

PREA Facility Audit Report: Final

Name of Facility: Rose M. Singer Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 09/25/2025

Date Final Report Submitted: 04/13/2026

Auditor Certification

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.



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



Auditor Full Name as Signed: Melinda Allen

Date of Signature: 04/13/2026

AUDITOR INFORMATION

Auditor name: Allen, Melinda

Email: preaaudit@gmail.com

Start Date of On-Site Audit: 08/12/2025

End Date of On-Site Audit: 08/14/2025

FACILITY INFORMATION

Facility name: Rose M. Singer Center

Facility physical address: 19-19 Hazen Street, East Elmhurst, New York - 11370

Facility mailing address: 75-20 Astoria Blvd, Suite 90, East Elmhurst, New York - 11370

Primary Contact

Name:	Shasha Barreto
Email Address:	shasha.barreto@doc.nyc.gov
Telephone Number:	646-946-2113

Warden/Jail Administrator/Sheriff/Director	
Name:	Warden Ronald Miller
Email Address:	Ronald.miller@doc.nyc.gov
Telephone Number:	718-546-7400

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Erica Gray
Email Address:	erica.graye5@nyc.hhc.org
Telephone Number:	646-799-6653

Facility Characteristics	
Designed facility capacity:	593
Current population of facility:	432
Average daily population for the past 12 months:	430
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls

Age range of population:	18-76
Facility security levels/inmate custody levels:	MIN-MED-MAX
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	367
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	75
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	10

AGENCY INFORMATION

Name of agency:	New York City Department of Correction
Governing authority or parent agency (if applicable):	
Physical Address:	75-20 Astoria Boulevard, East Elmhurst, New York - 11370
Mailing Address:	
Telephone number:	718-546-1500

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Shasha Barreto	Email Address:	shasha.barreto@doc.nyc.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

4

- 115.32 - Volunteer and contractor training
- 115.86 - Sexual abuse incident reviews
- 115.87 - Data collection
- 115.89 - Data storage, publication, and destruction

Number of standards met:

37

Number of standards not met:

4

- 115.35 - Specialized training: Medical and mental health care
- 115.82 - Access to emergency medical and mental health services
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.401 - Frequency and scope of audits

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-12
2. End date of the onsite portion of the audit:	2025-08-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI and Safe Horizon Rape Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	593
15. Average daily population for the past 12 months:	430
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	430
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	8
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	3
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	168
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Not all categories of specialized offenders are tracked by the NYCDOC. I was able to locate individuals in each category to interview, but we were missing information on medical and mental health, as the entity that governs this information refused to share it with the auditor or the facility.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	365
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	10

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	75
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were no volunteers on-site on the first day of the audit. There were medical and mental health staff, typically perceived as contractors, though the City has its own medical and mental health agency that provides services to the facilities within the New York City Department of Corrections.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I selected individuals from every housing unit to interview. I initially selected the first and fifth individuals on the housing rosters. I then reviewed the demographics of those selected to ensure they were representative of the total population. In cases where I needed additional individuals to interview, I turned to the tenth individual on the housing roster to review. If that individual met the need to balance the demographics, they were selected. If not, I continued to the 15th, 20th, etc.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to completing the random interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	5
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Agency policy prevents individuals from being housed or placed in segregated housing/isolation for the risk of sexual abuse or after learning that they have suffered from sexual abuse.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers to completing interviews with detainees. Some targets qualified for multiple targeted interviews, and multiple interviews were conducted with them.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	In addition to reviewing the staffing for tenure, shift assignments, work assignments, and rank, I also considered age, gender, and race when selecting individuals to interview, ensuring a balanced representation of staff were interviewed.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	I oversampled staff assigned to the intake area because I was receiving conflicting information and wanted to ensure I had a clear understanding of the intake process.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

19

63. Were you able to interview the Agency Head?

☒ Yes

☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☒ Mental health/counseling ☐ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	Specialized staff were selected based on who was working and what their responsibilities were at the facility. Other staff outside of the facility were interviewed pertaining to Human Resources, Contact Administration, Investigators, and Department Head/ Designee.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the on-site review, the auditor asked the intake staff to demonstrate the critical functions of the intake process. There were no actual intakes during the on-site. I asked the staff to walk me through the intake process. The intake officers explained the intake process in detail, provided documentation to be given to individuals, and showed the auditor where searches are conducted, up to and including the actual dressing, if an individual was being housed in the facility. The auditor conducted casual interviews with staff and incarcerated individuals throughout the facility. Telephones were checked, hotlines were tested, the grievance dropbox was tested, and the auditor viewed the Inmate Handbooks in the facility, as well as the Kiosk and available tablets. I also observed the language line, braille handouts, and a multitude of PREA Pamphlets in a variety of languages.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor reviewed and secured a plethora of documents on-site including the following:

1. Employee, Contractor, and Volunteer Training Records,
2. Employee, Contractor, and volunteer hiring and background records,
3. Logbooks and video footage to verify that random supervisory rounds are conducted,
4. Incarcerated Individual's intake, screening, education, reassessments,
5. Medical, mental health files
6. Investigative files were reviewed as required to obtain samples of proof documentation to support the audit findings, along with other miscellaneous documents.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	18	18	3	3
Staff-on-inmate sexual abuse	0	0	0	0
Total	18	18	15	3

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	6	0	6	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	7	0	7	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	13	2	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	13	2	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	4	2	10	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	4	2	10	2

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	2	3	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	1	2	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

12

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	12
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

A selection of twelve investigative files was reviewed for the audit. The City of New York Department of Corrections tracks all incidents of sexual harassment and sexual abuse as required by the PREA standards.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
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.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A- detailing agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. NYC DOC Agency organizational chart 4. PREA coordinator's job description 5. PREA compliance manager's job description Interviews: 1. Interview with the PREA coordinator 2. Interview with the PREA compliance manager

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

§115.11(a). The agency has a comprehensive PREA Policy 5100R-A. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting, and responding to such conduct. Agency policies addressed preventing sexual abuse and sexual harassment through the designation of a PREA coordinator and PREA compliance manager, Criminal History Background Checks, Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Resident Education, Posting of Signage (PREA Posters, etc.), and Contract Monitoring. The policies addressed the detection of sexual abuse and sexual harassment through Training (for Staff, Volunteers, and Contractors) and intake screening. The policies addressed responding to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification of licensing agencies), Incident Review Teams, and Data Collections and Analysis. This policy aligns with the PREA standards and outlines the agency's approach to ensuring sexual safety.

§115.11(b): Agency Policy Section 5011R-A, Page 7, Section W, outlines the roles and responsibilities of the PREA coordinator (PC); it calls for the PREA Coordinator to manage, develop, implement, and oversee the Department's plan to comply with the PREA Standards. The PREA Coordinator ensures proper implementation of the PREA standards at all Department facilities, monitors Department training programs to ensure they comply with PREA training standards, monitors inmate screening procedures, tracks and reviews sexual abuse and sexual harassment investigations, works with medical and mental health professionals to ensure their compliance with the PREA standards, supervises the Department's PREA data collection, and provides appropriate access and materials to PREA auditors. The agency's organizational chart indicates that the PC position is an upper-level, agency-wide role; the job description confirms the PC's responsibilities. The PC reports directly to the agency's Senior Deputy Chief of Staff. The PC was interviewed, and she reported having enough time to focus on the PREA standards and the freedom to divert responsibilities to other staff as needed to implement and sustain the PREA efforts. She stated that she has direct access to the agency director and can implement policies and practices as necessary to ensure sexual safety requirements. She oversees five PREA Compliance Managers and seven PREA Compliance Officers. She has served as the PC for three years, during which time she has led the agency's PREA implementation. During the site review, the PREA Coordinator demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility and was very forthcoming about their institutionalization. Before

	becoming the PREA Coordinator, she supervised the Special Investigations Unit and served as a PREA Compliance Manager. The evidence shows that the agency has designated an upper-level, agency-wide PC, as verified by the organizational chart, policy directives, the position's job description, and an interview with the PC. The PC has held her position for three years and has successfully directed the agency's comprehensive, ongoing PREA efforts. Based on the review of the Pre-audit questionnaire and related documents submitted, PREA implementation appears to be organized and well-documented under the leadership of the PC. The preparedness for the audit and the overall incorporation of institutionalized sexual safety practices demonstrate that the PC has sufficient time and authority to fulfill the agency's PREA responsibilities. Additionally, the PC's ability to delegate other duties, when necessary, further demonstrates that she has sufficient time to oversee PREA and sexual safety practices in the agency. §115.11(c): Agency Policy Section 5011R-A, Page 7, Section X outlines the roles and responsibilities of the PREA compliance manager (PCM); it calls for the position to be allowed sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility's organizational chart shows that the PCM position is an upper-level management role; the job description confirms the PCM's responsibilities. The PCM reports directly to the PREA Coordinator. During the interview with the PCM, she stated that she has sufficient time to focus on implementing the PREA standards and necessary practices to ensure sexual safety in the facility; the position is 100% full-time devoted to PREA compliance and sustainability. The PCM reports directly to the PC and has been granted authority to oversee all PREA compliance within the facility. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices at the facility level demonstrate that the PCM has sufficient time and authority to accomplish PREA responsibilities for the facility. Corrective Action Based on the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard, which requires a zero-tolerance policy and the designation of a PC and PCM. There's no need for any corrective action.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents:

	1. NYC DOC Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A- detailing agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Sample Contract Interviews: 1. Interview with the Contract Administrator Site Review Observations: 1. None Findings (By Provision): §115.12(a) The Department does not contract with any other entity to house its offenders. This provision is not applicable. §115.12(b) All new contracts require compliance with the Department's Zero Tolerance Policy and provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard, requiring agency contracts with the NYC DOC to comply with PREA standards. There is no need for any corrective action.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYDOC Agency Pre-Audit Questionnaire responses 2. NYDOC Agency PREA Policy 5011R-A 3. Emergency Executive Order 843 4. Shift Rosters with backfilled positions with Mandatory overtime

5. Staffing Plan
6. Warden's Handbook

Interviews:

1. Interview with the PREA coordinator
2. Interview with the PREA compliance manager
3. Interview with the Warden
4. Interview with Agency Head or Designee

Site Review Observations:

1. Observations during on-site review of the physical plant

Findings (By Provision):

§115.13(A). The current staffing plan was based on the budget, rather than the facility's needs. The documentation provided for the staffing plan did not address the requirements of this provision. This was amended while the auditor was writing the interim report to ensure compliance.

§115.13(b). The agency has an Emergency Executive Order 843 requiring positions to be filled using mandatory overtime. Staffing Rosters were reviewed for compliance, and it was determined that posts are not filled regularly. Many posts are filled with overtime, but there were days observed where housing unit posts were not filled. The six primary causes of staff shortages are understaffing of security needs, staff injury, staff vacation requests, security searches by TSO, and an increase in population.

§115.13(c). The PREA Coordinator is now consulted to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. An annual review of the staffing plan is due in 2026.

§115.13(d). The facility indicated in their responses to the Pre-Audit Questionnaire that unannounced rounds are required by intermediate-level or higher-level staff. The facility further indicated that the rounds are documented, cover all shifts, and that the policy prohibits staff from alerting other staff. Agency Policy 5011R-A (the agency's complete PREA policy), Section g (Pg. 19) states that the unannounced rounds are required consistent with Subsection (d) of this standard. The policy requires that unannounced rounds be conducted daily on all shifts at random times.

Staff are prohibited from alerting other staff of the tours. Additionally, an entry is required in each housing unit log in red ink to designate the date, time, and staff member conducting the unannounced rounds. The policy further prohibits staff from alerting other staff that the rounds are occurring. The rounds have to be documented in the unit and area logbooks. The auditor was advised that Captains conduct

	unannounced rounds. Captains stated that they conduct unannounced rounds and report the results. They noted that they vary their route to prevent staff from alerting other staff that the unannounced rounds are being conducted. I interviewed two Captains, and they both indicated that rounds are conducted regularly. Both Captains indicated that rounds are conducted daily. One of the individuals interviewed stated that the policy requires staff not to alert other staff. When asked by the auditor how this is enforced, it was noted that this staff member takes a facility radio and monitors transmissions during rounds to check for explicit or coded warnings. The other staff member interviewed did not indicate that they use the radio in this way and stated that they keep an eye on staff as they move through the facility. The auditor reviewed a sample of the unannounced rounds noted in red ink in logbooks and compared them to video footage from the Genetec system to confirm that the rounds were conducted. In three samples pulled, the Captains were observed conducting unannounced rounds as required. Rounds were conducted on all shifts at least once each week. Agency policy mandates that unannounced rounds be conducted daily on every shift, a higher level of compliance. The rank structure comprises Correctional Officers, Captains, Assistant Deputy Wardens, Deputy Warden, and Warden. Captains do not qualify as upper-level supervisors with this rank structure. Captains were completing the unannounced rounds, but they are not intermediate or higher-level supervisors. Corrective action: 1. Ensure that intermediate or higher-level supervisors conduct unannounced rounds. Update: Immediately after submitting the Interim Report, a lengthy discussion with the PREA Coordinator revealed that the Assistant Deputy Wardens also conduct unannounced rounds and record them in logbooks, marking them in red to indicate their unannounced nature. Multiple logbooks were reviewed, and Genetec footage was observed to confirm that ADWs conduct unannounced rounds to comply with this provision. NYC DOC policy 5011R-A requires supervisors to conduct unannounced rounds at random on every shift and prohibits staff from alerting other staff members to the tours. While agency audits of the unannounced rounds revealed that rounds are not conducted on every shift every day, the PREA standards do not mandate that rounds be conducted on every shift. The Warden's Handbook instructs Assistant Deputy Wardens (ADWs) to complete the unannounced rounds. An additional review of Genetec video and logbooks revealed that ADWs do conduct unannounced rounds. This standard is now in compliance.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A on Sexual Abuse and Sexual Harassment
3. Daily Population Demographics Report
4. Housing Unit Roster

Interviews:

1. Interview with the PREA coordinator
2. Interview with the PREA compliance manager
3. No Line Staff who supervise Youthful offenders
4. No Education and Program Staff who Work with Youthful Inmates
5. No Youthful Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

§115.14(a). Agency policy 5011R-A, Section 6, page 18, addresses youthful offenders. The policy mandates sight and sound separation from adult offenders. However, the agency does not house individuals who are under the age of eighteen. A review of population reports indicates that the agency does not house youthful offenders.

Interviews with the PREA Coordinator and PREA Compliance Manager confirm that youthful offenders are not housed at RMSC.

§115.14(b). Agency policy 5011R-A, page 18 requires sight, sound separation when offenders are outside of a housing unit. However, the agency does not house individuals who are under the age of eighteen. A review of population reports indicates that the agency does not house youthful offenders.

§115.14(c). Agency policy 5011R-A requires staff to document exigent circumstances in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. However, the agency does not house individuals who are under the age of eighteen. A review of population reports indicates that the agency does not house youthful offenders. There have not been any youthful offenders housed at RMSC during the past year.

	Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring sight and sound separation from youthful offenders. No corrective action is required.
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A on Sexual Abuse and Sexual Harassment 3. NYC DOC Directive 4508R-E, Detainee Search Procedures 4. Report of cross-gender pat-down searches of female inmates to identify documentation of exigent circumstances Interviews: 1. Random Sample of Staff 2. Random Selection of Persons in Custody (PICs) 3. Transgender/Intersex Offenders 4. Non-medical staff (involved in cross-gender strip or visual searches)-None Site Review Observations: 1. Observations during on-site review of the physical plant, to include showers, dressing areas, and toilet areas within the housing units, and the toilets in the intake area. Findings (By Provision): §115.15(a). Agency policy 5011R-A, section 7, page 19, prevents cross-gender strip searches or visual body cavity searches except in exigent circumstances. Directive 4508R-E, Section 4, page 27, governs detainee search procedures and states that

only personnel of the same gender may search offenders, absent exigent circumstances. There were no cross-gender searches or visual body cavity searches conducted in the past year.

The evidence shows that the facility complies with this provision.

§115.15(b). Agency Policy 5011R-A, section 7, page 19, prevents cross-gender strip searches or visual body cavity searches except in exigent circumstances. Directive 4508R-E, Section 4, page 27, governs detainee search procedures and states that only personnel of the same gender may search offenders, absent exigent circumstances. Offenders interviewed indicated that they are not restricted from attending programming or work based on the number of female staff available for pat searches. In fact, the majority of staff at RMSC are female. The facility reported that there were no cross gender pat searches, strip searches, or visual body cavity searches of offenders in the past year.

The evidence shows that the facility complies with this provision.

§115.15(c). Agency policy 5011R-A, section 7, c, page 19, requires that all cross-gender strip searches and cross-gender visual body cavity searches, as well as all cross-gender pat-down searches of female inmates, be documented.

The evidence shows that the facility complies with this provision.

§115.15(d). Agency policy 5011R-A, Section 7, e, page 19 provides for offenders to be able to shower, perform bodily function, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when viewing is incidental to routine security, institutional order, or when viewing is incidental to routine cell/living quarters checks. However, a review of the physical plant revealed that there are line-of-sight issues in some housing units and in the intake area. Facility staff worked diligently to remedy the issue in the housing units during the audit by adding a section of shower curtain to the existing curtains, which prevented viewing from the A stations (officer control areas) and from the stairwells. Agency policy 5011R-A requires staff of the opposite gender to announce themselves when entering a unit of the opposite gender.

Interviews with staff indicate that this is completed regularly; however, interviews with offenders revealed that the announcements are not consistently completed or are not being heard. This could be due to offenders locked in their cells not being able to hear the announcements being made. Transgender offenders are asked who they feel most comfortable with pat-searching them during the intake process.

Corrective Action:

1. Ensure that cross-gender announcements are made and loud enough for offenders to hear.

115.15(e). Agency policy 5011R-A section 7, d, page 19, prevents the searching or physical examinations of transgender or intersex offenders to determine their genital status. Officers interviewed indicated that they either did not know how genital

	status was determined, since they did not work in the intake area, or they stated that medical personnel provided more information to make the determination, or intake staff discussed the genital status with offenders during the intake process. Interviews with transgender or intersex offenders revealed that they were not subjected to physical searches for the sole purpose of determining their genital status. This provision is no longer applicable. §115.15(f). The facility policy does not specifically address the searching of transgender or intersex offenders. These individuals are asked their preference for pat searches. However, interviews reveal that very few of the staff have received any training in conducting a pat search of a transgender or intersex offender. This provision is no longer applicable. Corrective Action Update: An email was sent to the Warden to remind staff to announce themselves more loudly so persons in custody can hear them. (pending proof of training and evidence of cross-gender pat searches). The NYC DOC notified me that all staff have completed the required PREA training. I requested a list of personnel to select from, and on November 17, 2025, I was provided with the selected documentation as confirmation of training on cross-gender announcements. I reviewed the provided documents, and they did not meet the requirements for completing PREA training every other year, supplemented with refresher training in the years when PREA training was not conducted. A subsequent request was made to ensure that staff have been trained in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. Corrective Action Update: On March 17, 2026, all staff had been retrained to ensure cross-gender announcements are made when entering the housing units. I verified completion of training by conducting an audit of a selection of training files for compliance. Each requested file was provided.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A on Sexual Abuse and Sexual Harassment
3. NYC DOC Agency Policy 3802R-A on Non-Discrimination of Incarcerated Individuals with Disabilities
4. Documentation of the use of Interpreters
5. PREA Pamphlets in a variety of languages, braille, and large font.
6. Additional Orientation/Training Documentation

Interviews:

1. Agency Head or Designee
2. Persons in Custody (PICs) with Disabilities or who are Limited English Proficient
3. Random Sample of Staff

Site Review Observations:

1. Observations during on-site review of the physical plant, to include observation of the evaluation of the Language Line, the TTY machine used for deaf offenders.

Findings (By Provision):

§115.16(a). Agency policy 5011R-A, section V, 4, page 15, provides for ensuring offenders who are limited English proficient (LEP), deaf, or hard of hearing, visually impaired, who have limited reading skills, or who are otherwise disabled have equal opportunity to participate in, or benefit from all aspects of the Department's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment.

Interviews with detainees reveal that offenders are not consistently receiving the required education regarding sexual harassment and sexual abuse policies. None of the offenders interviewed indicated that they received notice of the zero-tolerance policy, how to report an incident of sexual abuse or sexual harassment, or that they should not be retaliated against for reporting during the intake process. Some offenders stated that they saw posters in the intake area that explained the basis. Other offenders saw a video in intake, observed posters in the facility, or reviewed information in the Inmate Handbook. The majority of the offenders interviewed stated they had not received any formal education on PREA. I interviewed five offenders with disabilities or who were limited in their English Proficiency. None of the Limited English Proficient offenders reported receiving the required training, while both offenders with disabilities reported receiving the training. A review of the offender files indicated that orientation and training are offered, but not mandatory.

All offenders must receive the required education.

The agency is fully compliant with this provision of the standard requiring a interpreters be provided and that offenders are not used for interpreting except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

Corrective Action:

1. Ensure that all offenders receive the required training in a format that is easily understandable.

§115.16(b). Agency policy 5011R-A section V, 4, page 15, provides for ensuring offenders who are limited English proficient (LEP), deaf, or hard of hearing, visually impaired, who have limited reading skills, or who are otherwise disabled have equal opportunity to participate in, or benefit from all aspects of the Department's efforts to prevent, detect, report, and respond to sexual abuse and sexual harassment. The agency has access to interpreters and a language line for use with offenders who have limited proficiency in English. The agency has created pamphlets in various languages to facilitate communication with individuals from diverse cultural and linguistic backgrounds. The agency has a Braille pamphlet for the blind. They have also provided pamphlets in large font for individuals with visual impairments.

However, it was apparent in interviews that the required training is not always provided. Ensure that all offenders receive the required training.

Corrective Action:

1. Ensure that all offenders receive the required training.

115.16(c). Agency policy 5011R-A, section V, 5, page 15, provides for interpreters for offenders. Agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. Interviews with random staff reveal that interpreters are provided and used as needed. Offenders also stated that interpreters are provided.

Corrective Action:

Update: All persons in custody (PICs) were retrained to ensure none of the offenders were overlooked. Once the training was completed, a list of PICs was provided to the auditor, and names were selected for review. All training was completed. On December 3, 2025, I reviewed the training records and interviewed three additional individuals with disabilities or who are Limited English Proficient, and found that they were well-versed in the requirements.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Files of recently hired and promoted individuals 4. Records of background checks on staff, contractors, and volunteers 5. Background checks are completed every five years 6. Administrative HR Questions for new hires or for promotions. 7. Copies of emails requesting vetting of promotional candidates Interviews: 1. Administrative HR Staff Site Review Observations: 1. None Findings (By Provision): §115.17(a). Agency Policy 5011R-A, Section V, b, page 13, addresses not hiring or promoting anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. In an interview with Human Resources Administrative staff, they confirmed compliance with this provision. The agency has a self-declaration form that contractors must complete. I also reviewed the contractors' files to ensure

completion.

The facility complies with this provision.

§115.17(b). The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The facility complies with this provision.

§115.17(c). Agency policy 5011R-A mandates that the agency conduct a background check consistent with Federal, State, and local law, and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In an interview with Human Resources Administrative staff, they confirmed compliance with this provision. The agency conducts a background check using the federal NCIC checks and sends letters to former institutions prior to hiring them. I reviewed the personnel files of individuals to ensure completion.

The facility complies with this provision.

§115.17(d). Agency policy 5011R-A, Section V, d, page 13, requires the agency to conduct background checks of employees who may have contact with offenders. The Administrative HR personnel confirmed compliance, and a review of employment files confirmed that background checks are completed as required.

The facility complies with this provision.

§115.17(e). Agency policy 5011R-A, Section V, e, page 13, requires the agency to conduct background checks of contractors and employees every five years who may have contact with offenders. The Administrative HR personnel confirmed compliance, and a review of files confirmed that background checks are completed as required.

The facility complies with this provision.

§115.17(f). Agency Policy 5011R-A, section V, g, page 14, requires the Department to ask all applicants and employees who may have contact with offenders about previous misconduct in written applications. The applicants complete a self-declaration of any misconduct. The agency also imposes a continuing affirmative duty to disclose any such misconduct. Interviews with HR staff confirmed that these forms are completed, and a review of personnel files verified compliance. Emails are also sent to the investigative staff to ensure there are no pending investigations that could result in charges against candidates.

The facility complies with this provision.

§115.17(g). Agency policy 5011R-A, Section V, h, page 14, requires that material omissions regarding misconduct or the provision of materially false information shall be grounds for termination. The Administrative HR staff confirmed this as well.

	The facility complies with this provision. §115.17(h). Agency policy 5011R-A allows the agency to disclose information on substantiated allegations of sexual abuse or sexual harassment upon receiving a request from an institutional employer for whom the employee has applied to work. In an interview with HR staff, it was disclosed that this information would be disclosed only with the former employee's written consent. This is not a requirement of the standard. HR staff should provide this information to potential employers. Corrective Action: 1. The agency must disclose information on substantiated allegations of sexual abuse or sexual harassment upon receiving a request from an institutional employer for whom the employee has applied to work. Unless prohibited by law, the agency is required to provide information regarding substantiated incidents of sexual abuse or sexual harassment involving a former employee when contacted by a new prospective employer of that person. This requirement aims to address the fact that staff may resign from one correctional facility (in lieu of being terminated) because of an incident or investigation of staff sexual abuse or harassment and seek employment at another correctional facility. On November 17, 2025, the agency provided the auditor with copies of files showing that Human Resources has disclosed information to agencies upon request. The agency is now in compliance with this provision.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment Interviews: 1. Agency Head or Designee 2. Warden

	Site Review Observations: 1. None Findings (By Provision): §115.18(a). The facility has not been structurally expanded or modified in recent years. An interview with the Warden and the agency head or designee confirmed that there have been no significant structural modifications or expansions to the facility in the past several years. The last modification to the medical section was completed in 2021. The facility complies with this provision. §115.18(b). The facility has not updated the video monitoring system in several years. An interview with the Warden and the agency head or designee confirmed that there have been no video-monitoring modifications or facility expansions in the past several years. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. National Protocols for Sexual Assault Medical Forensic Examinations, Adult and Adolescent, Third Edition 4. Memorandum of Understanding with SAFE Horizon 5. Advocate Training Records

6. *NYC DOC Investigations Protocol*

Interviews:

1. PREA compliance manager
2. Inmates who Reported Sexual Abuse
3. Random Sample of Staff
4. SAFE/SANE from East Elmhurst Hospital
5. Agency Qualified Advocate

Site Review Observations:

1. None

Findings (By Provision):

§115.21(a). Agency Policy 5011R-A, Section VI, 3, page 31, details the requirement to follow a uniform evidence protocol in investigating incidents of sexual abuse. The NYC DOC staff investigates all sexual abuse and sexual harassment cases. The NYC DOC ID unit investigates all incidents of offender-on-offender sexual abuse and sexual harassment. In contrast, the DOI unit investigates sexual misconduct that involves staff-on-inmate allegations or allegations that involve an alleged rape case. After a preliminary review of the facts, the Department of Investigation (DOI) may elect to have the investigation conducted by ID. The NYC DOC follows the National Protocol for Forensic Examinations.

The facility complies with this provision.

§115.21(b). The uniform evidence protocol followed by the NYC DOC is appropriate for youth, though they do not house offenders under the age of eighteen. The protocol was adapted from the National Protocol for Forensic Examinations.

The facility complies with this provision.

§115.21(c). All offenders who report sexual abuse are offered a forensic examination. Female offenders are transported to the East Elmhurst Hospital for forensic examinations. Offenders are never charged for these services. This is in policy, and interviews with offenders verified that they are not charged for services. The East Elmhurst Hospital is a SAFE Hospital and has SAFE/SANE Nurses available at all times. If no one was available at East Elmhurst Hospital, the offender could be transported to Bellevue for treatment. During the past 12 months, a total of thirty-eight forensic examinations were completed for the entire agency. A SAFE or SANE was available to conduct each exam.

The facility complies with this provision.

§115.21(d). The agency has entered into an agreement with SAFE Horizon for

	advocacy. The Healthcare Provider for the NYC DOC also has an on-site advocate available to assist as needed. Despite signing an MOU with the agency, SAFE Horizon reportedly refuses to report to Rikers Island to support offenders. Since Safe Horizons will not respond, HHC has provided a staff advocate who has been appropriately screened and trained for the duties of an advocate. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required. The facility complies with this provision. §115.21(e). If requested by the victim, a victim advocate from HHC, who is a qualified agency staff member, accompanies and supports the victim throughout the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. Offenders interviewed indicated that they were not offered an advocate; however, they also did not request an advocate to accompany them. There appears to be a disconnect between the offender's knowledge of the availability of an advocate, which will be addressed in the offender education standards. The facility complies with this provision. §115.21(f). The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. This provision is non-applicable. The facility complies with this provision. §115.21(g). The Auditor is not required to audit this provision. The facility complies with this provision. §115.21(h). The advocate is provided by Health + Hospitals, which is the contractor for the NYC DOC. The advocate has been appropriately screened and trained to complete the requirements of an advocate. This individual was interviewed and was well-versed in the requirements of the position. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.
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115.22	Policies to ensure referrals of allegations for investigations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Investigative Files
4. Documentation of Reports of Sexual Abuse and Sexual Harassment
5. NYC DOC Website Directive Webpage: <https://www.nyc.gov/site/doc/directives/directives.page>

Interviews:

1. Agency Head
2. Inmates who Reported Sexual Abuse

Site Review Observations:

1. None

Findings (By Provision):

§115.22(a). The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). In the past twelve months, there have been twenty-five allegations of sexual abuse and sexual harassment that were investigated at RMSC. One case involved an officer on an offender. All cases are investigated. Some cases are pending, waiting for the District Attorney's office to determine whether they will be prosecuted or not.

The agency complies with this provision.

§115.22(b). The agency policy 5011R-A, Section VI, e, page 33, requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The policy can be found within the agency PREA Policy 5011R-A. I was advised that the directives are located at :<https://www.nyc.gov/site/doc/directives/directives.page><https://www.nyc.gov/site/doc/directives/directives.page>.

But, I was unable to locate any the investigative policies on the website. I did observe a policy for the Office of the Inspector General, but this policy does not detail who is responsible for criminal investigations. The agency does document all referrals to the District Attorney's Office for prosecution. This was documented in the spreadsheet maintained for all cases and in the individual case files.

Corrective Action:

1. Ensure that investigative policies are posted on the agency's website.

Best Practice:

1. The best practice would be to have all PREA information linked on one webpage, where it can be easily located by a layperson seeking guidance or insight on how to assist an offender with an allegation. I would maintain all PREA reports, Final Audit Reports, policies, and other information on the page, which I would link directly from the home page.

§115.22(c). This provision is not applicable as the agency conducts its own criminal and administrative investigations.

The agency complies with this provision.

§115.22(d). The auditor is not required to audit this provision.

The agency complies with this provision.

§115.22(e). The auditor is not required to audit this provision.

The agency complies with this provision.

Corrective Action:

1. Ensure that investigative policies are posted on the agency's website. Once made aware of the missing information, the PREA Coordinator initiated a conversation with the Press Office to update the website. This correction is pending.

Update to Corrective Action:

The investigations policy is embedded within the PREA Policy, which can be found on the agency's website at <https://www.nyc.gov/site/boc/jail-regulations/sexual-abuse-and-harassment-standards-implementation.page>. The agency handles all investigations, whether they are Administrative or Criminal in nature.

On <https://www.nyc.gov/site/doc/about/contact-doc.page>, the following information is posted:

Reporting Sexual Abuse or Sexual Harassment

	Report an allegation of physical abuse, sexual abuse, or sexual harassment on behalf of someone in our custody, you can contact OCGS via email at ConstituentServices@doc.nyc.gov or call 311. You do not have to leave your name or contact information. All information reported will remain confidential and given to the appropriate investigative body to handle accordingly. Call or write us: You can also contact OCGS by phone by calling 718-546-1500, Monday- Friday 8:00am-5:00pm. New York City Department of Correction 75-20 Astoria Blvd. East Elmhurst, NY 11370 The agency is now in compliance with this standard.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Staff Training Records 4. Training Curriculum Interviews: 1. Random Sample of Staff Site Review Observations: 1. None Findings (By Provision):

§115.31(a). Agency policy 5011R-A, Section V, A, 1, page 10, addresses staff requirements to complete PREA Training before having contact with offenders. I reviewed the training curriculum to confirm that each of the ten required elements was present in the curriculum. The Moss Group created the training used by the NYC DOC, which conforms to the standards. I interviewed thirteen randomly selected staff members and found that only one of the thirteen interviewed was familiar with the four requirements in responding to a sexual abuse incident. Staff must be intimately familiar with the four requirements in responding to ensure a thorough and complete investigation can be completed.

Corrective Action:

1. Ensure that all staff have been trained in their duties in responding to an incident of sexual abuse.

Best Practices:

1. Incorporate PREA concepts and PREA training in unique and meaningful ways throughout the facility operations. Think outside the box and talk about PREA at staff meetings, daily briefings, shift change meetings, management meetings, and other opportunities. Classroom training is excellent, but reinforcing PREA daily is even better. Be creative to find new, fresh ways to keep PREA at the forefront of staff development. PREA committees composed of staff members can be tasked with creating unique ways to provide refresher training to facility staff, such as mock drills, table-top exercises, informative bulletin boards, PREA contests testing knowledge, etc. By allowing staff to get creative regarding PREA, they may be more vested in the success of the sexual safety program, facility-wide.

§115.31(b). The PREA training is tailored to the gender of the offenders in the facility. All staff receive training in how to respond to both male and female offenders. I have reviewed the comprehensive training curriculum provided to staff during pre-service training.

The facility complies with this provision.

§115.31(c). Agency policy 5011R-A requires staff to complete the basic PREA training during their pre-service orientation and every other year. During off years, staff are required to complete additional training pertinent to the PREA standards. In interviews with staff, I discovered that all staff members had completed the initial required training; however, the majority claimed they had not received any subsequent PREA training. Many employees stated that it had been three or four years since they completed the required training. The agency currently provides training in an online format and most employees interviewed stated they had not completed the training. Officers who had completed the training indicated that they did not like the format as they could not ask questions or get immediate clarification when they had questions.

	Corrective Action: 1. Ensure that all staff receive the required training. After the initial PREA training, refresher training must be provided every two (2) years. In years in which an employee does not receive refresher training, the agency must provide refresher information on sexual abuse and sexual harassment policies. This can take many forms, including handouts, brochures, videos, computer-based instruction, and in-person training. It may be beneficial to include questions in the online training to ensure that staff understand the material provided, and supervisors should follow up to ensure the training is being completed on time. Best Practice: 1. Encourage management and supervisory staff to take an active role in providing refresher training on PREA to facility staff. Not only does this show a commitment to PREA by facility leadership, but teaching someone else also reinforces your own learning. It is a win-win situation. §115.31(d). Agency policy 5011R-A, Section A, 1, A, page 10, requires the agency to retain the signed receipt of training and to maintain a copy in the individual's employment folder. I was unable to locate signed acknowledgments of training. Corrective Action: 1. Please ensure that the agency has copies of the completed and signed training acknowledgments. Update: On March 6, 2026, I was notified that all training had been completed. I was provided a roster of staff, selected staff from the roster, and requested copies of completed training acknowledgement forms and confirmation of completed refresher training. I was provided with the appropriate documentation to verify completion of the required training. This standard is now compliant.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Training Records 4. Training Curriculum Interviews: 1. Contractor/Voluneteers Site Review Observations: 1. During the on-site visit, I observed a sign-in sheet at the front of the facility, where all contractors and volunteers must sign in and out when entering or leaving the facility. Findings (By Provision): §115.32(a). Agency policy 5011R-A, Section A, 1, b, page 10, requires all contractors and volunteers to complete pre-service and biennial training related to the PREA Standards. All contractors and volunteers must also sign a logbook when entering the facility. §115.32 (b) Agency policy 5011R-A, Section A, 1, b, page 10, requires all contractors and volunteers to complete pre-service and biennial training related to the PREA Standards. Contractors and volunteers also attend/complete the training provided to staff members in the facility, regardless of how much contact they have with offenders. This exceeds the standard required. §115.32(c). The agency maintains documentation of the completed training. I was supplied with the relevant requested copies. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard, requiring contractors and volunteers to complete pre-service training before having contact with offenders. No corrective action is required.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Inmate Files
4. Inmate Education Files
5. Intake records of inmates entering the facility in the last 12 months
6. Inmate Handbook
7. PREA Pamphlets and Brochures
8. PREA Posters

Interviews:

1. Intake Staff
2. Staff who complete the Risk Screening Assessment
3. Random Sample of Offenders
4. Disabled or Limited English Proficient Offenders

Site Review Observations:

1. Posters in the Intake area
2. Posters and signage are posted throughout the facility
3. Inmate Handbooks provided in English and Spanish
4. Documentation of Orientation/Education
5. Pamphlets provided to Offenders in an assortment of languages in the Intake area
6. Braille Pamphlet
7. I observed the intake area and discussed the intake process in detail with the intake personnel.

Findings (By Provision):

115.33(a). Interviews with intake staff revealed that intake staff do not advise offenders of the zero-tolerance policy, how to report, or that they would not be retaliated against for reporting. This information is posted on the wall, and a PREA video was observed playing in a cell. The facility offers interpreter services in the intake area. I tested the language line. There is also a consortium of staff in the NYC directory that serves as interpreters available to officers working in the intake area. The majority of the offenders interviewed indicated that they were not told of these

basic requirements during the intake process. Inmates are supposed to receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

Corrective Action:

1. Ensure that all offenders are advised of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. Posters and videos are not sufficient, as they would require the offender to read or be in the proper location to view the video.

§115.33(b). Offenders must receive a more comprehensive PREA education within 30 days of intake in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting an incident, and regarding agency policies and procedures for responding to incidents. Facility Compliance Managers and Ambassadors or PREA Officers report to the housing units to educate offenders about the PREA policies. Offenders are allowed to attend the training, but it seems as though they are not required to attend. Some offenders signed to indicate that they had attended, while others refused. This results in many offenders not receiving or comprehending the required training. The vast majority of offenders interviewed were not familiar with the required training. Simply providing access to training materials is insufficient, as offenders choose whether or not to review them.

Corrective Action:

1. Ensure that all offenders receive the mandatory training within 30 days. Offenders should be required to sit through the training and not allowed to leave until the training has been completed.

§115.33(c). Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. Interviews revealed that not all offenders have received the required training.

Corrective Action:

1. Ensure that all offenders have been educated regarding the PREA standards.

§115.33(d). The agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The agency has done an excellent job in creating and making materials available for offenders, but it needs to ensure that all offenders are educated accordingly. Interviews with disabled individuals revealed that they are receiving special assistance if needed in explaining the curriculum, but Limited English Proficient offenders often do not

	receive the required information. Corrective Action: 1. Ensure that all offenders are provided with these materials and that they receive appropriate education. §115.33(e). The facility maintains documentation of completed education as required. The facility complies with this provision. §115.33(f). The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and pamphlets written in multiple languages. These items were visible throughout the facility. The facility has also stenciled telephone numbers on the walls so they cannot be removed. The facility complies with this provision. Update: On August 13, 2025, the PREA Coordinator conferred with the Warden to ensure the intake staff are educating PICs on the zero-tolerance policy and how to report incidents of sexual abuse. Additional training was provided to staff working in these positions and documented accordingly. The PREA Compliance Manager retrained all offenders in custody regarding the Prison Rape Elimination Act. The training classes were documented and provided to the auditor. On December 3, 2025, the auditor returned to the facility and conducted additional interviews to ensure that the PICs were adequately trained. Each of the PICs interviewed was familiar with the zero-tolerance policy (advised during intake), their right to be free from sexual abuse or sexual harassment, how to report an incident of sexual abuse or sexual harassment, and their right not to be disciplined for reporting. The facility now complies with this standard.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Investigator Training Files
4. Investigator Training Curriculum (NIC)

Interviews:

1. Investigative Staff

Site Review Observations:

1. None

Findings (By Provision):

§115.34(a). NYC DOC Policy 5011R-A, Section VI, k, page 34 mandated that the Department only use investigators who have received specialized investigation training. Staff investigators receive a variety of training classes, including interview techniques, conducting investigations in confinement, trauma-informed investigations, and evidence collection. Investigative staff interviewed were well-versed in the PREA standards as they pertained to investigations. Copies of training certificates were reviewed for all investigative staff who conduct investigations of sexual abuse and sexual harassment in confinement.

The agency complied with this provision.

§115.34(b). Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This curriculum was reviewed in the NIC training completed by investigators, *Conducting Investigations in Confinement*.

The agency complies with this provision.

§115.34(c). The agency maintains documentation of training completed by the investigators.

The agency complies with this provision.

§115.34(d). The auditor is not required to audit this provision.

The agency complies with this provision.

Based upon the review and analysis of all the available evidence, the auditor has

	determined that the agency is fully compliant with this standard for training investigators. There's no need for any corrective action.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. List of Medical and Mental Health Providers from Medical Provider 4. Email from Medical stating that all training was completed 5. Email refusing to provide information from Counsel for the medical provider Interviews: 1. Medical and Mental Health Providers Site Review Observations: 1. None Findings (By Provision): §115.35(a). NYC DOC Policy 5011R-A, 1, a-d, page 10, requires all contract employees to complete PREA training biannually. The medical contractor provided a list of employees, but a list of the required training has not been provided. The agency did send an email indicating that all training has been completed, but that is not sufficient documentation of completion. Corrective Action: 1. Please make sure that all Medical and Mental Health contractors have completed the basic PREA training provided to include (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual

harassment.

§115.35(b). Medical staff at RMSC do not conduct forensic examinations. All forensic examinations are conducted at the East Elmhurst Hospital.

The agency complies with this provision.

§115.35(c). The provider has not provided documentation showing that medical and mental health practitioners have completed the required training.

Corrective Action:

1. Please make sure that records of all training are available for medical staff, including the training provided to contractors and advanced medical training.

§115.35(d). Medical and mental health care practitioners must receive the training mandated for employees under §115.32 who are contractors.

Corrective Action:

1. Please make sure that records of all training are available for medical staff, including the training provided to contractors and advanced medical training.

Corrective Action for this standard:

1. Please make sure that all Medical and Mental Health contractors have completed the basic PREA training provided to include (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
2. Please make sure that Medical and Mental Health staff receive training on this standard, either from the NYC DOC or from H&H.
3. Please make sure that records of all training are available for medical staff, including the training provided to contractors and advanced medical training. For example, the National Institute of Corrections offers advanced-level training for Medical and Mental Health practitioners.

March 17, 2026, Update: The PREA Coordinator and I both requested proof from the medical provider (H+H and CHS) and were informed that they could not provide any information under city law. Multiple attempts were made to secure proof documentation to no avail. This standard remains non-compliant.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Risk Assessment Screening Instrument Interviews: 1. Intake Staff 2. Staff Responsible for Risk Screening 3. Random Selection of Inmates 4. PREA Coordinator 5. PREA Compliance Manager Site Review Observations: 1. Intake Area 2. Language Line Telephones 3. PREA Compliance Manager's Office Storage Cabinet with lock 4. IIS Computer system Findings (By Provision): §115.41(a). The agency has a policy 5011R-A, Section V, C. 1, page 16, that requires staff to complete a risk assessment of each individual processed into the facility. I observed the intake area and discussed the intake process in detail with the intake staff to gain a thorough understanding of how it works. The intake process at RMSC involves asking offenders a series of questions that are recorded in the offender information system. The system calculates a score based on the offender's responses to required questions. The facility complies with this provision. §115.41(b). Agency Policy 5011R-A, Section C, 1, page 16, requires the facility to complete the risk assessment screening within 72 hours of arrival at the facility. In most instances, the screening is completed within an hour or two of arrival, depending on the volume of work to be completed. Delays based on offender behavior can affect the completion time. But it would be a rare instance of going

beyond the 72-hour rule. RMSC processed 1,716 offenders into the facility in the past year. All of the offenders were screened as required within 72 hours. However, many offenders interviewed stated that they were not asked many of the required questions during the intake process. Staff must ensure that every question is posed to the offender to gain the most information possible in the risk assessment.

Corrective Action:

1. Ensure that every question in the risk assessment is asked of the offender, even if the information may be gleaned from another source.

§115.41(c). The Risk assessment is conducted using an objective screening instrument. The instrument is objective, but staff are also required to make a subjective interpretation regarding the perception of LGBTQ status.

The agency complies with this provision.

§115.41(d). The intake screening considers the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The Risk assessment contains each of the requirements of the standards. Each response is recorded in the computer system. The program calculates the assessment score and provides the outcome to the officer.

The agency complies with this provision.

§115.41(e). The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Classification staff pull this information for review using the National Crime Information System, and by reviewing institutional files for prior institutional violence. Classification staff were interviewed to gain a better understanding of the complete booking process and the process used for determining how best to house the offender.

The facility complies with this provision.

§115.41(f). Agency Policy 5011R-A, Section V, 4, a, page 17, requires the facility to reassess each inmate's risk of victimization or abusiveness within 30 days after the inmate arrives at the facility, based upon any additional, relevant information received by the facility since the intake screening. The agency uses a standardized form, Attachment C, of PREA Policy 5011R-A. The facility PREA Compliance Manager

and PREA Officers complete the forms. I reviewed reassessment forms for a selection of offenders who had been incarcerated for more than 30 days. Each offender had a reassessment form completed. However, the majority of the offenders interviewed indicated they had never been asked the initial questions, nor subsequently asked during the reassessment. There seems to be a disconnect between the completion and recognition of the reassessment being completed by staff. Staff members indicated that they visit the offenders to complete the reassessments. Staff should ensure they are completing the reassessments in a private area where offenders feel free to speak openly regarding sexual safety.

Corrective Action:

1. Ensure that all offenders are reassessed within 30 days of intake and when warranted by the circumstances (e.g., new referral, incident of sexual abuse, or receipt of new and relevant information, etc.).

§115.41(g). Agency policy 5011R-A, Section 4, b, page 17, requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Interviews with the PREA Compliance Manager and PREA staff officers confirmed that they complete the reassessments when warranted.

The facility complies with this provision.

§115.41(h). Policy 5011R-A, section 4, c, page 17, prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

The facility complies with this provision.

§115.41(i) The agency has implemented controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Once the risk screening assessments have been completed, they are stored in the PREA Compliance Manager's office and locked in a cabinet. Any electronic copies are secured, and only staff with a need-to-know have access to view the documents.

The facility complies with this provision.

Corrective Action Update:

Additional training was provided to individuals working in the intake areas to ensure that all questions are asked verbally, rather than simply gleaned from other available documents. I reviewed the reassessments provided for all requested individuals and

	confirmed they were completed within the 30-day period.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Risk Screening Assessments 4. Meeting Minutes regarding risk-based housing decisions Interviews: 1. Informal interviews with Classifications Staff 2. Staff who conduct Risk Screening 3. PREA Compliance Manager 4. PREA Coordinator 5. Transgender/Intersex Offenders 6. LGBTQ Offenders Site Review Observations: 1. I observed the classification process to see how housing decisions are made. Findings (By Provision): §115.42(a). The agency uses the information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Once a determination has been made, notice is provided to the appropriate housing officers so they can help ensure the safety of the vulnerable offenders and monitor the potential aggressors. The facility complies with this provision. §115.42(b). The facility makes individualized determinations about how to ensure the safety of each inmate. Care is used in determining proper housing placement in the facility.

The facility complies with this provision.

§115.42(c). The facility has a special program for deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The facility has a Special Considerations Housing Unit (SCU) where offenders who feel vulnerable or who require extra protection can request to be housed in the unit. It is strictly a voluntary process, and not all offenders who request housing in the SCU are granted acceptance into the unit. All offenders are reviewed on a case-by-case basis to determine where they are best housed for their safety. Each offender, especially transgender/intersex offenders, is reviewed on a case-by-case basis to determine where they are best housed. Typically, offenders are initially transported to a facility based on what the court documents or charging papers indicate about their gender. Each individual is reviewed upon entering the facility to ensure proper placement. When a decision needs to be made by the committee that reviews the Special Considerations housing, the individual remains in the intake area until the review is completed. Reviews are conducted seven days a week and include a review of the intake screening, historical behavior, charges, prior and current sentence(s), and vulnerability.

This provision is no longer applicable.

§115.42(d). Agency policy 5011R-A, Section V, 5, b, page 17, requires staff to reassess placement and programming of transgender and intersex inmates twice a year to review any threats to safety experienced by the inmate. There were no transgender/intersex offenders in custody at the time of the audit who had been incarcerated for more than six months. A review of older files revealed that the facility does conduct reviews every six months of transgender/intersex offenders.

This provision is no longer applicable.

§115.42(e). Agency policy 5011R-A, Section V, c, page 18, states that offenders' own views of their safety are to be given serious consideration in their housing placement. Transgender or intersex inmates interviewed state their own views on their own safety, which are given serious consideration. I interviewed two transgender offenders who both indicated their own views of their safety were considered in their placement at RMSC. RMSC has a special considerations unit where offenders may volunteer to be housed if they are more vulnerable. Offenders are also allowed to remain in general population housing if they feel comfortable in doing so.

This provision is no longer applicable.

§115.42(f). Agency policy 5011R-A, Section V, d, page 18, provides for transgender and intersex offenders to be able to shower separately. Transgender and Intersex offenders interviewed stated they are allowed to shower separately from other offenders.

	This provision is no longer applicable. §115.42(g). Agency policy 5011R-A , Section V, e, page 18, states that the department shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The facility has a special considerations unit where offenders may request housing, but it is not a mandate that they be housed in this unit. There were LBBTQ offenders housed in a variety of housing units throughout the facility. This provision is no longer applicable. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Documentation of at risk housing decisions Interviews: 1. Warden 2. PREA compliance manager 3. Staff who Supervise Inmates in Segregated Housing - (None as they do not have segregated housing at RMSC) Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)-(None as they do not have segregated housing at RMSC) Site Review Observations:

1. A tour of the facility revealed that RMSC does not have any segregated housing units.

Findings (By Provision):

§115.43(a). Agency policy 5011R-A, Section V, 8, b, page 12, states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. RMSC does not have segregation housing. Interviews with the Warden confirm they do not have segregation housing, and a tour of the facility revealed no segregation housing.

The facility complies with this provision.

§115.43(b). Agency policy 5011R-A, Section V, 8, c, page 21, states that inmates placed in segregated housing at risk of victimization shall have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden confirm they do not have segregation housing, and a tour of the facility revealed no segregation housing.

The facility complies with this provision.

§115.43(c). Agency policy 5011R-A, Section V, 8, b, page 21, states that the Operations Security Intelligence Unit (OSIU) may not place inmates in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely predators. If OSIU cannot conduct such an assessment immediately, OSIU may hold the inmate in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment. Interviews with the Warden confirm they do not have segregation housing, and a tour of the facility revealed no segregation housing.

The facility complies with this provision.

§115.43(d). Agency policy 5011R-A, Section V, 8, e, page 21, states that if the inmate is placed in involuntary segregated housing, OSIU's documentation must include the basis for the concern for the inmate's safety, the reason why no alternative are available, and the contents of a review, offered every thirty (30) days, to determine if there is a continuing need for separation. Interviews with the Warden confirm they do not have segregation housing, and a tour of the facility revealed no segregation housing.

The facility complies with this provision.

§115.43(e).

	Agency policy 5011R-A, Section V, 8, e, page 21, states that if the inmate is placed in involuntary segregated housing, OSIU's documentation must include the basis for the concern for the inmate's safety, the reason why no alternative are available, and the contents of a review, offered every thirty (30) days, to determine if there is a continuing need for separation. Interviews with the Warden confirm they do not have segregation housing, and a tour of the facility revealed no segregation housing. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Inmate Handbook 4. PREA Pamphlets in multiple languages 5. PREA Posters in multiple languages Interviews: 1. Random Sample of Staff 2. Random Sample of Offenders Site Review Observations: 1. Signage- reviewed posters, signage, and telephone numbers stenciled on the walls 2. Tested the telephones by calling the hotline and 311 3. Tested the Grievance process by leaving a note to verify receipt 4. Observed the access to grievance forms, complaint forms, and other documents offenders may use to report an incident of sexual abuse or

harassment.

5. Notices of Audit were posted throughout the facility.
6. Observed the mailroom and reviewed the process for sending and receiving mail.

Findings (By Provision):

§115.51(a). Agency policy 5011R-A, Section VI, A, page 22 details the various ways of privately reporting incidents of sexual abuse, retaliation, and staff neglect. Offenders may report directly to staff, to a third-party, through the PREA Hotline, by calling the Department of Investigation, the City of New York, Safe Horizon (Rape Crisis Center), or the Sexual Abuse advocacy Hotline. The offender can also report in writing by filing a complaint or grievance. The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Notices of audit, PREA posters, and PREA information were observed throughout the facility in English and Spanish.

The agency complies with this provision.

§115.51(b). Agency Policy 5011R-A, page 22, details the various ways of reporting incidents of sexual abuse or harassment to a public or private entity or office that is not part of the agency and that can immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. However, testing of the telephone system did not allow me to make a telephone call to an outside entity without providing a PIN and Booking number, which identifies the caller. The inmate handbook, posters, pamphlets, and signage do not indicate which entity is an outside entity or how to make a confidential call. While the system may not record a telephone call to a particular organization, the entry of the PIN and Booking number easily identifies the caller. There is no apparent direction as to how to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The facility does not house offenders for the Department of Homeland Security for the sole purpose of civil immigration. The New York State Supreme Court has ruled that U.S. Immigration and Customs Enforcement (ICE) cannot reopen an office at Rikers Island. In 2014, the New York City Council passed sanctuary city laws that prohibited the agency from continuing to do so.

Corrective Action:

Ensure that offenders know how to make a confidential call or report an incident of sexual abuse or sexual harassment to an outside entity confidentially without having to enter a PIN or Booking number. The materials provided to offenders do not explain how to contact an outside entity confidentially. All of the numbers provided required the offender to enter a PIN or Booking number. The offender must be able to remain

	anonymous upon request. Agencies must take great care to avoid reporting mechanisms that would necessarily expose the identity of the reporting inmate to facility staff and administrators. While the calls are not recorded, it is still possible for the agency to determine who called Safe Horizons negating the confidentiality of the call. §115.51(c). Agency policy 5011R-A, Section V, A, page 22 details the various ways offenders may report an incident of sexual abuse or sexual harassment. Staff will accept reports made verbally, in writing, anonymously, and from third parties, and promptly document verbal reports. The staff interviewed were knowledgeable about their duty to document any verbal reports they received. The agency complies with this provision. §115.51(d). Agency 5011R-A, Section V, B, page 24, outlines how staff may privately report an incident of sexual abuse or sexual harassment. Staff may report verbally, by email, in writing, or via the confidential hotline. Staff are permitted to go outside of their chain of command if they suspect a supervisor may be involved in the incident. The agency complies with this provision. Update: On November 17, 2025, the DOC sent an email stating that Safe Horizons will accept telephone calls without requiring PICs to enter a PIN. I requested that the agency give the PICs instructions for making the anonymous call. Agency posters were modified to show this information. On December 1, 2025, the posters were amended to show Safe Horizons as the entity to call to make an anonymous report and were posted in all housing units. The telephones were tested to verify that calls to Safe Horizons could be made without entering a PIN.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Inmate Grievance Procedures Interviews:

1. Inmates who reported sexual abuse
2. PREA compliance manager
3. Informal conversation with the Grievance Officer

Site Review Observations:

1. Grievance Logbooks
2. Reviewed the Grievance Process
3. Tested the Grievance process

Findings (By Provision):

§115.52(a). Agency Policy 5011R-A, Section VI, 6, b, page 23, addresses when an offender submits a grievance regarding an incident of sexual abuse or sexual harassment. The agency is exempt from this standard as grievances submitted that refer to sexual abuse or sexual harassment are immediately forwarded to the on-duty Tour Commander, the facility PCM, and ID. The grievance coordinator is not authorized to speak to the inmate who is reporting the allegation. There are no administrative procedures to address or investigate inmate sexual abuse allegations through the grievance process. A review of the grievance log confirmed that any report of sexual abuse is immediately turned over to the appropriate staff and treated as a PREA allegation. I reviewed the Grievance logbook to ensure that sexual abuse or sexual harassment allegations are immediately turned over to the PCM and investigations. I also tested the grievance system to ensure that it works properly. I did receive a response to my grievance request.

The agency complies with this provision.

§115.52(b). This provision is not applicable.

The agency complies with this provision.

§115.52(c).

This provision is not applicable.

The agency complies with this provision.

§115.52(d).

This provision is not applicable.

The agency complies with this provision.

§115.52(e).

This provision is not applicable.

The agency complies with this provision.

	§115.52(f). This provision is not applicable. The agency complies with this provision. §115.52(g). This provision is not applicable. The agency complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard as they do not have an administrative process for addressing allegations of sexual abuse or sexual harassment. Each allegation is treated as a PREA allegation and referred to the appropriate staff for investigation. No corrective action is required.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Inmate Handbook 4. Hope for Healing Booklet 5. MOU with Safe Horizon 6. PREA Posters and Signage Interviews: 1. Inmates who Reported Sexual Abuse 2. Random Sample of Offenders Site Review Observations:

1. I tested the telephone system to ensure that offenders can call Safe Horizon for emotional support services.
2. Observation of PREA posters and signage

Findings (By Provision):

§115.53(a). The facility's Inmate Handbook, page 44, states that offenders may request an advocate for emotional support. This information is also available in the Inmate PREA Brochure and in the Hope for Healing packet. Inmates are provided a telephone number to contact Safe Horizons, the local rape crisis center, for outside emotional support related to sexual abuse. The calls to Safe Horizon are free of charge and are not recorded. Offenders may also request to go to the Programs area, where they can use the telephone in a more private setting to call the Rape Crisis Center. I personally tested the telephones to ensure that offenders can call Safe Horizons for outside emotional support. A staff member answered the telephone. The agency does not house offenders solely based on civil immigration charges.

The facility complies with this provision.

§115.52(b). The Offender Handbook, page 42, details that all phone calls to Safe Horizon, the Rape Crisis Center, are free and confidential. The Offender Handbook and the Inmate PREA Brochure both state that the calls are confidential and not recorded.

The facility complies with this provision.

§115.53(c). The agency has established an MOU with Safe Horizon, dated August 26, 2015, for providing individuals in custody with an avenue to report allegations of sexual abuse, to obtain counseling and information, and to obtain access to sexual assault and sexual abuse-related services after discharge. The agency contractor for medical and mental health services also provides an advocate whom offenders may see as needed. A copy of the MOU was provided.

The agency complies with this provision.

Corrective Action:

Based on the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard and must enter into an MOU with a Rape Crisis Center to provide a victim advocate for emotional support. The contracting medical and Mental Health provider also provides an advocate for emotional support as needed. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Inmate PREA Brochure

Interviews:

1. PREA compliance manager
2. Random Sample of Offenders

Site Review Observations:

1. Posters and signage are posted in the visitation area, attorney visits area, and in the lobby of the facility, providing instructions in English and Spanish on how a third-party can submit a report of sexual abuse or sexual harassment.
2. Tested third-party reporting

Findings (By Provision):

§115.53(a). The agency has published information regarding how a third party can report an incident of sexual abuse throughout the facility. There is a policy in place for investigating third-party complaints. I personally tested the process to confirm a report would be generated and submitted to the investigative team for review.

Corrective Action:

1. Based on the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard, which requires the agency to establish a method for receiving third-party reports of sexual abuse or sexual harassment allegations. No corrective action is required.

Best Practice:

It would be beneficial if this information were posted on the agency's website, allowing individuals to view it without needing to visit the facility.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Investigative Files 4. Initial Reports submitted by officers Interviews: 1. Medical/Mental Health Staff 2. Random Sample of Staff 3. Warden 4. PREA Coordinator Site Review Observations: 1. PREA Sposter and signage Findings (By Provision): §115.61(a). Agency policy 5011R-A, Section VI, B, a, page 24, requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed indicated that they are mandatory reporters and are required to report any knowledge or suspicion of sexual abuse immediately when they learn of it. I also reviewed initial incident reports for compliance with reporting and found that staff do report suspicion or knowledge of incidents. The facility complies with this provision. §115.61(b). Agency policy 5011R-A, Section VI. 3, page 25, directs staff not to discuss any aspect of the allegation with other employees or inmates except in accordance with Directive 5011R-A. Interviews with staff indicated that they are familiar with the confidentiality requirements.

	The facility complies with this provision. §115.61(c). H&H Medical and Mental Health staff are mandatory reporters and regularly report incidents of sexual abuse or sexual harassment when they learn of an incident. Medical and Mental Health staff interviewed indicated that they inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services. The facility complies with this provision. §115.61(d). If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute. In that case, the agency would report the allegation to the New York Office of Children and Family Services (OCFS), who handle Adult Protective Services (APS), which intervenes when there's a serious threat to an adult's well-being and capacity to make decisions for themselves. Interviews with staff indicated that they were familiar with this requirement. There were no sample investigations to review. The facility complies with this provision. §115.61(e). Agency policy 5011R-A, Section VI, C, page 25, requires staff to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. A review of investigations revealed that these reports are taken seriously and treated appropriately. The facility complies with this provision. Corrective Action: Based on the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard, which requires staff to take anonymous or third-party reports seriously and report them.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses

	2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment Interviews: 1. Agency Head 2. Warden 3. Random Staff Site Review Observations: 1. None Findings (By Provision): §115.62(a). Agency policy 5011R-A, Section VI, 6, page 23 requires staff to respond immediately when they learn that an inmate is subject to a substantial risk of imminent sexual abuse; they shall take immediate action to protect the inmate. Interviews with staff indicated they are all familiar with this requirement. Most of the staff interviewed indicated they would immediately separate the potential victim from the threat and contact a supervisor to move one of the individuals. When individuals reveal they have been threatened, the facility takes immediate action to ensure their safety. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring staff to protect offenders who are at imminent risk of sexual abuse. No corrective action is required.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Documentation of notice to other facilities

Interviews:

1. Agency Head
2. Warden

Site Review Observations:

1. None

Findings (By Provision):

§115.63(a). Agency policy 5011R-A, Section VI, J, page 39, requires the warden to notify the warden where the alleged abuse occurred and also to notify the facility's investigations division PREA Tour Commander. The Warden was familiar with this policy and requirement to notify the other facility and to document any allegations. He also reports the allegation locally, so investigators are aware of the allegation. There were no examples in the past twelve months to review from RMSC. The agency was able to provide samples from other facilities it operates that have notified other facilities of PREA allegations. However, the auditor has determined that the agency is not compliant with this standard, requiring the Warden to notify agencies of PREA allegations that may have occurred in their facility. The reports are appropriately documented. However, the standard requires the facility head to inform the other facility. The notification must, at a minimum, be: (1) Made at the direction of the facility head, and (2) Appear to a third party to have originated with the facility head. For example, the facility head could instruct his or her administrative assistant to send the notification on the facility head's letterhead and with the facility head's signature, or to send the notification from the facility head's email address. By contrast, the facility's PREA Compliance Manager could not send the notification from his or her email address and merely copied the facility head. The current process is for the tour commander to notify the PREA investigations team. This must originate from the Warden or appear to a third-party to have originated with the facility head.

The intent of the standard is to ensure that the person receiving the report of sexual abuse at the prior facility understands the seriousness and gravity of the allegation, and that the communication originated at the highest level of the reporting facility. The facility is not in compliance with this standard.

Corrective Action:

Ensure that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the

	alleged abuse occurred. §115.63(b). Agency Policy 5011R-A, Section VI, J, 2, page 39, requires the warden to provide the notices as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The warden was familiar with this requirement in his interview. The facility complies with this standard. §115.63 (c). Agency Policy 5011R-A, Section VI, J, 3, page 39, requires the warden to document the notice. The facility complies with this standard. §115.63(d). Agency Policy 5011R-A, Section VI, J, 5, page 39, requires the agency to investigate all reports in accordance with the PREA standards. The agency as a whole had fifty-eight cases reported to it in the previous year. The cases were investigated in accordance with PREA standards. None of these cases involved RMSC. The facility complies with this standard. Corrective Action: 1. Ensure that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Update: On December 1, 2025, after extensive research, it was determined that no allegations have been reported to RMSC since 2019. The 2019 incident was documented, but it falls outside the review period. The agency can show samples of these incidents from other facilities it operates. This policy is in place and functions as needed. A sample copy was obtained from another department-operated facility to demonstrate compliance.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A- detailing agency's approach to

- preventing, detecting, and responding to sexual abuse and sexual harassment
3. PREA 4x6 Insert Memobook

Interviews:

1. PIC who reported Sexual Abuse
2. Staff as First Responders
3. Random Selection of Staff

Site Review Observations:

1. Observed Coordinated Response Plans posted throughout the facility in the A stations (control)

Findings:

§115.64(a). NYC DOC Policy 5011R-A, page 26, Section VI, D, details First Responder Responsibilities in responding to an incident of sexual abuse or sexual harassment.

The policy requires staff to ensure the victim's safety by separating the victim from the alleged abuser, securing the crime scene, and requesting the victim and suspect not to shower, eat, brush teeth, drink, change clothes, use the restroom, or take any actions that could destroy physical evidence until after evidence has been collected by qualified medical personnel. Staff are also provided a memobook insert that details the requirements in responding to an allegation of sexual abuse. None of the staff referred to or referenced their memobooks. While the policy is in place, and staff have 'cheatsheets' to guide them in their response, interviews with a random sampling of staff indicated that staff are not familiar with the four basic requirements of the PREA Standards in responding to an allegation of sexual abuse. None of the staff referred to or referenced their memobooks. One Person In Custody (PIC) reported that she had reported an allegation to an officer, and no one initially responded. She then called home and had a third party report the incident, and an officer responded within forty-five minutes. All of the staff interviewed indicated that they would report allegations to their supervisors. Staff should be intimately familiar with the four basic PREA requirements when responding to incidents of sexual abuse and should be able to articulate the four requirements in responding, not merely saying they would advise their supervisor.

§115.64(b). Agency policy 5011R-A, page 27, Vi, D, 1, h requires non-security staff first responders to request the complainant not take any actions that could destroy physical evidence and then notify security staff. In an interview with non-security staff who act as first responders, the staff were familiar with their duties and requirements in responding.

Corrective Action:

1. The facility must reeducate staff on the duties in responding to an incident of

	sexual abuse. Recommendation of Best Practice: 1. Facilities often include additional duties for first responders after they have fulfilled the specified duties. These include requiring first responders to notify a supervisor or request that another staff member notify a supervisor; and completing an incident report once the scene is secured and steps have been taken to preserve physical evidence. 2. Some facilities have provided all staff with laminated pocket cards that list the first responder duties to ensure that all steps are followed in what can often be a stressful or chaotic situation following a sexual assault in the facility. Such cards should not be relied upon when being interviewed by the PREA auditor; staff should be able to describe their first responder duties without referencing such cards. 3. Security staff first responders should be provided with regular refresher training regarding their role and duties under Standard 115.64. Mock drills or tabletop exercise scenarios are effective training tools to help ensure that staff can respond quickly and appropriately to abuse situations. Corrective Action Phase: Updated During a revisit on December 3, 2025, I conducted additional casual discussions with staff to ensure staff were familiar with the requirements of responding to allegations of sexual abuse. Each individual interviewed was familiar with the four requirements. March 17, 2026, during the Corrective action phase, staff were retrained to follow the required protocols. Once the training was completed, a selection of names was pulled from the shift rosters, and I requested proof that the individuals had completed the required training. I verified that the individuals selected had completed the required PREA training and refresher training in the years that PREA was not taught.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents:

	1. NYC DOC Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A- detailing agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. RMSC Coordinated Response Plan Interviews: 1. Warden Site Review Observations: 1. Observed Coordinated Response Plans posted throughout the facility in the A stations (control) Findings: §115.65(a). The facility has a documented Coordinated Response Plan in place. The plan is specific to RMSC. In an interview with the Warden, he discussed the plan and how the various participants in the response coordinate their efforts in response to a sexual abuse incident. Correction Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring a Coordinated Response Plan for the facility. No corrective action is required. Best Practices or Recommendations: 1. Facilities may want to consider mock scenarios or table-top exercises to test their coordinated, written institutional response plans in a non-emergency setting. These regular exercises, which include staff members from inside and outside the facility, can help identify weaknesses or issues with the protocol and assist the facility in determining the steps needed to comply with § 115.65. 2. Regular training of staff on the facility’s coordinated, written, institutional response plan is essential to ensure that all involved parties understand their specific roles and responsibilities in an emergency when sexual victimization occurs.
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115.66	Preservation of ability to protect inmates from contact with abusers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A- detailing agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Collective Bargaining Agreement with COBA

Interviews:

1. Agency Head

Site Review Observations:

1. None

Findings:

§115.66(a). Agency policy 5011R-A, Page 36, VI, 2, f, states that the department shall not enter or renew any collective bargaining agreement that limits the Department's ability to remove staff accused of sexual abuse or sexual harassment from contract with any inmates pending the outcome of an investigation. The Department retains the right to determine, on a case-by-case basis, whether and to what extent discipline is warranted. The agency Head/Designee confirmed that they do have unions and collective bargaining, but none of the agreements prevent the discipline of staff accused of sexual abuse or sexual harassment. I reviewed the COBA Collective Bargaining Agreement for compliance.

The facility complies with this provision.

§115.66(b). The auditor is not required to audit this provision.

The facility complies with this provision.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. The agency retains the right to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. No corrective action is required.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Documentation of Retaliation Monitoring Interviews: 1. Agency Head 2. Warden or Designee 3. Designated Staff Member Charged with Monitoring Retaliation/ PREA Compliance Manager (PCM) 4. There were no Inmates who had been placed in Segregated Housing who reported Sexual Abuse 5. Offenders who reported sexual abuse Site Review Observations: 1. Signage and posters are posted throughout the facility. Findings (By Provision): §115.67(a). Agency policy 5011R-A, Section VI, N, page 41, designates the facility PCM as the retaliation monitor, to monitor offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The facility complies with this provision. §115.67(b). The agency employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Agency policy 5011R-A, Section VI, N, 4, page 42, details the requirements for monitoring offenders. The PREA Coordinator is responsible for monitoring staff retaliation. I reviewed the documentation of retaliation monitoring and found it to be compliant with this standard. The PCM and PREA Coordinator were able to articulate the requirements of monitoring during interviews.

	The facility complies with this provision. §115.67(c). Agency policy requires the retaliation monitor to monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation for at least ninety days. The monitors review inmate disciplinary reports, housing changes, or program adjustments, as well as negative performance reviews or staff reassignments. The agency continues monitoring beyond 90 days if the initial monitoring indicates a continuing need. An Interview with the retaliation monitor confirmed familiarity with this requirement, and a review of documentation supports their actions. The facility complies with this provision. §115.67(d). When monitoring inmates, the monitoring includes periodic status checks. The retaliation monitor meets with the individual for three months or more to ensure the individual is not being retaliated against. The monitoring can continue as needed beyond the ninety days. The facility complies with this provision. §115.67(e). Other individuals who cooperate with an investigation and express a fear of retaliation are monitored and protected from retaliation. Interviews with the Agency Head and Warden confirmed compliance with this duty to monitor. The facility complies with this provision. §115.67(f). The auditor is not required to audit this provision. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring retaliation monitoring of victims and staff or offenders who report or cooperate with investigations. No corrective action is required.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

	Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment Interviews: 1. Warden 2. The facility does not have segregated housing, so no staff or inmates were interviewed who work or are housed in segregation. Site Review Observations: 1. A tour of the facility revealed that RMSC does not have any segregation housing. Findings (By Provision): §115.68(a). The agency has a policy 5011R-A, Section VI, 9, b, page 29, prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. RMSC does not have segregation housing, so this standard does not apply to RMSC. The agency as a whole had five inmates who were alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours, awaiting completion of assessment. None of the offenders were held in segregation for more than thirty (30) days. Policy mandates that if an involuntary segregated housing assignment is made, the facility reviews the case every 30 days to determine whether there is a continuing need for separation from the general population. Interviews with the Warden indicated that there was no segregated housing at RMSC. A tour of the facility confirmed there is no segregation housing at RMSC. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard regarding segregation housing and monitoring of individuals placed in segregated housing based on a report of sexual abuse. No corrective action is required.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Investigative Files
4. Certificates of Investigator Training

Interviews:

1. Investigative Staff
2. Inmates who Reported Sexual Abuse

Site Review Observations:

1. Areas where investigative files are stored physically and/or electronically. All physical files are securely stored with a lock and key. Any electronic document is password-protected in the computer system, and only individuals who require access have the passwords/keys. I reviewed the PCM office, where physical and electronic files may be stored, and the investigations units, where files may be stored. All files were securely stored.

Findings (By Provision):

§115.71(a). The NYC DOC completes its own investigations into allegations of sexual abuse and sexual harassment. The agency completed the investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators are required to submit their final reports to their supervisor within sixty(60) days. Investigative staff interviewed were familiar with this provision, and a review of case files revealed that staff promptly, thoroughly, and objectively complete investigations.

The agency complies with this provision.

§115.71(b). The agency utilizes investigative staff who have been appropriately trained to conduct investigations pursuant to §115.34. Investigative staff were familiar with the requirements of investigating sexual abuse and sexual harassment allegations in confinement.

The agency complies with this provision.

§115.71(c). Investigators gather and preserve direct and circumstantial evidence,

including any available physical and DNA evidence and any available electronic monitoring data. They also interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Investigators were able to articulate the process of investigations and detail each of these elements. A review of investigative files also confirmed that these requirements were fulfilled when conducting investigations.

The agency complies with this provision.

§115.71(d). Agency policy 5011R-A, Section VI, m, page 34, requires investigators to only conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Investigators interviewed were familiar with this requirement, and investigative files reveal when investigators contact prosecutors.

The agency complies with this provision.

§115.71(e). Agency policy 5011R-A, Section VI, o, page 34, requires investigators to include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and findings, and copies of all evidence where feasible in making a determination of credibility. Offenders are not subjected to polygraphs, or other truth-telling devices when investigations are conducted.

Interviews with offenders who reported sexual abuse advised that they were not subjected to polygraphs or other truth-telling devices during investigations.

The agency complies with this provision.

§115.71(f). Agency policy 5011R-A, Section VI, n, page 34, requires investigative staff to determine whether staff actions or failures to act contributed to the abuse. Staff are required to document the description of physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings. I reviewed fifteen investigative files for compliance and found that the investigators were thorough in their investigations, and documenting the investigations. I visited the investigations unit and observed how investigative files are securely stored. The majority of the case files are secured electronically. Any physical evidence is secured under lock and key, until submitting for longterm storage of evidence.

The agency complies with this provision.

§115.71(g). Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. I reviewed investigative files for compliance and determined that criminal investigations are documented appropriately.

The agency complies with this provision.

§115.71(h). Substantiated allegations of conduct that appear to be criminal are referred for prosecution. I reviewed a sampling of investigative files and determined that cases are referred for prosecution when warranted. The required referrals are

	documented in investigative files and recorded in the spreadsheet accounting of all PREA allegations. The agency complies with this provision. §115.71(i). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. NYC DOC conducts its own investigations. This provision is not applicable. The agency complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Investigative Files Interviews: 1. Investigative Staff Site Review Observations: 1. None Findings (By Provision):

	§115.72(a). The agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff confirmed that they use the preponderance-of-the-evidence standard. A review of investigative files shows that this is the standard applied in all cases. The agency complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard requiring a preponderance of the evidence to be used as the standard of proof. No corrective action is required.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Investigative Files Interviews: 1. Warden 2. Investigative Staff 3. Inmates Who Reported Sexual Abuse Site Review Observations: 1. None Findings (By Provision): §115.73(a). Agency policy 5011R-A, Section VI, d, page 37, requires the investigator

to notify the victim whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. I interviewed three offenders who had reported sexual abuse, and none of them received notice of the outcome of their investigation. However, when I requested copies of the investigations connected to the two cases that stated they were not advised of the outcome, it was determined that their cases were still pending. I reviewed numerous other cases from the list of all PREA allegations and found the facility was compliant in notifying victims.

The facility complies with this provision.

§115.73(b). If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. NYC DOC conducts all investigations in the facilities. This provision is not applicable.

The agency complies with this provision.

§115.73(c). Agency policy 5011R-A, Section VI, e, page 37, after the inmate's allegation that a staff member has committed sexual abuse against the inmate, the investigator or investigator supervisor are required to inform the inmate, whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no staff members accused of sexual abuse in the past twelve months at RMSC. A review of cases from other facilities operated by the agency indicated that this practice is in place.

The agency complies with this provision.

§115.73(d). Agency policy 5011R-A, Section VI, f, page 37, requires the department to inform the victim when the abuser has been indicted for or convicted on a charge related to sexual abuse within the facility. The facility was able to provide notices of offenders being prosecuted for sexual abuse in the facility. A notice of prosecution and conviction was sent to the victim in the case.

The agency complies with this provision.

§115.73(e). Agency policy 5011R-A, Section VI, g, page 37, requires that these notifications or attempted notifications must be documented. The agency has developed a standardized form, called a PREA Determination Letter, to ensure that notices are properly documented. A review of completed cases revealed that the required documentation was not included in the investigative files. There were checklists within the files that indicated they were completed as required. I subsequently requested copies of the PREA Determination Letters for determining compliance. The facility was able to provide sample copies of completed letters. For individuals who are no longer in custody, the determination letters are mailed to their last known address. Each case is assigned a control number and recorded in the PREA Spreadsheet.

	§115.73(f). The auditor is not required to audit this provision. Corrective Action: Based on the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with the standard requiring notifications to offenders. No corrective action is necessary.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. List of Staff Disciplined related to an allegation of Sexual Abuse or Sexual Harassment (None of the staff were from this facility) 4. Copies of Investigative files from other facilities operated by the City of New York involving allegations against staff. Interviews: 1. PREA Coordinator Site Review Observations: 1. None Findings (By Provision): §115.76(a). Agency policy 5011R-A, Section VI, L, 1, page 39, states that when there is a substantiated finding of sexual abuse, sexual harassment, breach of confidentiality, or retaliation against staff and/or an inmate, the appropriate manager or supervisor shall ensure that disciplinary action is proposed in accordance with the regulation outlined in Department Rules, Regulations, Directives, Written Protocols, and Conflicts of Interest Laws. The presumptive discipline for sexual abuse is termination. The agency complies with this provision.

	§115.76(b). Agency policy 5011R-A, Section VI, L, 1, page 39, states that the presumptive discipline for sexual abuse is termination. The agency complies with this provision. §115.76(c). The agency discipline for policy violations related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were staff disciplined within the agency for violations of the sexual abuse or sexual harassment policies in this review period. The officer was accused of not reporting an incident promptly and was disciplined for failing to follow policy. The employee ultimately resigned from his position with the agency. I also reviewed investigative files from other facilities within the organization to confirm compliance. The agency complies with this provision. §115.76(d). Agency practice is to report all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. There were no samples from this facility over the past 12 months. A subsequent review of files over the past three years revealed no staff at RMSC have been terminated for sexual abuse or sexual harassment. The agency provided investigative files from other facilities within the organization to confirm compliance. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. There's no need for any corrective action.
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment

3. List of PREA Cases

Interviews:

1. PREA Coordinator
2. Warden

Site Review Observations:

1. None

Findings (By Provision):

§115.77(a). Agency policy 5011R-A, Section II, G, page 2, states that any contractor or volunteer who engages in sexual abuse with an inmate in Department custody shall be prohibited from any future contact with inmates and shall be reported to the law enforcement authority of jurisdiction, i.e., the New York City Police Department, unless the activity was clearly not criminal. The Department is also required to report such acts to any relevant licensing organizations with which the individual may be affiliated. There were no cases of contractor or volunteer sexual abuse with an inmate in this review period. A review of the three previous years revealed that there have not been any contractors or volunteers disciplined in the past three years for violating this PREA Standard. Interviews with the Warden revealed that the contractor or volunteer found at fault would be reported to law enforcement for prosecution.

The agency complies with this provision.

§115.77(b). Agency policy 5011R-A, Section II, G, page 2, states that any contractor or volunteer who engages in sexual abuse with an inmate in Department custody shall be prohibited from any future contact with inmates and shall be reported to the law enforcement authority of jurisdiction, i.e., the New York City Police Department, unless the activity was clearly not criminal. The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. There were no cases to review over the past three years. Interviews with the Warden revealed that the contractor or volunteer found at fault would be removed from the premises and not allowed to return.

The agency complies with this provision.

Corrective Action:

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Investigative Files Interviews: 1. Warden 2. Medical and Mental Health Staff Site Review Observations: 1. None Findings (By Provision): §115.78(a). Agency policy 5011R-A, Section VI, M, 1, page 40, states inmates shall be subject to disciplinary sanctions pursuant to the formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. A review of investigative files indicates that inmate offenders are referred back to the facility for disciplinary action. There were two inmate offenders found guilty of inmate-on-inmate sexual abuse during this review period. The offenders were criminally charged for their offenses. The facility complies with this provision. §115.78(b). Agency policy 5011R-A, Section VI, M, 2, page 40, states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The offenders were criminally charged for their offenses. The facility complies with this provision. §115.78(c). Agency policy 5011R-A, Section VI, M, 3, page 40, states the disciplinary

	process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Warden confirmed that mental disabilities are considered when deciding on sanctions to impose, if any. Investigative reports support the consideration of the inmate's mental health with a "703" Mental Diagnosis evaluation. The facility complies with this provision. §115.78(d). The agency provides some therapy to try to address and correct underlying reasons or motivations for the abuse. Medical and Mental Health staff advised that the therapy is optional for the offender. The facility complies with this provision. §115.78(e). Agency policy 5011R-A, Section VI, M, 4, page 41, states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility complies with this provision. §115.78(f). Agency Policy 5011R-A, Section VI, 6, 8, page 24, states inmates shall not be charged for reports of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred. Such reports shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility complies with this provision. §115.78(g). Agency policy 5011R-A, Section II D, page 2, states the Department strictly prohibits sexual abuse and sexual harassment, and sexual contact (including that of a consensual nature), between inmates. In a memorandum dated 02/07/08, Attachment N, of 5011R-A, where sex is voluntary (not coerced), infractions will be processed for all the involved parties. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Risk Assessment Screenings

Interviews:

1. Inmates who Disclose Sexual Victimization at Risk Screening
2. Staff Responsible for Risk Screening
3. Medical and Mental Health Staff
4. Medical Secondary Logs

Site Review Observations:

1. None

Findings (By Provision):

§115.81(a). This provision does not apply to this jail. The provision applies to prisons.

The facility complies with this provision.

§115.81(b). This provision does not apply to this jail. The provision applies to prisons.

The facility complies with this provision.

§115.81(c). If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A review of medical log entries (secondary materials) revealed that offenders are seen timely.

The facility complies with this provision.

§115.81(d). Any information related to sexual victimization or abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program

	assignments, or as otherwise required by Federal, State, or local law. Once the risk screenings are completed, they are secured and only available to staff on a need-to-know basis. The facility complies with this provision. §115.81(e). Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. In interviews with Medical and Mental Health staff, they indicated that they do obtain informed consent from PICs before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the PIC is under the age of 18. The facility complies with this provision. Corrective Action: Based on a review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with the standard requiring medical and mental health professionals to see offenders within 14 days of disclosure of abuse and to obtain informed consent. No corrective action is required.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Investigative Files 4. Secondary Materials noting Hospital Runs 5. Secondary Materials noting Clinic Visits 6. Email from Counsel of Medical Provider Interviews: 1. Inmates who Reported Sexual Abuse 2. Medical and Mental Health Staff

Site Review Observations:

1. None

Findings (By Provision):

§115.82(a). Agency policy 5011R-A, Section VI, 6, page 28 requires inmate victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Interviews with Medical and Mental Health staff indicated that PICs are provided timely, unimpeded access to emergency medical treatment, and PICs interviewed who had reported sexual abuse advised that they did not always receive immediate access to emergency medical treatment. In one particular case, the victim reported that she had asked to go to the medical facility but was never taken. She told the investigator in the case that she had not showered since the incident occurred, and wanted to go to medical to prove the offender's DNA was on her. She was subsequently taken to medical. I reviewed secondary materials to confirm hospital transports and clinical visits for compliance.

The facility complies with this provision.

§115.82(b). Agency policy 5011R-A, Section VI, D, 1, g, requires that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The facility has medical providers available 24/7. In the sample provided §115.82(a), the agency did not immediately notify the appropriate medical and mental health practitioners.

The facility does not comply with this provision.

§115.82(c). Agency policy 5011R-A, Section VI, E, 6, page 28, requires that inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Some offenders interviewed stated they did receive unimpeded access, but one offender stated she reported that she had asked to go to the medical facility, but was never taken. She told the investigator in the case that she had not showered since the incident occurred, and wanted to go to medical to prove the offender's DNA was on her. She was subsequently taken to medical.

The agency does not comply with this provision.

§115.82(d). Agency policy 5011R-A, Section VI, 4, i, states that treatment will be provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with the investigation. Offenders interviewed indicated that they did not incur any costs associated with medical treatment arising

	from complaints of sexual abuse. The facility complies with this provision. Corrective Action: 1. Ensure that staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. March 17, 2026, Update: The PREA Coordinator and I both requested proof from the medical provider, and we were informed that they could not provide any information under city law. Multiple attempts were made to secure proof documentation to no avail. This standard remains non-compliant. Counsel for the provider quoted the City of New York rules – specifically 40 RCNY 3-08 – which protect their records from disclosure. They further expressed that they were not the subject of the audit and, therefore, were not required to provide the requested information.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment National Protocols for Sexual Assault Medical Forensic Examinations, Adult and Adolescent, Third Edition Interviews: 1. Medical and Mental Health Staff 2. Inmates who Reported Sexual Abuse Site Review Observations:

1. None

Findings (By Provision):

§115.83(a). Agency policy 5011R-A, Section II, i, page 2 requires staff to ensure a mental health evaluation is provided to all inmates who have been victimized by sexual abuse. Interviews with Medical and Mental Health confirmed that these evaluations would be provided. However, the medical provider refused to provide proof of completion through redacted or secondary material to support completion.

The agency does not comply with this provision.

§115.83(b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. PIC who reported sexual abuse stated they did receive services, treatment plans, and referrals for continued care, but the medical provider refused to provide proof of services being provided.

The agency does not comply with this provision.

§115.83(c). Interviews with persons in custody who had reported sexual abuse indicated that when they received treatment, it was consistent with the community level of care. Medical and Mental Health staff confirmed this as well. However, no proof documentation was provided by the Medical provider to show compliance.

The agency does not comply with this provision.

§115.84(d). Agency policy 5011R-A, Section VI, 4, g, requires that inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Investigative reports reviewed confirmed that the required tests were provided. Medical and Mental Health practitioners interviewed confirmed this as well. However, the medical provider refused to provide proof of compliance.

The agency does not comply with this provision.

§115.83(e). Agency policy 5011R-A, Section VI, 4, h, requires the agency to provide victims with timely and comprehensive information about all lawful pregnancy-related medical services should pregnancy occur from sexual abuse. Medical and Mental Health practitioners interviewed confirmed this as well. However, the medical provider refused to provide proof of compliance.

The agency does not comply with this provision.

§115.83(f). Agency policy 5011R-A, Section VI, 4, b, page 31 requires that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. SANE nurses at the hospital will provide these services as needed. Offenders interviewed indicated that they were

	provided prophylactic treatment. The agency complies with this provision. §115.83(g). Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with victims revealed that they are not charged for medical treatment as a result of a claim of sexual abuse. The agency complies with this provision. §115.83(h). This provision applies only to prisons. The agency complies with this provision. Corrective Action: 1. Ensure a mental health evaluation is provided to all inmates who have been victimized by sexual abuse. 2. Please make sure that follow-up services, treatment plans, and, when necessary, referrals for continued care are provided following their transfer to, or placement in, other facilities, or their release from custody. 3. Ensure that medical and mental health treatment are consistent with the community level of care. 4. Ensure that inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. 5. Ensure that victims receive timely and comprehensive information about all lawful pregnancy-related medical services should pregnancy occur from sexual abuse. March 17, 2026, Update: The PREA Coordinator and I both requested proof from the medical provider (H+H and CHS) and were informed that they could not provide any information under city law. Multiple attempts were made to secure proof documentation to no avail. This standard remains non-compliant.
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115.86 Sexual abuse incident reviews	
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses

2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Sexual Abuse Incident Reviews
4. Spreadsheet of all PREA Allegations

Interviews:

1. PREA Compliance Manager
2. Medical and Mental Health Staff
3. Investigative Staff
4. Warden
5. Incident Review Team

Site Review Observations:

1. None

Findings (By Provision):

§115.86(a). Agency policy 5011R-A, Section VI, 4, b, page 38, requires the Sexual Abuse Incident Review Team (SAIRT) to conduct a sexual abuse incident review (SAIR) at the conclusion of every sexual abuse investigation that was determined to be substantiated or unsubstantiated and record the findings on Form PREA-5, "Sexual Abuse Incident Review Form." I reviewed a sampling of incidents for compliance.

The facility complies with this provision.

§115.86(b). Agency policy 5011R-A, Section VI, 4, c, page 38 requires that the reviews occur within thirty(30) days of the conclusion of the investigation. Such a review shall ordinarily occur within 30 days of the conclusion of the investigation. A review of SAIRs indicates that reviews are completed within thirty days. The incident reviews are completed promptly, as the team holds regular meetings to ensure they are completed within 30 days of the investigation closure. In fact, most SARs are completed within two weeks, well ahead of the deadlines, exceeding the required standards.

The facility complies with this provision.

§115.86(c). Agency policy 5011R-A, Section VI, 4, a, page 38 requires the SAIRT team be made up of upper level management officials, with input from line supervisors, investigators, the PREA Coordinator or PCM, and medical and Mental health practitioners. A review of completed SAIRs reveal that these individuals are part of the reviews.

The facility complies with this provision.

	§115.86(d). Agency policy 5011R-A, Section VI, 4, d, page 38 requires the review team to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The agency has developed a form that is used for each review to ensure all aspects are reviewed. The Form is located on page 53 of policy 5011R-A. The facility complies with this provision. §115.86(e). Agency policy 5011R-A, Section VI, 4, d, 7, page 38, requires the facility to implement the recommendations for improvement, or shall document its reasons for not doing so. A review of the completed SAIRs indicates that recommendations are considered and implemented or documented as to why they are not implemented. The facility complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.
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115.87	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Biannual Reports of PREA Allegations

4. Spreadsheet of all PREA Allegations
5. Samples of Surveys of sexual Victimization

Interviews:

1. PREA Coordinator

Site Review Observations:

1. None

Findings (By Provision):

§115.87(a). Agency policy 5011R-A, Section IV, pages 4- 10, provides uniform definitions for collecting accurate, uniform data for allegations of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The facility complies with this provision.

§115.87(b). Agency policy 5011R-A, Section II, K, page 3 requires the agency to aggregate the incident-based sexual abuse data at least annually. Biannual reports are posted on the agency's website for compliance at <https://www.nyc.gov/site/doc/about/harassment-reports.page>. The agency posts this information twice a year, which exceeds the requirements of this standard.

The facility complies with this provision.

§115.87(c). The incident-based data collected includes the necessary information to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The NYC DOC completes the annual Survey of Sexual Victimization each year based on the data collected for all facilities under its control. Samples were reviewed. The agency inputs individual incidents and an aggregate SSV.

The facility complies with this provision.

§115.87(d). The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The data is posted twice a year on the agency's website at <https://www.nyc.gov/site/doc/about/harassment-reports.page>.

The facility complies with this provision.

§115.87(e). NYC DOC does not contract with anyone for the confinement of its inmates. This provision is not applicable.

The facility complies with this provision.

	§115.87(f). The agency completes an annual Survey of Sexual Violence from the NYC DOC. The facility complies with this provision.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Biannual Reviews of Sexual Abuse Allegations Interviews: 1. Agency Head 2. PREA Coordinator 3. PREA compliance manager Site Review Observations: 1. None Findings (By Provision): §115.88(a). Agency policy 5011R-A, Section II, K, page 3 requires the agency to collect and aggregated data pursuant to § 115.87. The agency assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. These reports are posted online twice a year at https://www.nyc.gov/site/doc/about/-harassment-reports.page. The agency complies with this provision.

	§115.88(b). The biannual reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. Interviews with the PREA Coordinator, Agency Head, and PREA Compliance Manager all confirm that this is completed twice a year. The agency complies with this provision. §115.88(c). The agency's report is approved by the agency head and made readily available to the public through its website at https://www.nyc.gov/site/doc/about/-harassment-reports.page. The agency Head/designee advised that the agency head approve the reports. The agency complies with this provision. §115.88(d). The agency redacts all personal identifiers from reports when publication would present a clear and specific threat to the safety and security of a facility. Still, it does indicate the nature of the material redacted. The PREA Coordinator confirmed that this is completed and reports reviewed do not contain these materials. The agency complies with this provision. Corrective Action: Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard, which requires the collection, aggregation, and review of data. Reports are generated every six months and are posted on the agency's website. No personal data is included in the reports. No corrective action is required.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. NYC DOC Agency Pre-Audit Questionnaire responses 2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment 3. Agency Website https://www.nyc.gov/site/doc/about/harassment-reports.page 4. NYC Supplemental Records Retention and Disposition Schedule

	Interviews: 1. PREA Coordinator Site Review Observations: 1. Visual review of where investigative files and aggregated data are stored. Findings (By Provision): §115.89(a). The agency ensures that all data collected pursuant to § 115.87 is securely retained. Data collected by the PCM is secured in a locked cabinet or in a password-protected computer. All investigative files are secured under lock and key or password-protected on computers. A visual review of both of these areas indicated the agency complies with securing the data. Medical and Mental Health practitioners do not share their data with anyone outside of medical and mental health. The facility complies with this provision. §115.89(b). The agency makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public twice annually through its website. It does not contract with any private facilities to house its offenders. The data is available on the website at https://www.nyc.gov/site/doc/about/harassment-reports.page. The agency posts this information twice a year, which exceeds the requirements of this standard. The facility complies with this provision. §115.89(c). The reports do not contain any personal identifiers. I reviewed all of the reports that were posted at the time of the audit, and none of the files contained any personal identifiers. The PREA Coordinator also confirmed that all personal identifiers are removed from reports that are published. The facility complies with this provision. §115.89(d). The agency maintains sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. Some data is archived and remains available for at least twelve years. The PREA coordinator confirmed that the data remains available. I reviewed files for compliance and observed that files are maintained. The facility complies with this provision.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Does Not Meet Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. Agency Records
4. Agency Website

Interviews:

1. None

Site Review Observations:

1. Visually observed posted Notices of Audit
2. Observed the Mailroom and the process for submitting and receiving mail.
3. Tablets in possession of offenders

Findings (By Provision):

§115.401(a). The NYC DOC has not completed an audit of each of its facilities since the inception of the PREA Standards. I found proof of two audits being completed in 2019. The agency operates eight facilities. The agency has not met this standard during the prior three-year audit cycle. The agency is now attempting to complete audits for each of its facilities to come into compliance with the standards.

The agency is not in compliance with this provision.

§115.401(b). The agency is required to ensure that at least one-third of each facility type operated by the agency is audited during each one-year period starting on August 20, 2013. The agency has not complied with this requirement. It has only had two audits since August 20, 2013.

The agency is not in compliance with this provision.

§115.401(h). I was afforded access to all areas of the audited facility to observe, have casual conversations with staff, offenders, and contractors and volunteers.

The facility complied with this provision.

	§115.401(i). The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information) from the NYC DOC. Secondary materials were used to validate appointments with medical, hospital runs, and clinic visits. The facility complies with this provision. §115.401(m). I was permitted to conduct private interviews with inmates. Interviews were conducted in a private office space in the programs area of the facility. The facility complied with this provision. §115.401(n). Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Notices of audit were posted throughout the facility, including housing units, visitation, attorney's booths, staff dining, and the front lobby. The facility provided photos of the audit notice posted six weeks in advance of the audit, and I observed notices posted throughout the facility during the on-site audit. Offenders can send legal mail and letters to me (the auditor), which are treated as such according to informal conversations with the facility's mailroom. I did not receive any correspondence from any offenders from this facility. The facility complied with this provision. Corrective Action: 1. The agency should have audits completed for each of its facilities to come into compliance with this standard. 2. The agency must have at least one-third of each facility type it operates audited during each one-year period starting on August 20, 2013. To come into compliance, they must have all of their facilities audited. Update: The agency has completed this audit and has scheduled its second audit for December 2025, Year One of the Fifth Cycle. Once the agency has successfully completed 1/3 of its facilities in the first year of the cycle (August 20, 2025-August 19, 2026) it should gain compliance.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents:

1. NYC DOC Agency Pre-Audit Questionnaire responses
2. NYC DOC Agency PREA Policy 5011R-A detailing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. A review of Final Audit Reports on the agency website

Interviews:

1. None

Site Review Observations:

1. None

Findings (By Provision):

§115.403(f). The agency must ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. There have been no Final Audit Reports issued in the past three years. The prior audits are on the website.

This provision is non-applicable.

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
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Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator?	yes
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Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
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Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
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Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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115.12 (a) Contracting with other entities for the confinement of inmates

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
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115.12 (b) Contracting with other entities for the confinement of inmates

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes
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	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	na

	whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	

	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	no
	Does the agency train all employees who may have contact with	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	no
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b) Protective Custody		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	na

	is exempt from this standard.)	
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	

	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	no
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	no
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	no
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	no

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	no
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	no
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	no
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation	yes

	has been determined to be unfounded?	
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	

	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401	Frequency and scope of audits	

(b)		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	no
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse	na

	noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	
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