present as criminal.
- b. As per policy #7-19 (SIU- Special Investigation Unit - Policy) and Policy #2-12 (Sexual Assault & Harassment Policy) all allegations of sexual abuse/harassment have to be reported. Policy #2-12 outlines procedures for open reporting, in addition to mandatory response. Internal investigations regarding any alleged sexual abuse or sexual harassment of an inmate are conducted by SIU, as per Policy #7-19. Policy #2-12 addresses the crime scene and preservation of tangible evidence. Investigations with criminal implications are referred to the Westchester County Department of Public Safety; they have jurisdiction over criminal investigations. A detective from this Department is based within WCDOC. The procedure for reporting is available on the WCDOC website. A copy of the website page was provided to the auditors as documentation.
- c. The Westchester County Department of Public Safety investigates all criminal acts that take place on facility grounds as per the Westchester County Code, Chapter 620 Parkway Police, Sec 620.01 Legislative Authority (the county charter with the Westchester County Department of Public Safety). A copy of Chapter 620 was provided to the auditors as documentation. An interview with the Commissioner confirmed this practice.
- d. All local and state laws are followed in regard to criminal investigations of sexual assault cases.
- e. All federal laws are followed in regard to criminal investigations of sexual assault cases.

WCDOC meets this standard; policies for internal and external investigations regarding sexual abuse and/or sexual harassment are in place.

Standard 115.31 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.

- a. All employees, including law enforcement and civilian staff, who have contact with inmates, receive PREA training upon hire, which is inclusive of the zero tolerance policy, mandated reporting responsibilities, an inmate's right to be free from sexual abuse/sexual harassment, an inmate's right to be free from retaliation, etc. Correction officers receive initial training in the academy, while civilians receive such training in orientation. For correction officers, supervisors conduct supplemental training during the course of the year as they conduct rounds. Interviews with COs confirmed this policy; all COs said they received PREA training yearly.
- b. WCDOC houses both male and female inmates. Staff receive general training and training that is gender-specific. The Training Academy curriculum and the Refresher Training curriculum, which includes a lesson plan and a PowerPoint lesson plan, was provided as documentation to the auditors.
- c. All custodial staff were trained in PREA and were required to attend refreshers yearly. Anyone who was promoted was required to undergo additional PREA training. Civilian staff hired within the past two years received PREA training, however, civilian staff employed longer than two years had not received PREA training at the time the pre-audit was completed. In consultation with the Deputy Commissioner and the Training Division, PREA training was scheduled and conducted for civilian staff while the auditors were onsite. A schedule for a yearly civilian refresher training was provided to the auditors as documentation; refresher training will begin in November, which marks the first two year period. WCDOC annual civilian training exceeds the PREA standard, which only requires refresher training every two years.
- d. Documentation of employee signatures acknowledging PREA training was provided to the auditors. PREA training attendance sheets and a training academy schedule of PREA classes were also provided to the auditors as documentation of PREA training.

WCDOC exceeds this standard; Although initially non-compliant at the beginning of this audit, civilian staff, employed with WCDOC for over two years, received PREA training while the auditors were on-site. A mandatory training was scheduled. All civilians, with the exception of one, was in attendance. An attendance sheet was provided as documentation to the auditors. The additional civilian received 1:1 training upon his return. Civilian staff will receive yearly refresher training, which exceeds the standard (i.e. every two years). In order to facilitate this process, they will attend these refresher classes with custodial staff, who are mandated to receive yearly training. The auditors received documentation for scheduled refresher training dates.

Standard 115.32 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.

- a. WCDOC provides training on PREA to all volunteers and contract employees who have contact with inmates and their subsequent responsibilities. Such training is provided in orientation.
- b. The PREA training for WCDOC volunteers and contractors includes their zero tolerance policy (Policy# 2-12). The civilian handbook, which is provided to all volunteers and contractors, includes the required information about PREA. An interview with a contractor confirmed that he was trained in responsibilities, prevention, detection and response as it relates to PREA.
- c. Documentation of training was provided to the auditors that included signed sheets by volunteers and contractors acknowledging PREA training. Such staff must also read the PREA 2003 Notice and Required Disclosure form.

WCDOC meets this standard: All contractors and volunteers have been trained since the PREA standards took effect.

Standard 115.33 Inmate 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.

- a. During the intake process, inmates receive information on PREA and on WCDOC’s zero tolerance policy regarding sexual abuse and sexual harassment, via the inmate handbook. They are also told how to report incidents or suspicions of sexual abuse/harassment. They have to sign an acknowledgement form that such information was received. Many inmates knew they could locate PREA information in the handbook, in addition to the postings on the housing units, however, most inmates had a vague idea about PREA and what it entailed. During the tour, the auditors took note that all PREA-related signs and an inmate’s right to be free from sexual abuse/harassment, in addition to how claims could be reported, was found on every housing unit, in both English and Spanish. Many inmates knew the signs were posted. One inmate, who the auditors interviewed in the recreation yard, said there was no sign posted on his 1West housing block. The auditors immediately went to 1 West where the signs were clearly posted. An interview with the intake CO in booking indicated that inmates received the policy in the handbook; they must sign to acknowledge they received the handbook.
- b. When the audit began, it was clear that within 30 days of intake, WCDOC did not provide comprehensive education regarding PREA. WCDOC worked on an education video during the corrective action period, which was completed before the conclusion of corrective action. The auditors spoke to the Training Captain

to confirm this during the in-facility audit. A script was initially provided as documentation to the auditors. When the videos were completed (one video was specific to male offenders, while the other video was specific to female offenders), they were sent to the auditors. There is also a third video, which is gender neutral, that can be utilized for either population.

Inmates within the last two years did not receive comprehensive PREA education by the time of the audit. The auditors received one letter of confidential communication from a former inmate claiming she did not receive PREA education while incarcerated at WCDOC. Once the videos were completed during the corrective action period, they played on all of the housing blocks and will continue to run repeatedly on all of the new admissions blocks. Sample pages from various logbooks, documenting that inmates viewed the video on a particular block, were provided to the auditors as evidence. The videos were played on all blocks during the week of January 16, 2017, in order to make sure that all inmates were properly educated about PREA. Since there were over 1,000 inmates who needed to watch the video, each CO was responsible for documentation of the video in the block's corresponding log book. A sample of log book pages, documenting that the video was shown, was provided to the auditors at the end of January 2017. In addition, official count sheets (JROS) and floor plans (per housing block) were provided to the auditors with the names of inmates housed at the WCDOC, per each individual block, to correspond with the respective log book entries. After this initial large group of inmates were educated, the video played and will continue to play on all new admissions blocks; the block CO will document video viewing by new inmates in their respective log book. WCDOC is now in compliance with this standard.

- c. WCDOC provides education in all forms. There is information in Spanish. Notices are posted in Spanish. The inmate handbook, which provides information on PREA, is available in Spanish. There is also a Spanish speaking grievance assistant as per Policy #15-02. These forms were provided to the auditors as documentation. An inmate admission form was provided as documentation for inmates receiving the handbook, wherein the officer discussed PREA and the disciplinary policy. Inmates have use of the language line. There are services for the blind, as well as the hearing impaired. Policy #5-04 (Admissions/Discharges) requires staff to assist all inmates in need of an interpreter. Sign language interpreters are provided to hearing impaired inmates through the Westchester County Office for the Disabled. Invoice documentation for this service was provided to the auditors. Inmates have access to the Sorensen Video Relay Service, which allows the hearing impaired to communicate with both deaf and hearing persons through a 24-hour service, paid for by the government's Telecommunications Relay Service (TRS) fund. Calls can be placed and received with an ASL (American Sign Language) interpreter. Inmates have access to the language line service, which provides access to over 240 languages. Invoice documentation of the Language Line was provided to the auditors.
- d. WCDOC will document viewing of the PREA video to all inmates housed on the new admission blocks to demonstrate receipt of PREA information. Acknowledgements of this extensive education was provided when the video was completed and displayed for all inmates through documentation in the block log books.
- e. WCDOC makes sure information about PREA is continuously available to inmates. There are posters and signs on the housing blocks, which the auditors witnessed during their tour. These signs are behind a plastic seal to prohibit their removal. Such signs provided information on PREA, such as an inmate's right to be free from sexual abuse/harassment and how to report abuse. The numbers for the county police and the National Rape Crisis Center were also posted. Upon touring, the auditors noticed that PREA signs were missing from the single cell bull pens in Booking, which were typically used to house minors. These signs were in place prior to the audit's conclusion.

WCDOC is in compliance with this standard; compliance was achieved during the corrective action period. WCDOC was not in compliance with this standard during the audit. The suggested corrective action was to conduct a comprehensive PREA training for all inmates. The Training Division completed an educational video to satisfy these requirements. The video was displayed on all units for all inmates; documentation of this viewing was recorded in the logbooks. Going forward, the video will play repeatedly on all new admission blocks and the block CO will document this information in their respective log books.

Standard 115.34 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.

- a. WCDOC's SIU (special Investigation Unit) receives specialized PREA training, in addition to the PREA training all Correction Officers receive. SIU investigators and newly promoted supervisors were mandated to complete the PREA online course –PREA: Investigating Sexual Abuse in a Confinement Setting, Presented by the National Institute of Corrections. An interview with the SIU Captain confirmed this.
- b. The training, which was developed by the PREA Resource Center, included techniques for interviewing sexual abuse victims, proper use of Miranda warnings, proper use of Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria of evidence to satisfy the burden of proof in both criminal and administrative proceedings.
- c. WCDOC maintained documentation that SIU completed specialized training for conducting sexual abuse investigations. Certificates of course completion were provided as documentation for the auditors. Certificates were for the following courses: Investigating Sexual Abuse in a Confinement Setting (one online course and one two day course); a Basic Criminal Investigation Course; and the John Reid Techniques of Investigative Interviewing and Advanced Interrogation Techniques courses.
- d. SIU staff is properly trained. WCDOC has a full-time detective from the Westchester County Department of Public Safety assigned to its SIU Division, as per the Westchester County Charter Code. This Detective completed the same PREA online course and received specialized training from the NYPD on conducting investigations on sex crimes and child abuse investigations. SIU investigators also completed a two day training program on PREA: Investigation of Sexual Abuse in a Confinement Center, a two week Basic Criminal Investigation Course, a one day John Reid Techniques of Investigative Interviewing course and a three day Advanced Interrogation Techniques course.

WCDOC exceeds this standard: In addition to the required training, SIU officers take advanced training and they have a detective based in their squad on a full-time basis, who also received specialized training.

Standard 115.35 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.

- a. WCDOC ensures that all medical and mental health workers are trained in detecting and assessing signs of sexual abuse/harassment, in preserving physical evidence of sexual abuse, in responding effectively and professionally to victims of sexual abuse/harassment, and in reporting allegations of suspicion regarding sexual abuse/harassment. All contractors attended a civilian orientation, which included PREA training.
- b. All victims in cases of suspected sexual assault are taken immediately to Westchester Medical Center, which is equipped with SANE/SAFE staff and a multitude of victim services via FACT (Forensic Acute Care Team). It is designated as a Center of Excellence by the New York State Department of Health. All services are provided without cost. CCS (Correct Care Solutions), the contracted medical and mental health agency in WCDOC, also has one SANE nurse on staff. Their SANE nurse does not conduct forensic exams for WCDOC inmates; all exams are conducted at Westchester Medical Center through the FACT program.
- c. The CCS SANE nurse’s certification was provided as documentation to the auditor, in addition to CCS’ PREA Training Curriculum, CCS’ PREA Training Exam, CCS’ Certificates of Completion and WCDOC’s attendance records for civilian orientation.
- d. All medical and mental health staff receive PREA training in accordance with PREA Standard 115.32 – training for contractors and volunteers. CCS has its own PREA Policy which highlights detecting, responding and reporting of sexual /harassment, in addition to the preservation of evidence. At the end of the training course, they must take a test to demonstrate proficiency in the subject area. Interviews with a mental health staff person and a medical staff person confirm this.

WCDOC exceeds this standard: Not only is WCDOC contracted with the state’s most exemplary 24 Hour Sexual Assault Forensic Examiner Program, they have a SANE certified nurse on CCS’ medical staff at the facility. CCS contractors are trained over and beyond what the standard requires and they must demonstrate proficiency by passing a test.

Standard 115.41 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.

- a. WCDOC assesses all inmates for risk of sexual abuse and risk of sexual aggressiveness during intake as per Policy #6-01 (Classification).
- b. Intake screening is done within 24 hours of facility arrival as per Policy# 6-01 (Inmate Classification). This was confirmed by the Booking Captain.
- c. Assessments are conducted using an objective screening tool. Prior to the audit, WCDOC developed a new screening tool. The previous tool asked most of the required PREA-related questions but it was not exhaustive. Interviews with inmates indicated that although they were always asked about their perceptions of safety, some said they were not specifically asked about their perceptions regarding risk for sexual victimization. The new screening tool, which was implemented during the corrective action period, satisfies this requirements.
- d. The new screening tool considers mental disabilities, physical disabilities, developmental disabilities, the inmate's age, the build of the inmate, the inmate's previous incarcerations, the inmate's past criminal activity, the inmate's past victimizations, the inmate's perception of vulnerability and whether the inmate is being detained for civil immigration proceedings. The new screening tool, which was provided to the auditors as documentation, asks the inmate whether they identify as gay, lesbian, transgendered, bisexual or gender non-conforming; the previous screening tool did not ask this information. The new screening tool also allows inmates to choose the pronoun and name they are most comfortable with, which goes above the standard. As per an interview with the Booking Captain, the new screening tool has 11 indicators and if one of these indicators is positively answered, the PREA Coordinator, in addition to the medical and mental health departments, will receive an immediate e-mail. There is also a flag mechanism which alerts the intake officer if a potential victim is being housed with a potential abuser.
- e. The screening tool considers prior acts of sexual abuse, prior convictions for violent offenses and whether there is a history of prior institutional violence or sexual abuse known to the agency for assessing their risk of being sexually abusive. An interview with the screening CO in Booking confirmed this. WCDOC screens for sexual abuse and it is done within hours of arrival. Inmates will be reassessed within 72 hours of arrival. This CO will look at past charges, whether they have been to WCDOC before, current charges, past incarcerations, issues during past incarcerations, appearance, demeanor, previous mental health issues, special alerts, previous PC, if they feel safe, if they want PC, etc. Additional questions will be asked as needed. The previous screening tool did not ask if an inmate was intersexed and they did not inquire about sexual orientation. This was addressed on the new screening instrument. Referrals to mental health are done as needed. All inmates are seen by medical.
- f. As per Policy #6-01, after the booking/classification officer determines classification, it is reviewed within 72 hours by a booking sergeant, which exceeds the PREA requirement of thirty days. Within 72 hours of being admitted, the inmate is reassessed to consider their risk of victimization or abusiveness
- g. If there is a referral, request, or incident of sexual abuse, the inmate's risk of victimization or abusiveness will be reassessed as per Policy #6-01.

- h. WCDOC does not discipline its inmates for failing to answer questions. As per Policy #6-01, if an inmate refuses to answer questions during the screening process, the classification officer will make a determination based solely on available records.
- i. Sensitive information is protected to avoid exploitation of the inmate as per Policy #6-01. As per NYSCOC (State Commission of Correction) Section 7013.3(a)(6) staff will not disclose sensitive information in conversation unless it is relevant to the performance of their legal duties.

WCDOC exceeds these standard by asking questions on the new screening tool which surpasses what is required by PREA. The old screening tool did not meet this standard and although the new screening tool was developed prior to the audit, it had not been implemented. Hence, during the audit, WCDOC was not in compliance with this standard. The previous screening tool did not provide an exhaustive list of all PREA related issues. The new screening is exhaustive and exceeds the standard. The new tool was implemented during the corrective active period.

Standard 115.42 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.

- a. WCDOC will use the information from the risk screening required by Standard 115.41 to inform housing assignments. A screen shot of their Elite system was provided as documentation to the auditors, which provided all of the questions in the new screening instrument. This screening tool was implemented during the corrective action period.
- b. The new screening tool allows for the classification officer to make individualized determinations regarding housing. As per an interview with the Deputy Commissioner, only certain people, such as booking, medical and mental health, have access to the risk assessment in order to adequately inform housing. As per Policy #6-01, the inmate will be reassessed within 72 hours by a classification/booking sergeant. The Booking Captain confirmed this. The interview with the screening CO in Booking indicated that information obtained from the risk screening is used to refer to mental health. If an inmate indicates prior sexual victimization, they are referred immediately to medical and mental health. If an inmate is an abuser, he is referred immediately to mental health. If an inmate is transgendered, his/her programming needs are reassessed at least twice per year and his/her perception of safety is given serious consideration in housing and program assignments. They have the ability to shower separately.
- c. Currently, the PREA Coordinator meets with all transgendered inmates. Once housing is decided, mental health will meet with them in admission and afterward, every month, to insure that the inmate feels safe. If at any time the inmate feels unsafe, he/she is told to have the on-duty sergeant contact the

PREA Coordinator immediately. A memorandum regarding the Deputy Commissioner's interactions with the last TG inmate housed at WCDOC was provided as documentation. He provided 1:1 PREA education and she signed for the handbook. The Deputy Commissioner knew her from her last incarceration. She stated that she was comfortable, did not feel unsafe, did not want PC, wanted to be called by her female name, and wanted to be housed in general population. She told the Deputy Commissioner that she did not feel she had enough privacy during searches after her visits. In response, the Deputy Commissioner spoke to the Captain about how such searches should be conducted to increase her privacy. She never made a complaint while incarcerated at WCDOC. She was released before the auditors could interview her. As per an interview with the Deputy Commissioner, anyone who identifies as LGTBQI will not be placed in a separate housing unit/block because no such unit exists. If someone is identified as being at risk for sexual victimization, they would not be placed near any known abusers and they would not be placed in a dorm settings. All at-risk inmates would be housed in a single occupancy cell. Housing for TG and intersexed inmates is not restricted and PC would only be appropriate in certain situations. These inmates are never housed in SHU. Housing decisions are made on a case-by-case basis. The Deputy Commissioner meets with each one to discuss housing options, after such options are discussed in booking. The inmate's health and safety, as well as the management of security problems, are strongly taken into consideration. During screening, the inmate's perception of his/her safety is strongly taken into consideration when determining housing. They are automatically placed on mental health's caseload to insure a welfare check is done every 30 days. As the PREA Coordinator, he meets with TG and intersexed inmates, at a minimum, two times per year. No problems were reported. All inmates have the ability to shower privately. Inmates can only shower one at a time and there are stalls and curtains for privacy.

- d. After the PREA Coordinator meets with the transgendered inmate in admission or shortly after admission, the TG inmate is placed on the caseload of mental health, regardless of whether the inmate has a diagnosable mental health issue. This insures that the inmate is seen and assessed every thirty days for placement and programming assignments. It also serves as a welfare check and alerts the facility to any immediate issues.
- e. An inmate's preference for housing is strongly considered during the classification process. As per Policy #6-01, the classification sergeant will review all housing determinations made by the classification officer. If the inmate provided a preference, it will be taken into consideration. There is a flag mechanism in the new system which would prevent a potential victim from being housed with a potential abuser.
- f. WCDOC has a policy which enables inmates to shower, perform bodily functions or change clothing without opposite gender viewing their breasts, buttocks or genitalia. Staff of the opposite sex announce when they are entering a unit as per Policy #2-11 (Security Patrols & Inspections). This happens every time men enter the female block but not every time women enter the male blocks, as per inmate interviews. The Deputy Commissioner ordered supplemental training to address this issue. None of the male inmates we interviewed claimed their privacy was ever violated by a female staff member.
- g. Transgendered inmates are mainstreamed into population unless they feel their safety is in jeopardy. There were no incidents of a transgender inmate requesting protective custody in the last two years. There is no special wing to house inmates that identify as LGTBIQ.

WCDOC exceeds this standard. Questions on the new screening tool surpass what is required by PREA. The old screening tool did not meet this standard and although the new screening tool was developed prior to the audit, it had not been implemented. The old screening tool, which was used to inform housing, did not address

all PREA-related issues; therefore, previous housing decisions were not based on all of the appropriate factors. Hence, during the audit, WCDOC was not in compliance with this standard. The new screening tool is now in practice and was put into practice during the corrective action period. Once put into practice, WCDOC exceeded the standard.

Standard 115.43 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.

- a. WCDOC does not, as practice, place inmates at high risk for sexual victimization, in involuntary segregation. There were no cases for the past 2 years. As per Policy 2-12 (Sexual Assault/Harassment), WCDOC may place an inmate in involuntary segregation for a 24 hour period to conduct an assessment of all viable options.
- b. If no viable options exist to insure the inmate’s safety, prisoners placed in segregation, as per Policy #2-12, will not have their access to work or education limited. Privileges will not be restricted. As per Policy #2-12, if a limitation is put in place for the inmate’s safety, the basis for the decision will be documented. This was confirmed through interviews with the Deputy Commissioner, the protective custody CO and protective custody inmates.
- c. As per Policy 2-12 (Sexual Assault/Harassment), WCDOC may place an inmate in involuntary segregation for a 24 hour period to conduct an assessment of all viable options.
- d. As per policy 2-51 (Protective Custody Operations), inmates in protective custody are reviewed every thirty days. Only a Captain can remove an inmate from protective custody. Protective custody “interview and review sheets” were provided to the auditors as documentation. Protective Custody inmates are not housed in SHU (Special Housing Unit); they are housed on a unit for all inmates in protective custody. While on this unit, they are allowed to engage in work and educational opportunities. An interview with the protective custody CO indicated that there were no limitations placed upon inmates in PC in regard to exercise, work or programs. Most PC inmates are there a maximum of thirty days until alternative housing can be found. Interviews with PC inmates confirmed this. As per an interview with the Deputy Commissioner, PC is not a practice and it is only used when there is a substantial risk to the inmate. Such inmates would never be housed in SHU and their housing is reviewed weekly.

WCDOC is in compliance with this standard; protective custody is used on a limited basis and reviewed often. If protective custody is needed, inmates are not housed in segregation and no opportunities for work

or school are restricted.

Standard 115.51 Inmate 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.

- a. WCDOC provides multiple ways for inmates to privately report sexual abuse/harassment. Inmates can file a grievance as per Policy #15-02 (Inmate Grievance Procedure), call the Westchester County Police Department or the Rape Crisis Hotline. Incidents can also be reported to any staff member or they can be reported by other third parties on behalf of the inmate, such as family/friends. Information on third party reporting is available on the WCDOC website. Notices enclosed in hard plastic (to prevent their removal), with this information, are posted on all housing units. The auditors witnessed these postings (also available in Spanish) on the housing blocks next to the phones. In the inmate handbook, inmates are also informed that they can report abuse by sending a confidential letter to any staff member. While touring, most inmates knew where the signs were posted and most knew that the hotline was available. As per an interview with the Deputy Commissioner, inmates have the hotline available to report privately or anonymously. If the county police department is notified, they will forward those recordings to SIU. SIU will investigate immediately. When interviewed formally, most inmates knew how to report sexual abuse and some knew they could report anonymously or via a 3rd party. The auditors interviewed two inmates with PREA complaints. One inmate disclosed that his claim was bogus and the other inmate said that she did not file her complaint; an officer filed the complaint on her behalf. All COs disclosed, during their interviews, ways inmates could report sexual abuse/harassment. They all knew inmates could report in writing, in person, anonymously or through a third party. The auditors were given an inmate report statement as documentation of another method of reporting.
- b. WCDOC provides several ways for inmates to report abuse/harassment to an entity that is not part of WCDOC by allowing them free, unlimited access, to the Rape Crisis Center Hotline. They can also call the Sexual Abuse Hotline which links them directly to the Westchester County Police Department of Public Safety. An e-mail from SIU to the Deputy Commissioner, regarding a complaint made on the PREA hotline, was provided to the auditors as documentation. Even though the incident took place eight years prior to confinement, additional documentation (including mental health referrals) showed all required services were offered to this inmate. In another incident reported to a counselor, an e-mail documenting her report, in addition to SIU investigative reports/findings, were provided as documentation to the auditors.
- c. All staff are mandated reporters. Staff acknowledge their duty to report when they complete PREA training. In addition, staff receive information in the employee handbook regarding their duty to report all instances of sexual abuse/harassment.

- d. All staff are informed about how to privately report incidents of sexual abuse/harassment. Custodial staff are trained in reporting during the academy and in yearly refresher training. Civilian staff are trained in reporting during civilian orientation training; it is also provided to them in the civilian handbook.

WCDOC meets this standard; Inmates have multiple ways to report incidents of sexual/abuse harassment. Staff and inmates are adequately informed about how to report.

Standard 115.52 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.

- a. WCDOC has administrative procedures to address inmate grievances regarding sexual abuse as per Policy #15-02 (Inmate Grievance Procedure). Copies of grievances were provided as documentation to the auditors.
- b. As per Policy #15-02, there is no time limit imposed when an inmate may submit a grievance regarding sexual abuse. However, time limits regarding responses from the grievance coordinator to the inmate apply. Grievance Coordinators may apply otherwise applicable time limits on any portion of the grievance that is not related to sexual abuse. WCDOC, as evidenced in PREA standard 115.51 (Inmate Reporting), provides multiple ways for inmates to report sexual abuse incidents. Inmates are not required to exhaust administrative remedies before attempting to utilize these other reporting methods (i.e., Rape Crisis Hotline, PREA Hotline to the Westchester County Police Department, staff members, family/friends on behalf of the inmate, etc).
- c. As per Policy #15-02, an inmate can submit the grievance to a sergeant who is not involved in the incident. As per WCDOC practice, inmate grievances are given to the touring Sergeant, not the unit officer. Most inmates indicated during their interviews that they would be comfortable reporting incidents of sexual abuse/harassment to a sergeant.
- d. Within five business days of receiving the grievance, the grievance coordinator will respond. The response will advise the inmate that his/her grievance was forwarded to SIU, and in accordance with PREA standards, they will receive a response from SIU within 90 days. The NYSCOC (New York State Commission on Corrections) requires that grievances are answered within five days. They can be forwarded to SIU and SIU has ninety days to investigate the incident. A sample SIU grievance investigation was provided as documentation to the auditors.
- e. Inmates can seek assistance with filing grievances from third parties and third parties can submit reports of sexual abuse on their behalf. An e-mail documenting third party reporting was provided to the auditors. Third parties can include inmates, staff members, family members, attorneys, and outside advocates.

- f. WCDOC, as per Policy 10-02, has a procedure for emergency grievances. If an inmate is the subject of a substantial risk for abuse, the grievance shall be brought to the immediate attention of the shift commander and the PREA Coordinator. Immediate action will be taken to insure their safety and the inmate will be notified within 48 hours of any action taken. A final grievance response will be given within 5 days informing the inmate that SIU is investigating. A memorandum from the Captain to all supervisors was provided to the auditors as documentation; the memo states that all supervisors must report any PREA related grievances immediately to the shift commander and PREA coordinator. A memorandum from the Deputy Commissioner was provided as documentation; all supervisors were reminded that PREA grievances cannot be denied as untimely. All such grievances should be answered and forwarded to SIU.
- g. As per Policy #15-02, any inmate filing a grievance shall be protected from staff reprisals. WCDOC has not disciplined any inmate in the past two years where the inmate filed a sexual abuse grievance in bad faith.

WCDOC exceeds this standard: WCDOC responds to grievances within two business days which goes beyond what is required by the standard. A complete investigation will be conducted within the 90 day time period. There are multiple ways for inmates to report incidents of sexual abuse.

Standard 115.53 Inmate 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.

- a. WCDOC provides inmates with access to outside victim advocates. A toll free Rape Crisis Hotline is provided to inmates. As part of a county contract, inmates have access to FACT (Forensic Acute Care Team) through Westchester Medical Center free of charge. A letter from the Police Chief, on behalf of the county executive, was provided to the auditors as documentation. Services include referrals for mental health treatment and patient advocacy services.
- b. WCDOC has a sexual abuse hotline which connects directly to the National Rape Crisis Center. This line is not monitored or recorded. Inmates are informed by posters in the Housing Units that such communication is confidential and not recorded. Information, including the address of the National Rape Crisis Center, is provided in the inmate handbook. A victim assistance card is also provided to inmates who report sexual abuse; such services are directly available upon release.
- c. WCDOC has attempted to engage other community service providers, particularly the local rape crisis center. Documentation of these engagements were provided to the auditors. The agency reported that guidelines governing VOCA (Victim of Crimes Act) prohibit them from offering services to those incarcerated. However they agreed to provide services after release and a victim assistance card, with their information, is routinely provided to inmates who report sexual abuse, by mental health staff. Interviews

with inmates indicated that many knew there were community-based services for victims of sexual abuse but most did not receive this information from the jail. Typically, only inmates who report abuse would receive the card. The inmate Auditor #1 spoke with, who had a PREA complaint on record, received the card from mental health. During formal interviewing, some other inmates indicated that they received a Victim Assistance Card. They all knew the hotline was free, however, not all believed the hotline was confidential.

WCDOC is in compliance with this standard; inmates have access to outside confidential support services while incarcerated and upon release.

Standard 115.54 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.

WCDOC established multiple methods to receive third party reports of sexual abuse and sexual harassment. They distribute this information publicly on how third parties can report such incidents. Inmates are also allowed to report directly, by phone, to the Westchester County Police Department of Public Safety. During interviews, many inmates knew that third parties could report on their behalf. In regard to third party reporting, WCDOC has:

- a. Postings in public jail areas, such as the lobby, which explain how to report a PREA complaint on behalf of an incarcerated person.
- b. Information on its public website which allows a third party to file a complaint; the phone number to WCDOC's SIU (Special Investigation Unit) is provided.
- c. Information in the inmate handbook that inmates can share with a third party.

WCDOC exceeds this standard; WCDOC provides multiple ways third parties can report incidents of sexual abuse abuse/harassment on behalf of an incarcerated person.

Standard 115.61 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.

- a. All staff are mandated reporters and must immediately report any knowledge, suspicion or information regarding sexual abuse/harassment. Policy #2-12 (Sexual Assault/Harassment) requires mandatory reporting by staff and it lists all first responder duties. Through formal interviews, it was clear that all COs knew what steps to take and how to report an incident of sexual abuse/harassment. As per interviews with mental health and medical, it was clear that medical and mental health understood their duty to report and what steps should be followed when an incident of sexual abuse/harassment was made by an inmate.
- b. Staff is not allowed to reveal any information to anyone regarding such reports, other than designated supervisors or officials, or to the extent necessary to make treatment or security related decisions, as per Policy #2-12. This was confirmed through an interview with the Deputy Commissioner.
- c. Medical and mental health workers are mandated reporters and will inform inmates of this requirement upon meeting with them. A memorandum to CCS (Correct Care Solution – medical and mental health) staff discusses these requirements. All minors who report sexual abuse generate an automatic report to CCS, WCDOC, and an appropriate outside agency. All sexual abuse in confinement, regardless of age, generates a report to CCS and WCDOC. A report of sexual abuse in the community by an adult (18 years of age and older) requires consent from the inmate. As per an interview with a mental health staff person and a medical staff person, medical/mental health staff always disclose their duty to report to the inmate and the limits of confidentiality within the confinement setting.
- d. If the inmate is under 18 years of age, ACS (Administration for Children Services) will be notified. An automatic report is made to CCS and WCDOC. As per an interview with the Deputy Commissioner and medical, all allegations of sexual abuse reported by minors are investigated and reported to medical, mental health and the appropriate outside agency (ACS). If the person is under 18, it is a mandatory report, regardless whether the abuse occurred in the community or in confinement.
- e. As per Policy #2-12, shift commanders must report all incidents of sexual abuse/harassment to the Deputy Commissioner of Operations, the PREA Coordinator and SIU. All reports of sexual harassment/abuse are investigated by SIU (Special Investigation Unit). Behavior deemed criminal is reported to the Westchester County Police Department of Public Safety. A detective from this Office is based inside of the facility.

WCDOC is in compliance with this standard: A clear procedure is in place for mandated reporting.

Standard 115.62 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.

WCDOC takes immediate action when it learns an inmate is subject to a substantial risk of sexual abuse, as per Policy #2-12 (Sexual Assault/Harassment). Policy #9-04 (Inmate Information Received) requires that once information regarding sexual abuse is received by a staff member, the shift commander must be notified and immediate action must be taken. This policy provides a clear procedure for reporting. As per interviews with the Commissioner and Deputy Commissioner, if an inmate is at imminent risk of sexual abuse, the shift commander and sector supervisor are notified; they will respond immediately. The block CO will monitor the inmate to maintain his/safety, separate him/her from the abuser, and an investigation will begin. A risk assessment will be conducted to determine if the inmate requires a housing move or PC. All officers interviewed knew the proper steps to follow if they were a first responder to a report of sexual abuse/harassment. All COs said their response would be immediate.

WCDOC is in full compliance with this standard: policy dictates that once there is an issue of sexual abuse, it is mandatorily reported and if a substantial risk exists, immediate action will be taken by the shift commander.

Standard 115.63 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.

- a. When WCDOC receives information that an inmate was sexually abused while confined at a different facility, one of the heads of WCDOC, usually the Deputy Commissioner of Operations, notifies the head of the agency where the alleged abuse occurred, as per Policy #5-01 (Admission Process). As per an interview with the Commissioner, SIU will be notified if another facility calls to allege abuse. WCDOC has no allegations. Anyone at WCDOC could receive the call but the caller would be referred to the shift commander and then the shift commander would notify SIU. The Deputy Commissioner confirmed that WCDOC has not received any outside complaints but if there were a complaint, SIU would thoroughly investigate and they would send an investigator to the “new” facility to interview the reporting inmate.
- b. As per Policy #5-01 (Admission Process), if an inmate reports sexual abuse at another facility, it will be reported to the respective facility within a 72 time period. In practice, WCDOC reports this information within 24 hours or less.
- c. WCDOC documents that this notification was provided. Documentation of contact and agency response

was provided to the auditors.

WCDOC is in compliance with this standard: incidents of sexual abuse reported by inmates occurring at other facilities are reported within the required time frame.

Standard 115.64 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.

- a. When a staff member learns that an inmate was sexually abused, the first security staff person to respond shall follow the protocol of separating the victim and abuser and preserving and protecting the crime scene, as per Policy #02-12 (Sexual Assault/Harassment), which outlines the protocol for first responders; Policy #2-03 (Crime Scene Management), which outlines procedures for the protection of crime scene and crime scene evidence; and Policy #2-01 (Chain of Evidence and Contraband Storage) which discusses chain of evidence. If the abuse occurred within a time frame suitable for evidence collection, he/she will ask the victim not to do anything which could destroy evidence and will insure the perpetrator does not do anything to destroy evidence (i.e., showering, changing clothes, etc), as per Policy #2-12. Lesson plans for training on responding to sexual abuse claims and a power point on evidence preservation were provided as additional documentation to the auditors. Interviews with COs indicated that they all knew to respond immediately to an allegation of abuse/harassment and they knew what steps to take and how to report such incidences. They were also well versed in protecting/preserving evidence on both the victim and abuser, insuring the victim's safety, and preserving the crime scene.
- b. If the first responder is non-custodial staff, the staff member will request that the victim not take any action which would lead to evidence destruction and then he/she will notify security staff, as per the WCDOC Sexual Abuse Response Team Protocol. This procedure was confirmed by a non-custodial staff member in mental health. If an inmate were to disclose abuse/harassment during a mental health evaluation, she would insure confidentiality, explain the limitations of confidentiality and her duty to report. She would take their statement, explain PREA, and encourage them not to take a shower or any other action which could damage evidence. She would make sure they were in a confidential setting. Upon touring, the auditors noticed rooms in the mental health block, as well as the infirmary and clinic, where inmates could be seen privately. Staff in these areas were well aware of the limits of confidentiality, their duty to report and how to report cases of sexual abuse/harassment. The mental health worker told Auditor #1 that her response would be immediate and she would report to her supervisors, including the Director of Medical, the Director of Nursing, the Health Services Administrator and WCDOC. She would also look to make sure the inmate was safe/separated from the abuser. Therapy

would be offered but the victim is allowed to decline services. They follow-up with the victim at least one more time to offer therapy services. The abuser will also be offered therapy services and mental health will continuously follow up with him/her if he/she declines. All victims would receive a Victim Assistance Card and they would be referred to services in the community. She mentioned that CCS had a great working relationship with WCDOC, particularly as it relates to PREA. Auditor #1 interviewed a female inmate with a PREA complaint on record. She told the auditor the complaint was not made by her but made by an officer on her behalf. She said once the complaint was made, she was seen immediately by medical and MH. SIU questioned her as well.

WCDOC is in compliance with this policy; protocols for first responder duties are clearly stated in policy and procedure.

Standard 115.65 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.

The facility has a written policy to coordinate actions taken in response to an incident of sexual abuse among first responders, including medical staff, mental health staff, investigators and facility supervisors. A WCDOC Sexual Abuse Response Team Protocol was provided as documentation to the auditors. The institutional plan outlines the steps taken by custodial or non-custodial responders, jail supervisors, jail medical staff, SANE/SAFE staff, the Rape Crisis Advocate, SIU (Special Investigations Unit), the district attorney, jail mental health staff, and the jail transport officer. An interview with the Deputy Commissioner confirmed this; WCDOC has a coordinated response plan which highlights the responsibilities of each unit/person when an allegation is made (i.e., 1st responders, sector supervisor, SIU, PD, DA, MH, medical, outside hospital, etc.).

WCDOC is in compliance with this standard; WCDOC has a clear coordinated response protocol in place.

Standard 115.66 Preservation of ability to protect inmates 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.

- a. Upon collective bargaining, WCDOC will not enter into agreements that limit their ability to remove alleged staff abusers from inmate contact pending an investigation. WCDOC entered into collective bargaining with four unions: COBA, SOA, CSEA and the Teamsters within the last two years. Contracts for healthcare and food services were also negotiated. None of these agreements prohibit the suspension, termination, separation or removal of Department staff or contract staff from the facility when faced with sexual abuse allegations. Post bid removal is expressly provided for in the officers' union agreement pending an investigation. WCDOC can remove any employee, pending investigation, without pay. Union agreements were provided to the auditors as documentation. This was confirmed through an interview with the Commissioner who can remove anyone for cause. As per the SIU Captain, contractors or volunteers will be removed and have their security clearance revoked pending an investigation.
- b. Agreements can still include the conduct of the disciplinary process as long as they adhere to PREA standards 115.72 (evidentiary standards for administrative proceedings) and 115.76 (disciplinary sanctions for staff). WCDOC follows the rules of evidence in all administrative proceedings, which, as a result of collective bargaining, is presided over by an arbitrator.

WCDOC is in compliance with this standard; collective bargaining agreements and contracts do not prohibit the removal and/or discipline of staff for alleged sexual abuse misconduct.

Standard 115.67 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.

- a. WCDOC, Policy #2-12 (Sexual Assault Harassment) prohibits retaliation by staff toward any inmate or staff person who reports an incident of sexual abuse and/or who cooperates in an investigation. The PREA Coordinator is charged with monitoring retaliation.
- b. Multiple measures are in place to offer retaliation protection, such as housing changes, removal of abusers (staff or inmates) and emotional support for staff/inmates who fear retaliation. As per Policy #2-12, immediate action will be taken to protect a victim of sexual abuse. Collective bargaining agreements with staff allow for the removal of staff pending an investigation. Mental health referrals are available for inmates. EAP services are available to employees.
- c. WCDOC monitors the conduct and treatment of inmates and staff who report incidents of sexual misconduct or who cooperate in investigations of sexual misconduct for retaliation. If additional monitoring

is needed, WCDOC will monitor beyond the 90 day period. A memorandum to SIU (Special Investigation Unit) Sergeants from the SIU commander charges SIU with conducting regular checks for retaliation of staff and inmates during the first 90 days. Documentation of retaliation checks were provided to the auditors. As per an interview with the Captain of SIU, all investigations are monitored for retaliation for a period of 90 days. Upon completion, a memorandum is sent to the Captain with a recommendation for continued monitoring or termination of the investigation. When examining possible retaliation, SIU monitors housing, disciplinary behavior, etc. If there is an indication of retaliation, SIU would interview the inmate. They have not had any reports of staff retaliating against other staff. All reports go into a computer database (i.e., AIM) and if the investigation needs to continue, there is initial documentation. SIU initiates contact with all inmates who report sexual abuse. They conduct the initial investigation, they follow-up as necessary, and they provide the notification of investigatory results in person. If discharged prior to the completion of an investigation, inmates can call or write for the notification. SIU will monitor retaliation every 30 days for a period of 90 days, and if there is a concern, they will monitor until discharged or as long as necessary. As per an interview with the Deputy Commissioner, retaliation is prohibited. A thirty day check for retaliation for a period of 90 days is conducted by SIU. SIU will handle the investigation if retaliation is found. Staff could be removed and contractors could have their security clearance revoked. WCDOC policy always prohibits further inmate contact until the investigation is completed.

- d. For inmates, monitoring includes periodic status checks. A memorandum by the SIU Commander to SIU staff requires them to conduct periodic status checks for retaliation; this memorandum was provided to the auditors as documentation.
- e. WCDOC takes all appropriate measures to protect individuals who cooperate with an investigation from retaliation. A retaliation investigation report was provided to the auditors as documentation.
- f. If the allegation is unfounded, WCDOC will stop monitoring but not until documentation is provided to the SIU commander. If the SIU commander approves, final approval is given by the PREA Coordinator to stop monitoring. Documentation of this process was provided to the auditors in memorandums and e-mail communications. The Commissioner's interview confirmed the practice of retaliation monitoring and if any retaliation is found, an inmate can be moved to new housing or offered PC. A substitute jail order can also be facilitated if needed. As per an interview with the SIU Captain, after the 90 day period of monitoring, a memorandum will be sent to him with a recommendation for continued monitoring or termination of the investigation. A memorandum to the SIU Captain documenting the recommended closure of a retaliation monitoring investigation was provided to the auditors as documentation.

WCDOC is in compliance with this standard; a variety of procedures are in place and employed to decrease the risk for retaliation to any staff or inmate who report an incident of sexual misconduct or who cooperate in a sexual misconduct investigation.

Standard 115.68 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.

Any use of segregated housing to protect an inmate who was a victim of sexual abuse by WCDOC conforms to PREA Standard 115.43. WCDOC does not, as practice, place inmates at high risk for sexual victimization, in involuntary segregation. There were no cases for the past 2 years. As per Policy 2-12 (Sexual Assault/Harassment), WCDOC may place an inmate in involuntary segregation for a 24 hour period to conduct an assessment of all viable options. If no viable options exist to insure the inmate’s safety, prisoners placed in segregation, as per Policy #2-12, will not be limited in terms of their access to work or education. Privileges will not be restricted. As per Policy #2-12, if a limitation is put in place for the inmate’s safety, the basis for the decision will be documented. As per policy 2-51 (Protective Custody Operations), inmates in protective custody are reviewed every thirty days. Only a Captain can remove an inmate from protective custody. Protective custody interview and review sheets were provided to the auditors as documentation. Protective Custody inmates are not housed in SHU (Special Housing Unit); they are housed on a unit for all inmates in protective custody. While on this unit, they are allowed to attend work and educational opportunities. WCDOC is in compliance with PREA standard 115.43; protective custody is used on a limited basis and reviewed often. If protective custody is needed, inmates are not housed in segregation and no opportunities for work or school are restricted. As per an interview with the Deputy Commissioner, the Sexual Assault Incident Review Board (SAIRB), which involves upper level management, discusses all incidents and will revise policy, add cameras or modify staffing plans to increase safety. They consider if an incident was the result of a hate crime. They will also consider physical barriers, adequate staff, and if more cameras are required in a particular area. Data is routinely analyzed by the incident review team. The Deputy Commissioner provided an example where one inmate was moved to PC after he made a PREA complaint against another inmate. There was a 48 hour review, alternative housing was found and the inmate was moved.

WCDOC is in compliance with this standard; any use of segregated housing to protect an inmate victim of sexual abuse strictly adheres to PREA standard 115.68.

Standard 115.71 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.

- a. When WCDOC conducts internal investigations via SIU (Special Investigation Unit), such investigations are conducted promptly, thoroughly and objectively, including third party and anonymous reporting, as per policy #7-19 (SIU- Special Investigation Unit - Policy) and Policy #2-12 (Sexual Assault & Harassment Policy). All allegations of sexual abuse/harassment have to be reported. Internal investigations regarding any alleged sexual abuse or sexual harassment of an inmate are conducted by SIU, as per Policy #7-19.

Policy #2-12, addresses the crime scene and preservation of tangible evidence. Investigations with criminal implications are referred to the Westchester County Department of Public Safety; they have jurisdiction over criminal investigations. A detective from this Department is based within WCDoc. As per Policy #2-12, shift commanders must report all incidents of sexual abuse/harassment to the Deputy Commissioner of Operations, the PREA Coordinator and SIU. All reports of sexual harassment/abuse are investigated by SIU (Special Investigation Unit). Behavior deemed criminal is reported to the Westchester County Police Department of Public Safety. As per an interview with the SIU Captain, all investigations are screened through the WCPDPS detective, who is based in SIU full-time, for criminality. He attends all initial interviews. Investigations begin upon notification. SIU looks at evidence, reviews documents, reviews video footage, conducts interviews with the victim, the abuser, witnesses and staff. All cases are screened by the detective. When a determination is made, the inmate is notified. Third party and anonymous reports are handled in the same way. COs are expected to preserve the crime scene and keep it secure. They must log anyone who goes in and out of a crime scene. If the detective determines there is criminality, it will be referred to the DA's office. The credibility of the suspect, victim or witnesses are taken on their own merit. All information is documented in reports, whether they are administrative or criminal. There are disks in the files which hold interview recordings and video footage. The auditors saw a file with 5 disks. WCDoc has not had any cases referred for prosecution. If a staff member resigns and was alleged to have committed abuse, the investigation will continue but SIU cannot compel an interview. If the victim or abuser leaves the facility, the investigation continues and SIU may go to the new facility to conduct an interview. They have a team approach with the police department. Inmates are not polygraphed; this was further substantiated through an interview with an inmate who had a PREA complaint on record. Upon completion of the investigation, any security lapses, cameras, etc, are discussed with the Sexual Assault Incident Review Board (SAIRB) to determine if those factors contributed to the abuse. All administrative investigations are conducted by SIU and the standard of evidence to substantiate an allegation is preponderance of the evidence. All inmates will be notified in person if an allegation is substantiated, unsubstantiated or unfounded.

- b. All WCDoc SIU staff and supervisors receive specialized training in sexual abuse investigations as per PREA Standard 115.34. SIU receives specialized PREA training, in addition to the PREA training all Correction Officers receive. SIU investigators and newly promoted supervisors are mandated to complete the PREA online course –PREA: Investigating Sexual Abuse in a Confinement Setting, presented by the National Institute of Corrections. The training, which was developed by the PREA Resource Center, includes techniques for interviewing sexual abuse victims, proper use of Miranda warnings, proper use of Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria of evidence to satisfy the burden of proof in both criminal and administrative proceedings. WCDoc maintains documentation that SIU completed specialized training for conducting sexual abuse investigations. Certificates of course completion were provided as documentation for the auditors. WCDoc has a full-time detective for the Westchester County Police Department of Public Safety assigned to its SIU Division, as per the Westchester County Charter Code. This Detective completed the same PREA online course and received special training from the NYPD on conducting investigations on sex crimes and child abuse investigations. WCDoc exceeded standard 115.34: In addition to the required training, SIU officers take advanced training.
- c. Investigators are trained in the preservation of evidence, in addition to the chain of custody, as per Policy #2-03, crime scene management. They are trained in interviewing techniques and can interview victims, witnesses, perpetrators and victims. This was confirmed during an interview with the SIU Captain.
- d. WCDoc has a detective on site, as per Sec. 620, of the Westchester County Code. If an act is criminal, the Westchester County Police Department of Public Safety (WCPDPS), which works closely with the ADA of

Westchester, will be involved. This was confirmed in interviews with the Deputy Commissioner, Commissioner and SIU Captain.

- e. All questioning remains objective; all allegations are taken seriously, as per Policy #2-03. Auditor #2 interviewed an inmate who told him he made a bogus PREA complaint. The auditors requested to see his file; SIU provided a thorough investigation.
- f. When administrative investigations are conducted, SIU will determine if staff actions were abusive. A memorandum, dated in 2013, from the Commissioner, warns that termination is the presumptive disciplinary sanction for any staff members who engages in the sexual abuse of inmates. All investigative techniques, as well as findings, are documented. A record retention schedule was provided to the auditors which accounts for inmate count sheets, security video, commissary, logbooks (housing, mail, visits and recreation), special reports, JID folders, booking folders and the master tally.
- g. WCDOC's SIU documents all criminal investigations completed by the WCPDPS.
- h. If an alleged act reaches the level of warranting criminal charges, the WCPDPS is automatically notified. Based upon evidence, the ADA can make the determination to charge.
- i. SIU retains all reports up to five years following an abuser's incarceration. Based upon WCDOC's retention schedule, provided as documentation, sexual abuse related data is held for 10 years and information attained from Departmental PREA investigations is retained as long as the abuser is incarcerated or employed, plus five additional years.
- j. If the abuser is released or transferred, SIU continues the investigation until a determination is rendered.
- k. All state or federal investigations, if conducted, would follow these same regulations. There has been no state or federal sexual abuse investigations in the past two years.
- l. When the WCPDPS investigates sexual abuse, WCDOC works closely with them. As stated, they have a full-time detective who works on jail grounds; the two agencies seem to work very well together. A copy of a criminal and administrative investigation was provided to the auditors as documentation. A interview with the Deputy Commissioner confirmed that WCDOC is kept informed of all criminal investigations because SIU is involved at every level.

WCDOC is in compliance with this standard; there are clear guidelines for effecting criminal and administrative agency investigations.

Standard 115.72 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.

The standard of proof WCDOC requires for determining whether allegations of sexual abuse are substantiated, unsubstantiated or unfounded is the preponderance of evidence. A memorandum from the Deputy Commissioner to SIU, emphasizing this standard, was provided to the auditors as documentation. As per an interview with the SIU Captain, all investigations utilize the preponderance of evidence standard to substantiate or unsubstantiated an allegation.

WCDOC is in compliance with this standard; determination of abuse allegations are based on a preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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

- a. When SIU (Special Investigation Unit) completes an investigation, the inmate victim of sexual abuse is informed of the final disposition, whether the claim was substantiated, unsubstantiated or unfounded.
- b. WCDOC conducts all initial investigations. If the act is criminal, and an investigation is conducted by the Westchester County Police Department of Public safety (WCPDPS), the inmate is also informed of the county police’s determination.
- c. If the allegation was not unfounded and the abuse allegation was directed toward a staff member, the inmate shall be informed of the staff member’s status within the facility (i.e., if posted on the inmate’s unit, if they are still employed with the facility, if the staff member was indicted, and if the staff member was convicted).
- d. Following an allegation of sexual abuse by another inmate, the alleged victim shall be informed of the inmate’s status, such as whether the inmate was indicted or convicted. This was confirmed through interviews with the Deputy Commissioner and the SIU Captain. Post investigation reports/notification reports were provided to the auditors as documentation. As per an interview with an inmate who had a PREA complaint on record, she stated she knew she would be notified of the investigation’s outcome. It was still less than 30 days since the complaint was registered; hence notification was not done at the time she was interviewed by Auditor #1.

- e. WCDOC's SIU documents all inmate notifications. Within the past two years, there were no substantiated cases.
- f. WCDOC will report all above related information to the inmate victim, up and until, the inmate is released from their custody.

WCDOC is in compliance with this standard: Inmates are notified about the results of investigations.

Standard 115.76 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.

- a. If staff violate the sexual abuse Policy #2-12, they will be subject to disciplinary action. Such action can include termination.
- b. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse as per a memorandum from the WCDOC Commissioner dated in 2013, Policy #7-35 (Civilian Code of Conduct), and Policy #7-09 (Code of Conduct).
- c. Disciplinary sanctions for staff are based on past history and the severity of their actions. There is equity in punishment; staff with similar offenses would be punished the same. WCDOC staff have lawyer privileges through their union and are represented during arbitration or criminal proceedings.
- d. If staff are terminated, or resign instead of facing termination, as a result of violation of Policy #2-12, the act will be reported to the Westchester County Police Department of Public Safety, unless the act was clearly not criminal. In the past two years, there were no cases.

WCDOC is in compliance with this standard: staff will be disciplined appropriately for violation of sexual abuse/harassment policies.

Standard 115.77 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.

- a. If a contractor or volunteer staff member violates the sexual abuse Policy #2-12, they will be prohibited from inmate contact as per a memorandum from the WCDOC Commissioner dated in 2013 and as per policy #7-35 (Civilian Code of Conduct). The act will be reported to the Westchester County Police Department of Public Safety, unless the act was clearly not criminal. In the past two years, there were no cases. This was confirmed through interviews with the Commissioner and Deputy Commissioner; further inmate contact would be prohibited.
- b. WCDOC will determine appropriate remedial measures, such as removal of security clearance.

WCDOC is in compliance with this standard: Steps are taken to prohibit contact with inmates for contractors or volunteers who violate Policy #2-12.

Standard 115.78 Disciplinary sanctions for inmates

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

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

- a. If there is a finding of guilt regarding sexual abuse, whether administratively or criminally, the inmate shall face disciplinary charges.
- b. Disciplinary sanctions for inmates are based on past history and the severity of his/her actions. There is equity in punishment; inmates with similar offenses would be punished similarly. Copies of disciplinary reports, with findings, were provided to the auditors as documentation. All inmates who violate facility rules receive a disciplinary report and have the opportunity to represent themselves during an administrative disciplinary review hearing, presided over by a captain. If criminal charges are pending, inmates will be entitled to all due process rights. SIU (Special Investigation Unit) investigates all PREA claims and bases their findings on a preponderance of evidence as documented in a memorandum from the Deputy Commissioner in 2013. As per an interview with the Deputy Commissioner, the abusing inmate can be charged with a Class 3 or 4 offense. They can be put in 60 days of punitive segregation and if criminal charges are warranted, the police are involved. Sanctions are fair and equitable.

- c. Any history of mental health issues or mental disabilities will be considered in determining a finding of guilt and in determining appropriate punishment, as per Policy #3-01 (Disciplinary Code). A memorandum from the disciplinary captain to the director of mental health, providing a referral, in addition to documentation of dismissed disciplinary charges based on mental health issues, was provided to the auditors. As per an interview with the Deputy Commissioner, if an inmate has a MH disorder, MH is conducted prior to any disciplinary review.
- d. When deemed necessary, appropriate referrals are made to mental health in order to address underlying issues for disciplinary problems. A memorandum from the disciplinary captain to the director of mental health, providing a referral, was provided to the auditors. An interview with a medical staff person indicated that counseling is always offered to the abuser, yet, it is not a condition of their ability to participate in programming.
- e. WCDOC can initiate disciplinary proceedings for sexual conduct with staff but only if the person did not consent. There were no cases in the past two years.
- f. If an investigation of a sexual abuse/harassment claim does not produce sufficient evidence to substantiate a claim, the inmate shall not be disciplined for false reporting. As per Policy #15-02, any inmate filing a grievance for sexual abuse shall be protected from staff reprisals. WCDOC has not disciplined any inmate in the past two years where the inmate filed a sexual abuse grievance in bad faith.
- g. WCDOC prohibits all sexual contact between offenders, however, it does not constitute sexual abuse if the sexual activity between inmates was consensual (see Policy #3-01-Disciplinary Code).

WCDOC is in compliance with this standard: Disciplinary sanctions for inmate abusers follow an established protocol in line with PREA guidelines.

Standard 115.81 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.

- a. Part a of the standard does not apply; this is not a prison.
- b. Part b of the standard does not apply; this is not a prison.
- c. If the classification officer discovers, during the screening process, that the inmate was a prior victim of sexual assault in another facility or within the community, the inmate is referred to mental health within 14 days of the intake screening. A CCS (Correct Care Solution – contracted medical/mental health) intake

screening was provided as documentation, assessing prior risk of victimization. An e-mail from the Health Services Administrator stated that all PREA cases required a mental health follow-up. This was confirmed through an interview with the Screening CO in Booking. The CCS Policy on Receiving & Screening – OPS-100_E-02 – which stated, routine staff referrals are answered within 7 days, urgent staff referrals are answered within 3 days, and emergent staff referrals are answered within 1 day, was provided to the auditors as documentation.

- d. Sensitive information is protected to avoid exploitation of the inmate as per Policy #6-01. As per the NYSCOC (State Commission of Correction) Section 7013.3(a)(6) staff will not disclose sensitive information in conversation unless it is relevant to the performance of their legal duties. Any information related to sexual abuse that occurred in an institutional setting shall be limited to medical and mental health staff or other staff, as necessary, to inform treatment and security decisions.
- e. Medical and mental health staff shall obtain informed consent before reporting sexual abuse that occurred in the community if the offender is 18 years of age or older. Copies of blank consent forms were provided to the auditors, in addition to a sample CCS “no consent” given. Medical and mental health workers are mandated reporters and will inform inmates of this requirement upon meeting with them. A memorandum to CCS (Correct Care Solution – medical and mental health) staff discusses these requirements. All minors who report sexual abuse generate an automatic report to CCS, ACS and WCDOC. All sexual abuse in confinement, regardless of age, generates a report to CCS and WCDOC. A report of sexual abuse in the community by an adult (18 years of age and older) requires consent from the inmate. A formal interview with a medical staff person and a MH worker, in addition to an impromptu interview with a medical staff person during the facility tour, indicated that consent is obtained if abuse is reported by an adult and occurred outside of consent. Abuse in confinement or abuse reported by a minor, regardless of location, is mandatorily reported.

WCDOC is in compliance with this standard: Inmates are screened properly for sexual abuse history and appropriate supplemental services are provided.

Standard 115.82 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.

- a. WCDOC inmates who are victims of sexual abuse receive immediate medical services. WCDOC takes immediate action when it learns an inmate is subject to a substantial risk of sexual abuse, as per Policy #2-12 (Sexual Assault/Harassment). Policy #9-04 (Inmate Information Received) requires that once information regarding sexual abuse is received by a staff member, the shift commander must be notified and immediate action must be taken. This policy provides a clear procedure for reporting.

- b. Mental health staff is always onsite at WCDOC. CCS (Correct Care Solution – medical staff) has a SANE staff member onsite; a copy of her certification was provided as documentation to the auditors. CCS Policy #100-B05 provides the guidelines for responding to sexual abuse. Policy #9-04 (Inmate Information Received) requires that once information regarding sexual abuse is received by a staff member, the shift commander must be notified and immediate action must be taken. This policy provides a clear procedure for reporting. WCDOC is in compliance with PREA Standard 115.62 as evidenced by part “a” above.
- c. All victims in cases of suspected sexual assault are taken immediately to Westchester Medical Center, which is equipped with SANE/SAFE staff and a multitude of victim services via FACT (Forensic Acute Care Team). It is designated as a Center of Excellence by the New York State Department of Health. FACT is available to WCDOC inmates through a Westchester County Contract with the Westchester County Medical Center to provide a SANE exam, victim advocacy, HIV and STI (sexually transmissible infections) screening, the morning after pill, etc, free of charge. A copy of a letter informing the Police Chief of the contract with Westchester Medical Center to receive FACT services was provided to the auditors as documentation of these services. A copy of the county contract with FACT services was provided as additional documentation. Sample medical records were provided as documentation. A mental health staff worker and a medical staff person informed Auditor #1, during their interviews, that services are received immediately, typically within an hour. The type of services are determined in consultation with medical and inmates are offered information about STIs, pregnancy, HIV, emergency contraception, etc. WCDOC has a NYS Class 3A licensed pharmacy.
- d. Policy #2-12 specifically stated that treatment services shall be provided to the victim without financial cost and regardless of whether the victim cooperates with the investigation. New York State Law does not allow inmates to be charged for medical services.

WCDOC is in compliance with this standard: Access to emergency and mental health services are readily available.

Standard 115.83 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.

- a. WCDOC offers medical and mental evaluations to any inmate who was a victim of sexual abuse. An e-mail, from the Health Services Administrator, which stated that all PREA cases required a mental health follow-up, was provided to the auditors as documentation.

- b. The evaluation and treatment of inmate victims shall include follow-up services, even after they are released from the custody of WCDOC. As per CCS Policy 100- B-05, follow-up services are provided. All such inmates are also provided with a Victim Assistance card, allowing them to access services in the community. As per interviews with medical and mental health, the inmate will be referred to medical first and then mental health. They will be added to MH's caseload. Counseling is voluntary. They will be seen minimally once per month but if they want to be seen daily, they would complete a sick call slip. If the inmate is TG, there will be a monthly welfare check. A treatment plan is employed and the inmate is given information on HIV, STIs, pregnancy, etc. Inmates receive the same level of care as those in the community. The inmate who had a PREA complaint confirmed this practice; she also reported receiving a Victim Assistance Card.
- c. All WCDOC inmates are provided with medical and mental health services consistent with a community level of care. An e-mail from the Health Services Administrator stated that all PREA cases required a mental health follow-up. All victims in cases of suspected sexual assault are taken immediately to Westchester Medical Center, which is equipped with SANE/SAFE staff and a multitude of victim services via FACT (Forensic Acute Care Team). A copy of a letter informing the Police Chief of the contract with Westchester Medical Center to receive FACT services was provided to the auditors as documentation of these services. A copy of the county contract with FACT services was provided as additional documentation. As per CCS Policy 100- B-05, a patient must be immediately escorted to medical and victims are referred to the outside hospital.
- d. Female victims of sexual abuse (where vaginal penetration occurred) shall be offered pregnancy testing. Pregnancy testing is offered, as well as STI screening, as a part of FACT services.
- e. If a positive pregnancy test ensues, female inmates, as a part of FACT services, are given pregnancy-related information, including pregnancy options (i.e., carrying the pregnancy to term, termination of the pregnancy, etc).
- f. STI screening is offered as a part of FACT services.
- g. Policy #2-12 specifically states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim cooperates with the investigation. New York State Law does not allow inmates to be charged for medical services. WCDOC does not discipline its inmates for failing to answer questions. As per Policy #6-01, if an inmate refuses to answer questions during the screening process, they cannot be disciplined.
- h. As per Policy 2-12 (Sexual assault/Harassment), all suspects of sexual assault/harassment shall be promptly referred to the mental health director or his/her designee.

WCDOC is in compliance with this standard; Inmate victims clearly receive ongoing medical and mental health services as needed.

Standard 115.86 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.

- a. A Sexual Assault Incident Review Board (SAIRB) at WCDOC reviews every sexual abuse investigation, regardless of findings, as per Policy #2-52 (Sexual Assault Incident Review Board).
- b. This review occurs within 30 days of the investigation, as per Policy # 2-52.
- c. WCDOC’s review team includes upper level managers, supervisors, investigators and medical/mental health staff, as per Policy # 2-52. Sign-in sheets for meetings were provided as documentation. This was confirmed in an interview with the Deputy Commissioner.
- d. During their meetings, the SAIRB examines whether there needs to be a change to current policy, whether the incident was a hate crime, whether physical barriers led to the incident, whether staffing levels were a factor, and whether lack of technology was a factor, as per Policy # 2-52. Meeting minutes were provided as documentation. A final report is completed. An interview with the SIU Captain revealed that all incidents are reviewed by the SAIRB and they consider if it was a hate crime. They look at all possible motivational factors, even if it was gang related, and determine whether a move to another facility might be needed. They always examine areas for physical barriers. This information was also confirmed in an interview with the Deputy Commissioner. There was one incident where a file cabinet prevented full view of the camera. Cabinets were moved in response. They also assess staffing levels and monitor technology. As per the Deputy Commissioner, data is routinely analyzed by the SAIRB but no trends were found except for a large number of bogus claims from inmates in SHU and inmates subject to ESU response. Even if a claim appears bogus, all are fully investigated. If a trend was found, corrective action would be employed. WCDOC collects data to assess and review the effectiveness of sexual abuse detection and response policies. Corrective action, if needed, will be informed by such statistical data.
- e. As per Policy # 2-52, if there are recommendations from the SAIRB for improvement, it is implemented. If such recommendations cannot be implemented, the WCDOC SAIRB documents reasons for their decision.

WCDOC is in compliance with this standard; Sexual Abuse Incident reviews are consistently reviewed.

Standard 115.87 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.

- a. WCDOC collects data for every allegation of abuse using standardized instrumentation. The BJS (Bureau of Justice Statistics) Survey of Sexual Victimization is completed yearly. WCDOC has computer software called AIM – Automated Incident Management (Policy on Automated Incident Tracking). This system allows the facility to capture detailed information on all cases of misconduct/abuse. An AIM screen shot was provided to the auditors as documentation.
- b. WCDOC aggregates this data annually for BJS. PREA aggregate reports for 2013, 2014, and 2015 were provided as documentation to the auditors. As per the Deputy Commissioner, no identifying information is provided in the final report of aggregate data, which is also available to the public. Original data is securely retained as stated in the AIM policy. SIU is the only team to have access to this data.
- c. WCDOC utilizes the Survey of Sexual Violence, which is used to generate information for the BJS Survey of Sexual Victimization. Reports were provided from 2013, 2014 and 2015.
- d. WCDOC maintains, reviews and collects data. The PREA Coordinator reviews this information. This process will become even easier once the new software for the AIM system is in place.
- e. WCDOC does not contract its inmates to other facilities.
- f. WCDOC has data from the previous calendar year that it can submit to DOJ upon request. Such data, in the form of a PREA Aggregate Report, was provided to the auditors as documentation.

WCDOC is in compliance with this standard: They are consistently collecting and reporting statistics.

Standard 115.88 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.

- a. The PREA Coordinator reviews data collected and aggregated according to PREA Standard 115.87 to identify problem areas, take ongoing corrective action, and to prepare an annual report. This report was provided to the auditors.

- b. The Annual Report provided a comparison with the previous year. PREA accomplishments for the year were listed in this report. The PREA reports for 2013, 2014 and 2015 included comparisons to the previous year.
- c. WCDOC will make the report available through its website.
- d. Reports provided to the auditors did not include any identifying information. As per the Deputy Commissioner, WCDOC collects data to assess and review the effectiveness of sexual abuse detection and response policies. Corrective action, if needed, will be informed by such statistical data. No identifying information is provided in the final report of aggregate data, which is also available to the public. The Commissioner stated that the Sexual Assault Incident Review Board (SAIRB) is in place to improve sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator compiles data for an annual report, which is approved by him.

WCDOC is in compliance with this standard; Although WCDOC was not in compliance during the pre-audit stage, they made this report available on their website during the in-facility audit.

Standard 115.89 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.

- a. WCDOC insures that data collected pursuant to PREA Standard 115.87 are securely retained.
- b. WCDOC makes sexual abuse data readily available to the public through its website via a FOIA request
- c. Before making aggregated sexual abuse data publicly available, WCDOC removes all personal identifiers. This was confirmed in the Deputy Commissioner’s interview. No identifying information is provided in the final report of aggregate data, which is also available to the public. Original data is securely retained as stated in the AIM policy. SIU is the only team to have access to this data.
- d. WCDOC maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. A record retention schedule was provided to the auditors as documentation.

WCDOC is in compliance with this standard; All data is secure and reports, absent identifying information, are made available to the public.

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.

Kim Collica, Ph.D.

January 27, 2017

Auditor Signature

Date