

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: June 20, 2017

Auditor Information			
Auditor name: Matthew A. Burns			
Address: PO Box 164, Kulpmont, PA 17834			
Email: preaauditor2015@gmail.com			
Telephone number: 570-847-4109			
Date of facility visit: June 6, 2017			
Facility Information			
Facility name: MacCormick Secure Center			
Facility physical address: 300 South Road, Brooktondale, NY, 14817			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 607-539-7121			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jeff Calkins			
Number of staff assigned to the facility in the last 12 months: 101			
Designed facility capacity: 39			
Current population of facility: 22			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 15-20			
Name of PREA Compliance Manager: Clarissa Perez-Fulmer		Title: Vocational Specialist	
Email address: Clarissa.Perez-Fulmer@ocfs.ny.gov		Telephone number: 607-539-7121	
Agency Information			
Name of agency: Office of Children and Family Services			
Governing authority or parent agency: <i>(if applicable)</i> New York State			
Physical address: 52 Washington Street, Room 130 North, Rensselaer, NY 12144			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 518-486-6766			
Agency Chief Executive Officer			
Name: Ines Nieves		Title: Deputy Commissioner - DJJOY	
Email address: Ines.Nieves@ocfs.ny.gov		Telephone number: 518-486-6766	
Agency-Wide PREA Coordinator			
Name: Amanda Grimes		Title: PREA Coordinator	
Email address: Amanda.Grimes@ocfs.ny.gov		Telephone number: 518-486-7175	

AUDIT FINDINGS

NARRATIVE

The MacCormick Secure Center is a secure facility designed to house 39 boys. It is a New York State agency facility under the authority of the Office of Children and Family Services (OCFS). There are four living units (Alpha Unit, Bravo Unit, Charlie Unit, and Delta Unit) the residents reside in. It should be noted; at the time of the audit, Delta Unit was closed for the Medical Unit's utilization while construction on the new Medical Unit is taking place. Special programming is often used on Delta Unit for youth who need specialized supervision. This area is also used as the intake area where new admissions are housed for an initial 24-hour period. All resident bedrooms are single living units. On June 6, 2017, the resident population was 22 boys (8 residing in Alpha Unit, 7 residing in Bravo Unit, and 7 residing in Charlie Unit). The age range of the resident population ranged from age 15 to age 20. In the previous 12 months, a total of 18 residents had been admitted into the facility. The average length of stay was 2 years.

The on-site portion of the PREA audit took place on June 6, 2017. Prior to the on-site facility visit, the auditor reviewed a flash drive containing the pre-audit questionnaire and the facility's documentation relating to the compliance of each of the 41 PREA Juvenile Standards. The flash drive was very effective enabling the auditor to easily review the information contained on it. Each standard file was set up to include supporting information and "protocols" which included OCFS policies. After the pre-audit review of the flash drive, the auditor sent questions generated from the initial review of documents to the agency PREA Coordinator. These questions were answered to the satisfaction of the auditor. The PREA Coordinator was always courteous and provided additional information in an expeditious manner. The notifications of the on-site audit were posted throughout the facility accessible to staff, residents, and visitors 6 weeks prior to the on-site portion of the audit. Photographs were taken of the various sites where the notices had been posted and the photographs were electronically sent to the auditor, noting their locations. A date stamp was placed on each photograph to verify they were taken 6 weeks prior to the on-site portion of the audit. Telephone conversations and email correspondence was utilized between the auditor and the PREA Coordinator to review the PREA audit processes prior to the on-site audit.

Prior to the on-site audit, the auditor met with the following OCFS officials and Management Staff from the MacCormick Secure Center for dinner on the evening of June 5, 2017, to discuss the audit schedule and review any questions and concerns anyone may have had:

- ✓ Amanda Grimes (Agency PREA Coordinator)
- ✓ Steve LeFave (Facility Assistant Director)
- ✓ Clarissa Perez-Fulmer (Facility PREA Compliance Manager)
- ✓ Farooq Mallick (Agency Associate Commissioner)

The auditor arrived at the facility on the morning of June 6, 2017. At that time, a brief meeting with the Agency PREA Coordinator (Amanda Grimes), Facility Director (Jeff Calkins), Facility PREA Compliance Manager (Clarissa Perez-Fulmer), Facility Assistant Director (Steve LeFave), Agency Associate Commissioner (Farooq Mallick), and Facilities Manager (Dan Comins) took place. This meeting was followed by a detailed tour of the facility. During the tour, the auditor noticed numerous PREA audit notices and a wide variety of attractive zero tolerance posters posted throughout the facility, including in all living units, programing areas, and upon entrance into the facility. The zero-tolerance posters where printed in both English and Spanish. The tour was able to be completed in such a short period of time due to the compactness of the facility.

Following the tour, the auditor met with the management team to discuss the audit schedule and review the resident and staff rosters as well as video surveillance at the facility. The auditor interviewed both Mr. Calkins and Mr. Comins as they are serving as Acting Co-Directors of the facility. Following this interview, the auditor was able to interview Ms. Perez-Fulmer as she serves as the facility PREA Compliance Manager and Mr. LeFave as he serves as the facility Assistant Director and monitors retaliation, completes unannounced rounds at the facility, and serves on the Incident Review Team. Upon completing these interviews, the auditor spent the rest of the day interviewing residents, staff members (including specialty staff), and reviewing files/records at the MacCormick Secure Center.

10 randomly selected residents were selected from the resident roster and interviewed. 2 residents from Alpha Unit, 5 residents from Bravo Unit, and 3 residents from Charlie Unit were interviewed. There were no residents who identified as LGBTI or presented any physical disabilities to interview. There were 2 residents currently at the facility who made allegations of sexual abuse/sexual harassment during the past 12 months. One of those residents was interviewed while the other refused to be interviewed. Ages of the residents interviewed ranged from 15 years old to 19 years old. All of the residents interviewed were familiar with PREA, understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and understood the services which were available to them at the facility (including outside resources).

A total of 24 staff interviews took place (14 of the staff interviewed were Specialized Staff). These interviews included the following:

- ✓ Agency Head
- ✓ Agency PREA Coordinator
- ✓ Facility PREA Compliance Manager
- ✓ Facility Director/Superintendent
- ✓ Investigative Staff (Representative from the New York Justice Center)
- ✓ 2 Mental Health/Medical Staff
- ✓ 1 Staff who conducts Risk Assessments
- ✓ 2 First Responder Staff
- ✓ 1 Intake Staff
- ✓ 1 Staff who conducts Unannounced Rounds
- ✓ 1 Person who Monitors Retaliation
- ✓ 1 Member of the Incident Review Team
- ✓ 10 Randomly selected staff members representing all shifts

Randomly selected staff members interviewed years of experience ranged from 8 months to 24 years. 8 of the staff members interviewed were Youth Division Aides (YDA's) while the other 2 were Youth Counselors (YC's). All of the staff members were very knowledgeable of PREA, Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, assault, and harassment. The Agency Head was interviewed via telephone prior to the audit (May 30, 2017) due to a scheduling conflict. The Agency PREA Coordinator and a representative from the Justice Center of New York were interviewed on June 5, 2017. The Justice Center of New York investigates all allegations of sexual abuse, sexual assault, and sexual harassment. There were no volunteers interviewed as there were none at the facility to interview.

After interviews were completed, the auditor reviewed 5 staff files for training records and completion of background checks. In addition, 5 resident files were reviewed for documentation verifying the PREA education and risk assessments. Prior to the on-site portion of the audit, training records were forwarded to the auditor and it was confirmed all staff members had successfully completed PREA Trainings. It also should be noted; all mental health and medical staff members completed an on-line specialty training specific to Mental Health and Medical Health in a Confinement Setting. These training were offered by the National Institute of Corrections (NIC). The auditor reviewed training certificates and verified their understanding of the material covered during specialty interviews.

No residents had requested to speak with the auditor nor had the auditor received any written or email correspondence from any resident or staff member. In the prior 12 months, there have been 2 allegations of sexual abuse, assault, or harassment. Of these 2 allegations, one was deemed Unfounded and one remains open and is being investigated by the Justice Center of New York. The staff member indicated in the open investigation is currently on a Safety Plan pending completion of the investigation. The Safety Plan notes that the alleged perpetrator is to have "no contact with the youth named in the investigation" and "is to have no unsupervised contact with any residents". A copy of this Safety Plan was provided to the auditor for review. All allegations are reported to the Justice Center of New York and investigated by that agency. During an open investigation, communication is maintained between the facility and the Justice Center of New York via on-site visits, telephone calls, and email correspondence.

Unannounced Rounds are completed on a regular basis by upper level management staff at the facility. Logs of these Unannounced Rounds were reviewed by the auditor and met the standard. Shower and restroom areas provided privacy during showers and when residents used the restrooms. Female staff do not conduct showers and male staff position themselves to observe and ensure residents do not leave the shower area without approval. Residents go to the showers clothed and return clothed. During the tour of the facility, the auditor was able to observe the bathroom/shower areas.

The Auditor conducted an exit meeting with the management team at the MacCormick Secure Center following the on-site portion of the audit. The Auditor shared the findings of the audit and thanked the management team and the staff members at the MacCormick Secure Center for their hard work and commitment to the full implementation of PREA in their facility. It was also noted; the staff members were extremely courteous to the auditor during the entire on-site audit and this was extremely helpful as the staff members were knowledgeable of the program and policies, protocol, and practices within the program.

DESCRIPTION OF FACILITY CHARACTERISTICS

The MacCormick Secure Center is located in the Shindagin Hollow State Forest, 15 miles east of the city of Ithaca, New York. The physical address of the facility is 300 South Road, Brooktondale, New York, 14817. The population of the facility is housed in a one-story building made from block and brick. The facility has four living areas: Alpha Unit, Bravo Unit, Charlie Unit, and Delta Unit. Each living area has a large communal area with individual bedrooms. All of the living areas are connected to central classrooms and a dining and kitchen area.

The facility is currently budgeted to house up to 10 youth in three of the units and 9 youth in the fourth unit for a total of 39 residents. At the time of the audit, Delta Unit was closed down for the Medical Unit's utilization while construction on the new Medical Unit is taking place. Special programming is often used on Delta Unit for youth who need specialized supervision. This area is also used as the intake area where new admissions are housed for an initial 24-hour period. All of the bedrooms are "dry" meaning they do not have sinks or toilets. If a youth must use the bathroom during the overnight hours while he is locked in his bedroom, he must be let out of his bedroom by supervising staff on the unit. Only one youth is permitted out of his bedroom at one given time during the overnight hours for safety and security reasons.

The youth served at the MacCormick Secure Center are male juvenile offenders who, while under the age of 16, committed certain violent felonies and were convicted and sentenced in adult criminal court. Depending upon the sentence, youth may remain in OCFS custody up to 21 years of age. In addition, juvenile delinquents under the jurisdiction of the family court may also be placed at the MacCormick Secure Center if they have been reassigned or "fennered" from a Limited Secure facility for violent behavior. Juvenile delinquents may remain in OCFS custody up to the age of 18 depending on their placement order.

The MacCormick Secure Center is equipped with 142 video surveillance cameras inside the facility and 32 cameras outside of the facility. The video surveillance cameras can be monitored at different limited access locations. Video recordings from these devices remain on a secure server for approximately 14-21 days depending on the type of purpose the camera serves. There is a total of 12 monitors in the Central Control Center. Each visitor is required to present identification, sign in, and pass through a metal detector upon entrance into the facility. Any keys or personal items a visitor or staff member may have on them entering the facility, are given to the Central Control Center officer. The visitor or staff member is then given a chit. Upon exiting the facility and presenting the chit to the Central Control Center officer, the keys and/or personal items are returned to the visitor or staff member.

The MacCormick Secure Center 2017 Staffing Plan noted the facility is budgeted for 89 direct care staff. 71 of those positions are currently filled and 18 of those positions are currently vacant. There are a total of 129 volunteers and contractors currently authorized to enter the facility.

The following services are offered to all residents in the facility:

Counseling: Counseling is provided to each youth based upon his individual needs as assessed by the treatment team. Group counseling is conducted seven days a week utilizing a variety of cognitive methods, including: Aggression Replacement Training, Moral Recognition Therapy, Core Life Skills, Victim Awareness, and an HIV/AIDS core curriculum. Generalized education groups are offered for substance abuse using the Innervations curriculum. Individual counseling is provided weekly by an assigned counselor, a mentor program, and with a mental health provider as needed.

Education: The facility provides educational programming for youth according to New York State Education Department requirements. The Committee on Special Education (CSE) addresses special education needs for classified students with disabilities. State assessments, including Regents Examinations and Regents Competency Tests, are also provided to eligible students. Qualifying youth may also enroll in the Alternative High School Educational Programs and pursue a Test Assessing Secondary Completion (TASC). Opportunities involving collaboration with several community colleges may permit students to take some college coursework.

Academic and vocational courses are offered so students can earn credits which can be applied toward a high school diploma upon a student's return to a community school. Students also complete a "portfolio," which provides a summary of relevant documentation, outlines work history, any certifications earned, and experiences gained.

Vocational Opportunities: Instructors provide trade skills training in technology, computers, keyboarding, building and grounds maintenance and food services.

Health Services: Comprehensive health services are provided by licensed health professionals, including a physician and nurse practitioner. Registered nurses are on duty during the day and evening shifts seven days a week.

Upon admission, each youth has a comprehensive health assessment and an initial plan of care is developed. Immunizations are brought up to date following current public health recommendations. Eye and dental services are also provided on site.

Nursing sick call occurs daily. Nurses refer health problems that cannot be addressed via routine nursing interventions to the nurse

practitioner or physician. Health staff initiate or continue needed health services via scheduled follow-up appointments.

Health staff complete a discharge plan on transfer or release to address the medical and dental needs of each youth.

Mental Health: Mental health treatment is delivered by psychologists, licensed social workers, or clinical nurses. Access to professional level care is available for all youth. Assessment services include mental health and substance abuse assessment, evaluation of sex offense treatment needs, psycho-educational evaluation and neuropsychological assessment. Treatment services include Dialectical Behavior Therapy (DBT), crisis evaluation and intervention, individual/group/family therapy, mental health treatment planning and mental health discharge planning. Facility clinicians facilitate psychiatric hospitalization, where needed, and are the facility liaisons to the hospital during the youth's stay.

Recreational: The recreation program offers a wide range of indoor and outdoor activities. The outdoor area includes a basketball court, volleyball court, and baseball field. The indoor area includes a gymnasium, game room, and exercise room. Leisure activities are also available in each of the living units. Youth participate in intramural sports activities throughout the year with the competition based on the season.

Religious Services: The religious program is a voluntary program that offers youth the opportunity to worship their faith. The services offered are based on the needs of the youth and coordinated by a community group of volunteers supported by a Chaplain.

Visitation: Families are vital to the treatment/rehabilitation process and are encouraged to visit on weekends. Special arrangements are made for weekday visits as needed.

Pre-Release Orientation: Release planning begins at intake. The facility support team members work closely with residents, parents, and community service team (CST) members to ensure that residents and their families receive the support needed for a timely and successful return to the community. The young men who are brought to the facility are offered the possibility of working with volunteers to plan for release back into their communities. The program helps with the basics of life on the outside: education, home, work, treatment programs, and other considerations when planning for parole. The process is collaborative with the Division of Parole and the facility Parole Officer.

Special Programs and Community Partnerships:

- ❖ **Community Involvement:** The MacCormick Secure Center has an active Citizens Advisory Board composed of a group of local residents who provide resources and services to youth at the facility.
- ❖ **Cornell Pet Companions:** A pet visitation program is sponsored by the College of Veterinary Medicine at Cornell University. Cornell Companions is dedicated to the development of a bond between humans and animals. The group provides leadership through specific academic, vocational, and experiential learning activities.
- ❖ **Volunteer Program:** The MacCormick Secure Center welcomes volunteers at the facility. Volunteers provide a wide variety of services, including but not limited to helping prepare youths for their GED, tutoring, and providing music education, ect.
- ❖ **Southern Tier Advocacy and Mitigation Project, Inc.:** This program encourages self-respect, empowerment, leadership, and self-determination among youth.

The MacCormick Secure Center has a signed Memorandum of Agreement (MOA) in place with the Cayuga Medical Center at Ithaca. It is noted in this MOA that the Cayuga Medical Center will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE), collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact the Tompkins County Advocacy Center to send an advocate to the medical center to provide rape crisis counseling and advocacy services in the event of a sexual assault.

The MacCormick Secure Center's mission statement reads "The MacCormick Secure Center has been tasked with the responsibility to educate and inspire a population of juvenile offenders (14-20 years old). Services are provided in a safe, secure, therapeutic environment that embraces learning, mutual respect, and teamwork with the expressed purpose of supporting young people and their families in meeting their goals".

SUMMARY OF AUDIT FINDINGS

An initial review of the OCFS policies and supporting documentation, which was provided to the auditor on a flash drive, clearly indicated that the agency takes PREA seriously. Policies and procedures are comprehensive, detailed, and address the facility's approach to prevention, detecting, responding, and reporting allegations of sexual abuse, assault, and harassment. An initial review and evaluation of information provided on the flash drive documented that the agency's policies and procedures were in compliance with the PREA standards. The flash drive was organized to include policies and practices corresponding to each standard. Minimal additional documentation was requested to provide clarification.

The agency has developed a very thorough and detailed plan that addresses all of the PREA standards related to Prevention Planning, Responsive Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection. The depth and scope of the policies indicates the seriousness with which OCFS takes regarding sexual safety and the commitment to the PREA standards.

A tour of the facility indicated the facility has an ample amount of video surveillance cameras located both inside and outside of the facility. In addition to the video surveillance cameras, staff are required to keep residents in a direct line of sight at all times. Unannounced Rounds are completed and retaliation is monitored on a regular basis by upper management staff.

The auditor randomly selected and interviewed a total of 10 residents. These interviews included residents from all three living units and one resident who made an allegation of sexual abuse/harassment. The following staff were interviewed: Agency Head, Agency PREA Coordinator, Facility PREA Compliance Manager, Facility Director/Superintendent, Investigative Staff (Representative from the New York Justice Center), 2 Mental Health/Medical Staff, 1 Staff who conducts Risk Assessments, 2 First Responder Staff, 2 Intake Staff, 1 Person who conduct Unannounced Rounds, 1 Person who Monitors Retaliation, and 1 Member of the Incident Review Team. Interviews indicated that staff have been educated on PREA and were especially knowledgeable of the agency's Zero Tolerance for any form of sexual activity, responding to allegations, suspicions, and knowledge of sexual abuse, assault, or harassment, protecting evidence, and responding. All staff members are provided "PREA cards" which outlines procedures and proper protocol for protecting residents from imminent sexual abuse. During the tour of the facility, female staff members were observed announcing their presence in a living unit by stating "female on the unit" loud enough for the residents to hear. Staff were professional and enthusiastic about their work and their PREA knowledge. Staff related they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were all aware of their roles as mandated reporters. Interviewed residents were also extremely knowledgeable about PREA and were able to articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting, and anonymous reporting. All residents interviewed stated they thought staff would take all allegations and reports of sexual abuse and sexual harassment seriously and that staff would protect them and take care of them.

This auditor wishes to extend his appreciation to Ms. Grimes, Mr. Mallick, Mr. Calkins, Mr. Comins, Mr. LeFave, Ms. Perez-Fulmer, and all of the employees at the MacCormick Secure Center for their professionalism, hospitality, and kindness that was displayed during the entire duration of the on-site portion of the audit as well as the pre and post audit phases.

This auditor found the MacCormick Secure Center to be compliant with all PREA Juvenile Standards.

Number of standards exceeded: 3

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires Zero Tolerance to all forms of sexual abuse and sexual harassment. It also details how the facility will implement its approach to preventing, detecting, and responding to sexual abuse. This policy contains definitions of the prohibited behaviors and sanctions for those who participate in such behaviors.

The agency provided an Organizational Chart (revised in February 2017) that confirms the PREA Coordinator reports directly to the Deputy Commissioner. The PREA Compliance Manager at the facility also serves as a Vocational Specialist. Two separate memos from the Deputy Commissioner note the role of the PREA Coordinator and PREA Compliance Manager at each OCFS facility.

The agency PREA Coordinator (Amanda Grimes) was extremely knowledgeable of the PREA standards and it was evident that she was committed to PREA and in implementing PREA in all OCFS facilities. She also reported that she has the support needed and sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA. The facility PREA Compliance Manager (Clarissa Perez-Fulmer) was also very knowledgeable of the PREA standards and stated she has sufficient time to fulfill her PREA responsibilities at the facility. The interviews with the PREA Coordinator, PREA Compliance Manager, and the leadership team reaffirmed the auditor’s initial impressions of the agency’s commitment to PREA and sexual safety for the residents at the MacCormick Secure Center.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Administrative Coverage in OCFS Facilities Policy (PPM 3247.40)
- ❖ Agency Organizational Chart (Revised 2/2017)
- ❖ MacCormick Secure Center PREA Pre-Audit Questionnaire
- ❖ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ❖ Agency Memo Identifying PREA Coordinator
- ❖ Agency Memo Identifying Facility Compliance Manager
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interview with Agency PREA Coordinator
- ❖ Interview with Deputy Commissioner

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

Not Applicable: The MacCormick Secure Center does not contract for the confinement of its residents with other private agencies/entities.

Standard 115.313 Supervision and monitoring

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

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

The Annual Video Surveillance and Staffing Plan at MacCormick Secure Center addresses the facility staffing plan and requirements. This plan noted the facility is currently budgeted for 89 direct care staff; 71 of those positions are currently filled. The plan states the facility runs at a 1:5 staff/resident ratio during Tour 2 and Tour 3 (waking hours) and a 1:10 staff/resident ratio during Tour 1 (sleeping hours). Policy 3247.01 provides that documentation is required when deviations from the staffing plan occur. The facility reports that there have been no deviations from the staffing plan and review of the staffing plan and work schedules show the staff assignments. In the case staffing ratios cannot be maintained, staff would be held over and paid overtime. Interviews with the Facility Director and the Facility PREA Compliance Manager revealed that staffing is continuously monitored and that adjustments are made as needed. The auditor was able to compare staff schedules and resident population reports and it was confirmed the facility regularly runs at a 3:1 staff to resident ratio.

OCFS Policies 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment and 3247.40 – Administrative Coverage in OCFS Facilities note that Unannounced Rounds are to be completed by intermediate/higher level staff to cover all Tours. These policies also state that staff members are not permitted to alert other staff members when Unannounced Rounds are being completed. A review of documentation and the staff interviews confirmed that Unannounced Rounds occur.

The facility is equipped with 174 video surveillance cameras (142 indoor cameras and 32 outdoor cameras). Recordings from these devices remain on a secure server for approximately 14 days. There are a total of 12 monitors in the Central Control Center.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Administrative Coverage in OCFS Facilities Policy (PPM 3247.40)
- ❖ MacCormick Secure Center Staffing Schedule, Video Surveillance and Staffing Plan, and Staffing Plan Reviews
- ❖ Agency Employee Manual – Prohibiting staff from alerting other staff of Unannounced Rounds
- ❖ Locations of Video Surveillance Cameras (inside and outside of facility)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Random Staff Interviews

Standard 115.315 Limits to cross-gender viewing and searches

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

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

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

OCFS Policy 3247.18 – Contraband, Inspections, and Searches prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at the facility. Staff training includes the searching of residents. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the audit period. The facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. The Pre-Audit Questionnaire indicated no searches occurred during this audit period. The facility has not admitted a transgender or intersex resident; however, all of the staff members interviewed understand that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment also requires the facility to implement procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. All residents and staff members interviewed confirmed this policy was followed 100% of the time as only male staff members are permitted to supervise showers/bathroom call. Female staff members announce their presence in each living unit upon entering by stating “female on the unit” and noting their entrance into the living unit in the Log Book. Signs are posted in each living unit informing female staff members to announce their presence and the practice was observed. Interviews with staff and residents confirmed that female staff members announce their presence upon entering a living unit as required.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Contraband, Inspections, and Searches Policy (PPM 3247.18)
- ❖ Conducting Comprehensive Searches Training Curriculum/Training Logs
- ❖ Random Resident Interviews
- ❖ Random Staff Interviews

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

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes “OCFS is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse, assault, and harassment”. In addition, this policy states “all education and information shall be made available in formats accessible to all youth (Limited English, deaf, visually impaired or otherwise disabled as well as limited reading skills)”. Limited English Proficient (LEP) interpreters are also available through the Office of Communications. An LEP liaison can be reached at (518) 402-3130. This auditor was provided a comprehensive list of LEP Liaisons that are available to residents at the MacCormick Secure Center.

The agency PREA Youth Brochure is available to residents in both English and Spanish. Both versions of this brochure were reviewed by the auditor prior to the on-site audit.

The MacCormick Secure Center Pre-Audit Questionnaire indicated that the use of resident interpreters, resident readers, or other types of resident assistants is prohibited except in the event of exigent circumstances where a delay could result in the resident’s safety being put into jeopardy. Random staff interviews confirmed that residents are not used as interpreters.

Staff, in their interviews, consistently related they would not rely on resident interpreters to translate or interpret for a resident in the PREA Audit Report

reporting of an incident of sexual abuse, assault, or harassment; expect in the event of exigent circumstances where delay could result in the resident's safety being put into jeopardy.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Secure Facilities Admission and Orientation Policy (PPM 3402.01)
- ❖ Language Assistance Resources
- ❖ Agency PREA Youth Brochure
- ❖ Random Staff Interviews

Standard 115.317 Hiring and promotion decisions

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

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

OCFS Policy 2026.03 – Criminal History Screening – Employees/Candidates and OCFS Policy 2021.04 – Employee Screening for Child Abuse and Maltreatment provides guidelines for background checks and hiring and promotion practices. A review of documentation and an interview with the PREA Coordinator revealed that applicants, employees, and contractors are asked about previous sexual misconduct and background checks are completed. The Justice Center of New York is the lead agency in conducting background checks. The Justice Center maintains a Staff Exclusion List (SEL) that logs all individuals in the state of New York who have been found responsible for serious or repeated acts of abuse or neglect. If a prospective employee is listed on the SEL, he or she is no longer given further consideration for employment. If a person is not on the SEL, OCFS requests a criminal background check and a check of the statewide Central Register of Child Abuse and Maltreatment. The Justice Center will then notify the agency if the person has successfully complete the background check. Previous employment references are then contacted. Applicants are also required to report on their application for employment any arrests that may impact their ability to work with youth. When a person is hired in OCFS, their name is registered in a national database that tracks any contacts with law enforcement agencies. If an OCFS employee is arrested anywhere in the United States, a notification is immediately sent to the Justice Center. The Justice Center then sends a notification to the facility. This system captures arrest records for all employees. As a result, criminal background checks are not completed every 5 years. OCFS checks the statewide Central Register of Child Abuse and Maltreatment every 2 years for current employees and any employee eligible for a promotion. All randomly selected staff member's file contained the above-mentioned background information.

The PREA Coordinator was able to describe the agency hiring and promotion process in detail to the auditor.

Reviewed documentation to determine compliance:

- ❖ Justice Center's Frequently Asked Questions – Criminal Background Checks
- ❖ Justice Center's Staff Exclusion List Checks for Prospective Staff Hired
- ❖ Employee Screening for Child Abuse and Maltreatment Policy (PPM 2021.04)
- ❖ Criminal History Screening – Employees/Candidates Policy (PPM 2026.03)
- ❖ Interview with Agency PREA Coordinator

Standard 115.318 Upgrades to facilities and technologies

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The MacCormick Secure Center develops a Video Surveillance and Staff Plan on an annual basis. This plan was reviewed by the auditor prior to the on-site audit and was confirmed during interviews with the agency PREA Coordinator and the Facility Director. The facility is currently in the process of building a new Medical Unit. It was confirmed this new unit will be properly equipped with video surveillance cameras to provide proper supervision at all times. Through interviews, it was confirmed that if there are any additional plans for expansion or modifications, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology.

Reviewed documentation to determine compliance:

- ❖ MacCormick Center Video Surveillance and Staffing Plan
- ❖ Interview with Facility Director
- ❖ Interview with Agency PREA Coordinator

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

OCFS Policy 3243.16 – Payment for Health Services addresses the availability of victim advocacy services to residents and that services will be provided to the residents at no cost. A review of documentation show that the facility has a signed Memorandum of Agreement (MOA) with Cayuga Medical Center. The MOA clearly states Cayuga Medical Center will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner, collect and maintain the integrity of evidence collected during the examination for law enforcement, and contact the Tomkins County Advocacy Center who will send an advocate to the medical center to provide rape crisis counseling and advocacy services.

The Justice Center of New York conducts sexual abuse and sexual harassment administrative and criminal investigations. All alleged incidents of sexual abuse and sexual harassment which may be criminal in nature are also reported to other appropriate authorities as required. The OCFS Deputy Commissioner formally asked the Justice Center Executive Director to comply with all PREA investigative standards in a letter dated June 2, 2014. The agency PREA Coordinator stated that all investigators at the Justice Center who conduct investigations at OCFS facilities have been trained in a uniform evidence protocol by the National Institute of Corrections (NIC).

Reviewed documentation to determine compliance:

- ❖ Payment for Health Services Policy (PPM 3243.16)
- ❖ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ❖ MOU with Cayuga Medical Center
- ❖ Interview with Agency PREA Coordinator

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that allegations of sexual abuse or sexual harassment are referred for investigation. All allegations of sexual abuse are reported to the Justice Center of New York within 24 hours. The OCFS Deputy Commissioner has formally asked the Justice Center Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards. The letter was dated June 2, 2014, and a copy was provided to the auditor.

Information regarding the referral of allegations of sexual abuse or sexual harassment for investigation and other related PREA information is posted on the OCFS website. PREA related information is also posted in the facility in every living unit and common area.

There were 2 allegations of sexual abuse or sexual harassment reported in the past 12 months. These allegations were all referred to the Justice Center of New York. One of the allegations was Unfounded (involved two residents involved in alleged sexual relations with one another) and the other allegation is currently open (a resident alleged he was sexually abused/harassed by a staff member by stating she rubbed his leg in a perceived sexual manner).

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ❖ Review of Facility Reportable Incident Forms from 2016-2017
- ❖ Interview with Investigative Staff (Representative from the New York Justice Center)
- ❖ Interview with Facility Director
- ❖ Interview with Agency PREA Coordinator

Standard 115.331 Employee training

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment provides information regarding staff training. This policy notes all employees shall receive training that is specific to juveniles and the gender of the population they are working

with. Employees must sign an acknowledgement form verifying they understand the training they receive. Staff must be retrained when they transfer to a different gender population. All employees receive an initial training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). Current employees who completed this training, receive refresher training annually (OCFS – PREA Policy Review). The trainings include 11 different topics required by the PREA standards:

- ✓ Agency Zero Tolerance Policy
- ✓ Fulfilling their responsibilities under agency sexual abuse and sexual harassment prevention, detecting, reporting, and response policies and procedures.
- ✓ Resident’s right to be free from sexual abuse, assault, and harassment.
- ✓ Right of residents and employees to be free from retaliation.
- ✓ Dynamics of sexual abuse and sexual harassment in juvenile facilities.
- ✓ Common reactions of juvenile victims of sexual abuse and harassment.
- ✓ How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents.
- ✓ How to avoid inappropriate relationships with residents.
- ✓ Effective and professional communication with residents including those who identify as lesbian, gay, transgender, and questions (LGBTQ) or gender non-conforming.
- ✓ Compliance with relevant laws related to mandatory reporting of sexual abuse.
- ✓ Laws governing consent for OCFS youth.

In addition to above-mentioned PREA trainings, OCFS Policy 3442.00 – Lesbian, Gay, Bisexual, Transgender, and Questioning Youth states all OCFS staff members are required to attend LGBT Training on an annual basis. This training raises awareness and capacity for staff members to respond to gender identity, sexual orientation, and gender expression issues in residential settings.

During the on-site visit, it was noted that posters are posted throughout the facility to educate both staff and residents on facility PREA policies. Brochures noting PREA requirements are given to all residents, staff, volunteers, and contractors. The agency also has PREA information for both youth and the public posted on its website.

The Pre Audit Questionnaire documented that all staff members currently employed at the MacCormick Secure Center were trained or retrained on the PREA requirements during the past year. The facility provided documentation that indicated staff were and are trained as stated and required. This included training logs for all employees at the facility.

Randomly selected staff, as well as specialized staff, were knowledgeable of PREA. All specialized staff could articulate their understanding of PREA and the topics that they were trained in. Staff demonstrated their knowledge of PREA, the Zero Tolerance Policy, and residents and staff’s right to be free from retaliation for reporting. In addition, staff members are provided “PREA cards” which outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Lesbian, Gay, Bisexual, Transgender, and Questioning Youth (PPM 3442.00)
- ❖ PREA Training Curriculums/Training Logs
- ❖ Conducting Comprehensive Searches Training Curriculum/Training Logs
- ❖ Sexual Misconduct Brochure
- ❖ Random Staff Interviews
- ❖ Agency website

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment addresses this standard and requires the facility to ensure that all volunteers and contractors who may have contact with residents have been trained on their responsibilities, the facility’s zero tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and type of training is based on the services they provide and the level of contact they have with the residents. Prior to entering the facility, all volunteers and contractors are given a Volunteer/Contractor Training and Acknowledgement Form to review and sign off on. This form was reviewed by the Auditor and clearly outlines the zero tolerance policy, lists PREA definitions, and notes reporting requirements and prohibitions.

During the past 12 months, 129 volunteers and contractors have been trained on the agency’s policies and procedures regarding how to report incidents or suspicions of sexual abuse, assault, or harassment. All volunteer/contractor training records were reviewed by the auditor. There were no volunteers or contractors at the facility to interview during the on-site audit.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Employee/Volunteer/Contractor Training and Acknowledgement
- ❖ Sexual Misconduct Brochure
- ❖ Review of Volunteer/Contractor Acknowledgment Forms

Standard 115.333 Resident education

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, and Harassment requires that upon admission, and no later than 72 hours, all residents receive age appropriate training about PREA and how to report incidents or suspicions of sexual abuse and sexual harassment, the facility response, and non-retaliation for reporting. The above information is communicated orally and in writing, in a language clearly understood by the resident, during the intake process. Language assistance resources are available through the OCFS Public Information Office. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and PREA pamphlets. This PREA information was visible in all living areas and common areas during the tour of the facility.

All of the residents interviewed were knowledgeable about PREA; including the zero tolerance policy, their rights to be free from sexual abuse and harassment, their right to be free from retaliation for reporting, and multiple ways to report (both internally and externally).

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Limited Secure and Non-Secure Facilities Admission and Orientation Policy (PPM 3402.00)
- ❖ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ❖ MacCormick Secure Center - Resident Zero Tolerance Acknowledgement
- ❖ PREA Posters
- ❖ Random Resident Interviews

Standard 115.334 Specialized training: Investigations

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

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

According to OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, the facility staff members do not conduct investigations. The Justice Center of New York is the state entity outside of the agency responsible for the investigation of all allegations of sexual abuse and sexual harassment in OCFS facilities. The OCFS Deputy Commissioner has formally asked the Justice Center Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards. The letter was dated June 2, 2014, and a copy was provided to the auditor. An interview with a Representative from the New York Justice Center confirmed they are complying with PREA Standards during investigations of sexual assault, abuse, or harassment.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ❖ Interview with Investigative Staff (Representative from the New York Justice Center)
- ❖ Random Staff Interviews
- ❖ Interview with Facility Director
- ❖ Interview with Agency PREA Coordinator

Standard 115.335 Specialized training: Medical and mental health care

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment requires medical and mental health staff shall receive specialized training (in addition to the training provided to all employees) in the following:

- ✓ Detecting and assessing signs of sexual abuse, assault, and harassment.
- ✓ Preserving physical evidence of sexual abuse and assault.
- ✓ Responding efficiently and professionally to victims of sexual abuse, assault, and harassment.
- ✓ How and whom to report allegations or suspicions of sexual abuse and assault.

A review of training records and interviews with medical and mental health staff confirmed all staff had received the specialized training offered by the National Institute of Corrections (Medical Health Care Providers in Confinement Settings and Mental Health Care Providers in Confinement Settings) required by the PREA standards. This was confirmed by reviewing training records/certificates and during interviews with mental health and medical staff at the facility. Medical staff at the MacCormick Secure Center do not conduct forensic examinations. These examinations would be completed at the Cayuga Medical Center.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Training Curriculum/Training Records
- ❖ Interviews with Medical and Mental Health Staff

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment addresses the use of the Facility Classification Form. It is administered to determine the resident’s risk of victimization and abusiveness and other related information. The instrument is completed on each resident upon intake whether the resident is a new admission or transfer. The Facility Classification Form is used to obtain information required by this standard, including but not limited to prior sexual victimization or abusiveness, current charges and offense history, mental health and/or developmental status, and placement history. Living units and room assignments are made accordingly. Reassessments are completed every 6 months and more often as indicated. There have been 18 youth admitted to the facility during the past 12 months.

Interviews with residents confirmed the screening assessment has been completed as noted in the above-mentioned policy.

Interviews with the intake staff and staff responsible for performing the screening for risk of victimization and abusiveness indicated staff are complying with OCFS policy and that they were aware of the importance of securing vital information during this process to ensure the resident’s safety. Staff reported the risk assessment takes place at intake or within 72 hours of intake 100% of the time.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Limited Secure and Non-Secure Facilities Admission and Orientation Policy (PPM 3402.00)
- ❖ MacCormick Secure Center Classification Form (OCFS – 4928)
- ❖ Interview with Agency PREA Coordinator
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Intake Staff/Staff Responsible for Risk Screening
- ❖ Interviews with Residents

Standard 115.342 Use of screening information

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

- Does Not Meet Standard (requires corrective action)

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

According to OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault and Harassment, the information obtained from the Facility Classification Form is used to assist in determining the resident’s housing assignment. Random staff interviews and a review of the Facility Classification Form supported this policy. Residents confirmed through interviews that screenings are being administered per policy. Isolation is not used at any OCFS facility.

OCFS Policy 3247.15 – Room Confinement prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely based on such identification or status. Placement and programming for transgender and intersex residents shall be reassessed at least twice a year to review any threat to safety experienced by the resident.

Interviews with randomly selected staff, Facility Director, and PREA Compliance Manager confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. They also stated identification or status is not considered as an indicator of the likelihood that the resident will be sexually abusive.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Room Confinement Policy (PPM 3247.15)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Staff Responsible for Risk Screening

Standard 115.351 Resident reporting

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

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

The MacCormick Secure Center have established procedures allowing for multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, retaliation by other residents and/or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident. The documentation showed several ways for residents to report sexual abuse and sexual harassment or retaliation. These are:

- ✓ Staff Members
- ✓ Counselor
- ✓ Mental Health Clinician
- ✓ Medical Personnel
- ✓ Any Facility Administrator
- ✓ OCFS Ombudsman
- ✓ Justice Center
- ✓ Family/3rd Party

Resident reports of sexual abuse or sexual harassment may be made verbally or in writing. Residents have the option of reporting allegations to the Special Investigations Unit (SIU) via toll free numbers posted in each living unit. Additionally, residents, their families, and the public have the ability to report allegations outside of OCFS via the toll-free number for Vulnerable Persons Central Register Hotline (VPCR), which is part of the New York Justice Center.

Facility staff must accept reports, including reports made regarding other OCFS or non-OCFS facilities that are made verbally, in writing, anonymously, and from third parties. Verbal reports must be immediately documented. In addition, staff are permitted to privately report sexual abuse or sexual harassment of residents to the Justice Center. It is noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, that all staff must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or Administrator on Duty (AOD), the on-call administrator, and/or the Facility Director.

Reporting information is delivered to residents through the intake process, the education process, in the Resident Handbook, pamphlets, and posters. Numerous posters were observed throughout the facility during the tour. These posters highlighted the various ways youth and staff can report incidents.

All the residents interviewed confirmed they have received information through several venues instructing them how to report any allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they understood the grievance process.

Staff interviewed were also very knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, and retaliation.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00)
- ❖ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ❖ OCFS Employee Manual
- ❖ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ❖ Resident Handbook – “Checking in for: YOUR SAFETY AT OCFS DJJOY”
- ❖ Posters in Living Units
- ❖ Interview with Facility Director
- ❖ Interview with Agency PREA Compliance Manager
- ❖ Interviews with Randomly Selected Staff
- ❖ Interviews with Randomly Selected Residents

Standard 115.352 Exhaustion of administrative remedies

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

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

Non-Applicable: The agency does not consider the grievance process as a formal mechanism to report sexual abuse. However, if the agency would receive a grievance alleging sexual abuse, it would be treated as a written submission.

Standard 115.353 Resident access to outside confidential support services

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment notes the facility is to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The MacCormick Secure Center also provides residents with reasonable and confidential access to their attorneys and/or legal representation; as well as parents or legal guardians. The facility has provided this information to all youth through Resident Handbooks, intake process, brochures, and posters placed throughout the facility.

Interviewed residents were aware of how to access outside agencies through the hotlines and all of them stated they would have access to a telephone if they needed to report anything. All staff interviewed were also aware of how residents can access outside agencies through the hotlines.

A Memorandum of Agreement (MOA) is in place between the MacCormick Secure Center and the Cayuga Medical Center in accordance with this standard. This MOA was reviewed by the Auditor during the pre-audit phase and it meets the criteria for this standard.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Resident Mail Policy (PPM 3422.00)
- ❖ Visits to Youth at DJJOY Facilities (PPM 3455.00)
- ❖ OCFS – 4902 Youth Admission Handout “What you should know about Sexual Abuse/Harassment”
- ❖ Resident Handbook – “Checking in for: YOUR SAFETY AT OCFS DJJOY”
- ❖ MOA with Cayuga Medical Center
- ❖ PREA Posters
- ❖ Interview with Agency PREA Coordinator
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Randomly Selected Staff
- ❖ Interviews with Randomly Selected Residents

Standard 115.354 Third-party reporting

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes multiple methods used to

receive third party reports of sexual abuse or sexual harassment and is posted on the agency’s website in order to inform the public about reporting resident sexual abuse or sexual harassment on behalf of residents. Third party reports can also be made to the Facility Director, the OCFS Ombudsman, law enforcement, or the New York Justice Center.

Interviews with residents confirmed that they were aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on behalf of the resident.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Agency Public Website
- ❖ PREA Posters
- ❖ Interviews with Randomly Selected Residents

Standard 115.361 Staff and agency reporting duties

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

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

OCFS Policy 3456.00 – Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law states all OCFS employees and volunteers providing services to youth are mandated reporters. These persons are required to report to the Justice Center whenever they have cause to suspect child abuse or maltreatment of a youth in residential facility. The mandated reporter hotline is 1-800-635-1522. This policy also notes individuals making a report do not need to be certain a resident has been abused or maltreated, only as a “reasonable cause to suspect” abuse or maltreatment is necessary. When in doubt as to whether an incident could constitute child abuse or maltreatment, an employee must contact the Justice Center. The Justice Center will determine if the information meets the requirements to register a report for investigation.

It is noted in OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment, that all staff must immediately report any knowledge of alleged sexual abuse or sexual harassment to their immediate supervisor or any on-duty employee above them in the chain of command, the on-call administrator, or the Facility Director.

All staff interviewed were able to describe the reporting process. The staff stated they would take all allegations seriously regardless of how they received the report. All staff were aware of their status as mandated reporters. Staff stated they would immediately make a verbal report to the Administrator on Duty (AOD) and complete a written report prior the end of the shift.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Child Abuse and Neglect Reporting in OCFS Programs Operating Pursuant to Article 19G of the Executive Law Policy (PPM 3456.00)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Mental Health Staff
- ❖ Interviews with Randomly Selected Staff

Standard 115.362 Agency protection duties

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that when staff learn that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident. This includes separating the resident from the harmful situation, securing the area, and contacting the Administrator on Duty (AOD). The Pre-Audit Questionnaire indicated there were no residents that the facility determined was subject to substantial risk of imminent sexual abuse.

Interviews with the PREA Coordinator, Facility Director/PREA Compliance Manager, and randomly selected staff indicated that the report or allegation would be taken seriously. They also stated the resident and the alleged perpetrator would be separated until the report could be investigated. If the perpetrator was a staff, interviews confirmed that the staff would be placed on Administrative Leave until an investigation is completed by the Justice Center of New York. It was also noted; if the allegation was substantiated the presumptive action would be termination.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Justice Center’s Code of Conduct Form for Custodians of People with Special Needs (Revised January 21, 2016)
- ❖ Interviews with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interview with Agency PREA Coordinator
- ❖ Interviews with Randomly Selected Staff

Standard 115.363 Reporting to other confinement facilities

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director of the facility that received the allegation shall notify the Facility Director of the other facility or appropriate office of the agency (if not an OCFS operated facility) where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall also be documented.

If the notified facility is an OCFS operated facility, the Facility Director that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Interviews with the Facility Director and PREA Compliance Manager confirmed this process and that there has not been a report in the last

12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager

Standard 115.364 Staff first responder duties

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states upon learning of an allegation a resident was sexually abused, the first staff member to respond to the report shall be required to:

- ✓ Separate the victim and alleged abuser.
- ✓ Preserve and protect the scene until appropriate steps can be taken to collect any evidence.
- ✓ Request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating.
- ✓ Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

First responder duties for non-security staff are the same as security staff. Staff have been trained appropriately in the above-mentioned duties as a first responder. All staff members are provided “PREA cards” which outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

All the staff interviewed could articulate the steps they would take as first responders. There responses were consistent with OCFS policy. In addition, most staff interviewed were carrying their “PREA card”.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Interviews with Randomly Selected Staff
- ❖ Interviews with First Responders

Standard 115.365 Coordinated response

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

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

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

OCFS has developed documents to communicate the roles of responders, including direct care staff, medical staff, mental health practitioners, and administrators. These roles are addressed in the MacCormick Secure Center's Local Operating Practice. Additionally, all staff members are provided "PREA cards" which outlines procedures and proper protocol for protecting residents from imminent sexual abuse.

Interviews with direct care staff, medical staff, mental health practitioners, and administrators indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault. This auditor was able to review the MacCormick Secure Center's Local Operating Practice and it is aligned with OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy and all mandated reporting requirements.

Reviewed documentation to determine compliance:

- ❖ MacCormick Secure Center's Local Operating Practice - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Randomly Selected Staff
- ❖ Interviews with Medical and Mental Health Staff

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

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

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

There have been no new or renewed collective bargaining agreements in the past year; however, any contracts developed or renewed will not limit alleged staff sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline.

Reviewed documentation to determine compliance:

- ❖ Interview with Agency Head

Standard 115.367 Agency protection against retaliation

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

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states any employee or resident is prohibited from retaliating against other employees or resident for reporting allegations of sexual abuse or sexual harassment. Employees or residents who are found to have violated this prohibition shall be subject to disciplinary action. Facilities are required to act promptly to remedy any form of retaliation.

The Facility Assistant Director is the person charged with monitoring retaliation. The facility employs multiple protection measures, such as housing changing or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Monitoring at the MacCormick Secure Center will continue for at least 90 days following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, housing, or program changes, negative performance reviews, and reassignments of staff. The OCFS Home Office must conduct periodic status checks on the resident. It is also noted, the agency's obligation to monitor must terminate should the Justice Center deem the allegation "unfounded".

The Pre-Audit Questionnaire indicated that there were no incidents of retaliation that occurred during the past 12 months.

An interview with the Facility Director indicated he serves as the facility retaliation monitor. He stated the agency would expect that actions would be taken immediately to ensure the resident was safe. It is the expectation of the agency that the resident would be monitored for at least 90 days or until the resident's release.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interview with Facility Assistant Director who Monitors Retaliation

Standard 115.368 Post-allegation protective custody

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

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

Not Applicable: Segregated housing of residents as a means to keep them safe from sexual misconduct is not used. Interviews confirmed the prohibition of segregated housing for this purpose. This facility also does not use isolation.

Reviewed documentation to determine compliance:

- ❖ Use of Room Confinement Policy (PPM 3447.15)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment describes, in detail, the processes for ensuring that all allegations of sexual abuse and sexual harassment are investigated. This policy states the Justice Center of New York has responsibility to investigate all PREA related allegations and incidents that is alleged in OCFS facilities. Local law enforcement authorities shall be contacted as necessary. Investigations are to use any physical evidence, including witness interviews and suspected sexual abuse perpetrators reports. Investigations are not terminated should the source of the allegations recant the allegation.

Administrative investigations will include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports which will include physical/testimonial evidence, credibility reasoning assessments, and investigative facts and findings. All written reports will be retained for 7 years from resident(s) discharge or until the age of majority is reached, whichever is longer. Investigations will not be terminated due to the departure of an alleged abuser or victim. The facility will cooperate with outside investigators and will remain informed of the investigation process.

The OCFS Deputy Commissioner has formally asked the Justice Center Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards. The letter was dated June 2, 2014, and a copy was provided to the auditor.

There were 2 allegations of sexual abuse or sexual harassment reported in the past 12 months. These allegations were all referred to the Justice Center of New York. One of the allegations was unfounded (involved an anonymous youth contacting the Ombudsman’s Office to notify them he felt 2 other residents were having a sexual relationship) and one of the allegations is currently open (a resident stated a female staff rubbed his leg).

Interviews with the Facility Compliance Manager and agency PREA Coordinator confirmed the protocols in place for criminal and administrative agency investigations.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interview with Agency PREA Coordinator

Standard 115.372 Evidentiary standard for administrative investigations

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states that the facility shall not impose a standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Justice Center of New York has been asked to use this standard for investigations at the facility.

Additionally, the OCFS Deputy Commissioner has formally asked the Justice Center Executive Director to comply with PREA investigative standards. This was requested in a formal letter to the NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards. The letter was dated June 2, 2014.

An interview with the Agency Head confirmed the Justice Center of New York uses no standard higher than the preponderance of evidence in making final determinations of sexual abuse and sexual harassment.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Formal Letter to NYS Justice Center Executive Director requesting investigations be conducted in compliance within PREA Standards (June 2, 2014)
- ❖ New York State Justice Center Law
- ❖ Interview with Agency Head

Standard 115.373 Reporting to residents

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that following an investigation into a resident’s allegation of sexual abuse by a staff member, the agency will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; whenever the staff is no longer assigned within the resident’s living unit; no longer employed at the facility; or has been convicted on a charge of sexual abuse within the facility. Additionally, it requires that residents who have been the victim of sexual abuse and sexual harassment shall receive notification of determined outcomes using the “Determination of Notification to Youth” form. The Facility Director will share the outcome with the resident, obtaining the resident’s signature as proof of receipt, before the form is placed in the resident’s file as documentation of notification.

The facility provided one notification to residents following an investigation by the Justice Center of New York. A copy of this notification was reviewed by the auditor prior to the on-site audit and a resident signature was observed indicating the resident received the notification of the outcome of the investigation.

An interview with the Facility Director indicated that residents are notified of the results of an investigation. The process described was consistent with the agency policy.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Response to Facility Reportable Incident Form
- ❖ PREA Determination Notification to Youth Form
- ❖ Interview with Facility Director

Standard 115.376 Disciplinary sanctions for staff

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states the following regarding staff disciplinary sanctions:

1. Staff must be subject to disciplinary sanctions as determined by OCFS and consistent with collective bargaining agreements up to and including termination for violating sexual abuse or sexual harassment policies.
2. Termination must be the presumptive disciplinary sanction for staff that has been substantiated for sexual abuse.
3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
4. All dismissals of violations of OCFS sexual abuse or sexual harassment policies, or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal, and reported to any relevant licensing bodies.

The Pre-Audit Questionnaire indicated that there were no staff that were terminated for violating agency sexual abuse or sexual harassment policies during the past 12 months. This was confirmed during interviews with the Facility Director and Facility PREA Compliance Manager.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager

Standard 115.377 Corrective action for contractors and volunteers

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

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

OCFS Policy 3247.01 – Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment require that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported to law enforcement (unless the activity was clearly not criminal) and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents during the past 12 months.

The Facility PREA Compliance Manager stated in an interview that the facility would immediately remove the contractor or volunteer from the facility and would not allow them to return until the completion of an investigation.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager

Standard 115.378 Disciplinary sanctions for residents

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

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

OCFS Policy 3443.00 - Youth Rules states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse. Disciplinary action must be administered in a fair, impartial, and expeditious manner.

The disciplinary process must consider whether developmental disability or mental illness contributed to a resident's behavior when determining discipline. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

In addition, the facility may only discipline a resident for sexual conduct with a staff upon a finding that the staff member did not consent to such conduct. Sexual activity between residents is also prohibited.

The Pre-Audit Questionnaire indicated that there were no residents placed in isolation as a disciplinary sanction for resident on resident sexual abuse. OCFS facilities do not use isolation or segregation as a disciplinary measure for rule violations.

The Facility PREA Compliance Manager confirmed the above-mentioned protocol and also confirmed the facility does not use isolation. Residents alleged to have violated any rules pertaining to sexual misconduct are sanctioned within the program rules and if the charges are criminal, the Justice Center would be responsible for filing charges.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Youth Rules Policy (PPM 3443.00)
- ❖ Interview with Facility PREA Compliance Manager

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

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

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

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

OCFS Policy 3243.18 - Initial Mental Health and Health Screening Interview for Facility Youth requires that residents at the facility who have disclosed any prior sexual victimization during a screening are offered a follow up meeting with a medical or mental health staff. If the screening indicates that a resident has experienced prior sexual victimization, whether is occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow up meeting with a medical or mental health staff within 14 days of the intake screening.

Any information from the Admission Screening Interview Form related to sexual abuse, sexual victimization or abusiveness that occurred is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security, and management decisions, including housing, bed, and program assignments. Reassessments are completed every 6 months and more often as indicated with the goal of keeping residents safe and free from sexual abuse and sexual harassment.

During interviews, medical and mental health staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with them. They related that services would be offered and these include evaluation, developing a treatment plan, developing a new safety plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow up meeting.

Reviewed documentation to determine compliance:

- ❖ Initial Mental Health and Health Screening Interview for Facility Youth Policy (PPM 3243.18)
- ❖ Admission Screening Interview Form
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Medical Staff
- ❖ Interviews with Mental Health Staff

Standard 115.382 Access to emergency medical and mental health services

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires for all allegations of sexual abuse or assault the victim will be immediately referred to Cayuga Medical Center for a clinical assessment and gathering of forensic evidence by a Sexual Assault Nurse Examiner (SANE). The SANE will make the final determination regarding evidence collection. Staff who can support the victim shall accompany the resident.

The MacCormick Secure Center has an Memorandum of Agreement (MOA) with Cayuga Medical Center in Ithaca, New York to provide medical/mental health services at no cost to the victim.

Interviews with administrative staff, medical staff, and mental health staff confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Interview with Facility Director
- ❖ Interview with Facility PREA Compliance Manager
- ❖ Interviews with Medical Staff

- ❖ Interviews with Mental Health Staff
- ❖ Interviews with Randomly Selected Residents
- ❖ MOA with Cayuga Medical Center (Ithaca, New York)

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

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

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

As noted in OCFS Policy 3243.33 – Behavioral Health Services, the MacCormick Secure Center offers medical and mental health evaluation within 1 week of being notified and, as appropriate, treatment to all residents who have been victims of sexual abuse. Victims of sexual abuse, while at the facility, are offered tests for sexually transmitted diseases as medically appropriate.

Interviews with medical staff and mental health staff confirmed the above-mentioned process.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Behavioral Health Services Policy (PPM 3243.33)
- ❖ Principles of Health Services Policy (PPM 3243.01)
- ❖ Interviews with Mental Health Staff
- ❖ Interviews with Medical Staff

Standard 115.386 Sexual abuse incident reviews

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states within 30 days of the conclusion/receipt of the investigation, the facility shall conduct a sexual abuse incident review of all allegations (substantiated or unsubstantiated), unless the allegation has been determined to be unfounded. Reviews must be completed by a team of staff, Grade 18 and above, and must include input from direct care staff, investigators, and medical and mental health practitioners. In addition, the Review Team must:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the Facility Director and Facility Compliance Manager.
7. The facility must implement the recommendations for improvement, or must document its reasons for not doing so.

All OCFS facilities document the incident reviews on “PREA Sexual Abuse Incident Review” forms. All requirements listed in standard 115.386 are reviewed and considered by the facility.

The Pre-Audit Questionnaire indicated that there were 0 administrative investigations of alleged sexual abuse completed at the facility.

The Facility PREA Compliance Manager stated the Incident Review teams consists of upper level management officials, the agency PREA Coordinator, medical staff, and mental health staff.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ PREA Sexual Abuse Incident Review Template
- ❖ Interview with Facility Director
- ❖ Interview with PREA Compliance Manager
- ❖ Interview with Incident Review Team Member

Standard 115.387 Data collection

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment states The MacCormick Secure Center, and all state facilities, collects uniform data for all allegations of sexual abuse based on incident reports, reports, investigation files, and incident reviews. Aggregate annual data from all state facilities is available through the Statewide PREA Database. The agency provides this information to the Department of Justice, upon request, in the form of the Survey of Sexual Victimization. The 2015 Survey of Sexual Victimization was completed and submitted to the Department of Justice. This survey is posted on the agency website and was reviewed by the auditor.

An interview with the Agency PREA Coordinator indicated that she keeps detailed records to generate her annual reports and/or data required by the US Department of Justice. She stated she keeps data from every allegation made throughout the agency. Names are redacted from the reports and data. The PREA Compliance Manager stated that she also keeps data from every incident and every incident review.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ PREA Database Report
- ❖ 2015 US Department of Justice Survey of Sexual Victimization
- ❖ Interview with Agency PREA Coordinator
- ❖ Interview with Facility PREA Compliance Manager

Standard 115.388 Data review for corrective action

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

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

The MacCormick Secure Center PREA Compliance Manager and agency PREA Coordinator collect and review all data for every allegation of sexual abuse collected and aggregated pursuant to standard 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response to policies, and training, including problem areas, taking corrective action, and preparing an annual statement of its findings from its data review. The annual reports are approved by the OCFS Deputy Commissioner and made available through the agency’s website or through other means. Specific material is redacted from reports when publication would present a clear and specific threat to the safety and security of the program, but must indicate the nature of the material redacted.

Upon request, the agency provides all program specific data from the previous calendar year to the Department of Justice. This survey was completed by the agency PREA Coordinator and posted on the agency website (most recent survey from 2015).

Reviewed documentation to determine compliance:

- ❖ Agency’s Website
- ❖ 2015 Agency Annual PREA Report
- ❖ 2015 US Department of Justice Survey of Sexual Victimization
- ❖ Interview with Agency PREA Coordinator
- ❖ Interview with Facility PREA Compliance Manager

Standard 115.389 Data storage, publication, and destruction

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

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

OCFS Policy 3247.01 - Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained via limited access through a secure server for at least 10 years after the initial collection, unless Federal, State, or local law requires otherwise.

The agency’s annual report is reviewed and approved by the Deputy Commissioner and made available to the public through its website. The PREA Coordinator noted that no personally identifiable information is included in the report.

Reviewed documentation to determine compliance:

- ❖ Prevention, Detection, and Response to Sexual Abuse, Assault, or Harassment Policy (PPM 3247.01)
- ❖ Telecommunications and Computer Use Policy (PPM 1900.00)
- ❖ 2015 Agency Annual PREA Report
- ❖ Interview with Agency Head
- ❖ Interview with Agency PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Matthew A. Burns

June 20, 2017

Auditor Signature

Date