

**PREA AUDIT REPORT ☐ Interim ☒ Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: 12/30/2016

Auditor Information			
Auditor name: Jack Fitzgerald			
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Email: jffitzgerald@snet.net			
Telephone number: 203-694-4241			
Date of facility visit: June 27-28, November 10 2016			
Facility Information			
Facility name: Rochester Reentry Center			
Facility physical address: 175 Ward Street Rochester NY			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 585-454-0489			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center		<input type="checkbox"/> Community-based confinement facility
	<input checked="" type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Kathia Walker Paulson			
Number of staff assigned to the facility in the last 12 months: 19			
Designed facility capacity: 40			
Current population of facility: 40			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 21-59			
Name of PREA Compliance Manager: Kathia Walker Paulson		Title: Director	
Email address: kwalker@voaupny.org		Telephone number: (585) 454-0489	
Agency Information			
Name of agency: Volunteers of America of Upstate New York			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 275 Lake Avenue, Lower Level Rochester, New York 14608			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (585) 647-1150			
Agency Chief Executive Officer			
Name: Kim Brumber		Title: President and CEO	
Email address: kbrumber@voaupny.org		Telephone number: (585) 647-1150	
Agency-Wide PREA Coordinator			
Name: Patricia Drake		Title: Senior Vice President	
Email address: pdrake@voaupny.org		Telephone number: (585) 647-1150	

AUDIT FINDINGS

NARRATIVE

The Volunteers of America (VOA) of Upstate NY is a faith based organization whose mission is to empower people in the community to rise out of poverty to reach their full potential. The Upstate New York organization is part of a national VOA network that services 400 communities in 46 states, the District of Columbia and Puerto Rico. The organization was begun in New York City in 1896 by Mr. and Mrs. Ballington Booth. In that same year, the organization established a "post" in Binghamton NY. Five years later in 1901, a second post was established in Rochester NY. Today, Volunteers of America of Upstate New York provides these original site cities with a full array of social services. VOA helps the very young by providing, day care, pre-school and summer camps. The agency helps displaced families by providing shelters for families as well as separate programs for the homeless, veterans and those struggling with addictions. The organization has developed many relationships with the local government and gears its services to meet the local needs.

In both the Reentry programs in Binghamton and Rochester the agency has continued the work of its founders by providing services to those individuals transitioning out of the correctional systems back into society. In the 1890's the VOA opened "Hope Halls" to service this population. Today these programs provide residents the hope and opportunity to change their lives as they reach for the potential that is inside of them.

The Rochester NY facility currently employs 17 staff members including a Director, Case Managers, Public Safety Officers, Dietary staff and a Maintenance person. The program is funded by the Federal Bureau of Prisons (FBOP) and provides housing to residents coming out of federal prison or those who have violated conditions of Federal Probation. The program is a co-correctional facility with a 40-bed capacity. The facility housed 8 female residents in the past year and served 131 individuals total in the year prior to this audit. The agency does not employ medical or mental health staff on site. The residents can pursue these services in the community and through contracts the FBOP has locally. No SAFE or SANEs are employed, but are available through Strong Memorial or Rochester General Hospitals in Rochester. The Auditor confirmed this information through the hospital websites and in a phone interview with a hospital representatives. It was also confirmed by the hospital staff and with the local rape crisis organizations (Restore) that a victim's advocate would be called to support a victim through the forensic exam. Interviews with hospital staff and staff of Restore support that the facility does not have a known history of sexual assault complaints.

The audit of the facility was completed by Certified PREA Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting LLC. During the pre-audit phase the Auditor spoke with both the Agency PREA Coordinator and the Director who is the PREA Manager for the facility. During this process information was provided, and additional information requested. The Auditor reviewed the agency policy Staff and Resident Sexual Abuse and Sexual Harassment (PREA) to determine if it met the requirements of the standards. During the pre-audit period the Auditor also spoke with regional representatives of the FBOP and the Restore organizations to determine if the site had a history of complaints related to PREA. The Auditor provided the facility with a posting about the audit and his contact information. The residents were aware of the visit and the auditor saw the posting on the tour, but no correspondence or request to be seen were generated. The Auditor also received a copy of the facility's routine monitoring visit report from the Federal Bureau of Prisons. This document shows no deficiency in physical safety or complaints related to sexual misconduct.

The Auditor arrived in Rochester on June 26th and began the site audit on June 27th at 8:00 am and continued until 7:00 pm. The following day the Auditor worked from 5:15am until 4:00pm. On the first day, the Auditor was given a tour of the facility by Director Kathia Walker-Paulson who was able to point out PREA materials posted in the facility, discuss the process of staff random tours, identify blind spots and how staff are trained to respond to areas if residents congregate in these spaces. After completing the tour and meeting with the Director the auditor began the process of interviewing residents and staff. The balance of the first day's work was reviewing files for material to support compliance. It was quickly determined that some materials were lacking and that corrective actions would be required. The Director could produce additional documents on day two clarifying some of the compliance issues. Day two included interviewing more staff, residents and the Executive Director of VOA-UpNY. The Agency PREA Coordinator, Joe Sergio, was interviewed during the visit in Binghamton. At the closure of day two the Director, PREA Coordinator and acting Executive Director Jeri Rombaut were met with to discuss the Auditor's initial impressions. The auditor explained though it was quite evident they had been working hard on PREA the facility had several issues requiring corrective action and to determine outcomes on standards for which the documentation and procedures was so new a second site visit would be required.

During the corrective action period the auditor and the Director exchanged emails and telephone calls on the facilities progress. The facility provided updated documentation, to support the procedures put in place subsequent to the initial audit, had become institutionalized. Screening tools were reviewed for timeliness as was documentation to support

ongoing education. The facility was visited for a second site visit on November 10th 2016 between 8:00 and 3:30pm. During the second site visit the Auditor interviewed staff and residents as well as completed file reviews with the Director. In both visits to the facility the residents remarked the facility was a safe place sexually for them. Residents also consistently stated they had comfort in reporting a PREA complaint to staff and believed it would be handled.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Rochester Reentry facility of Volunteers of America of Upstate New York is in a predominately residential neighborhood of two-story apartment buildings. The left side of the building houses other VOA programs but there is no direct interaction between the programs. The rear of the Ward Street complex is the city's train tracks. The trains are elevated so the rear yard has privacy. The program is in walking distance to downtown and public transportation. The two-story masonry building was designed as a residential program site. The building features a main entrance with a staff reception and monitoring station. Each of the floors has ten two-person bedrooms. To the left of the entry area is the dining facility and kitchen area. Dining can double as visiting and meeting space. The kitchen area where food is produced is off limits to residents with locked entry points. The bedrooms are to the right of the monitoring station and movement in and out of the rooms can be monitored on cameras at all times. The facility will house females in the first two rooms which allow for direct observation of the staff at the monitoring station. The monitoring station is equipped with monitors that can track resident movement in the facility via 16 cameras. Also on the first floor, in front of the monitoring station, is a media area with a TV and a computer for job search. In the corridor behind the monitoring station is the office space for the Director and Case Managers. In this area, the auditor found information on PREA and how to report in 2 languages. The auditor also found PREA materials posted in the dining hall and near the public payphones on each level. The Auditor also witnessed staff completing rounds during the site visits consistent with what had been described in policy and staff and resident statements.

The second floor which is identical to the first floor has 10 bedrooms and two bathrooms. The bedroom sizes comfortably support two residents in sleeping capacity. The second floor also has a TV/sitting area, a staff monitoring station for the night shift, and a conference room for meetings that is locked when not in use. The exterior of the facility has a large parking lot that extends to the right side of the building for staff and residents who are eligible to have vehicles. The rear property had outdoor seating for clients. Staff and residents work collaboratively to keep the facility neat. Staff and residents report that staff knock and announce themselves when doing tours. The facility has a dress code for residents when in common areas. Since the facility is comprised of long straight corridors the space is conducive to good supervision. The auditor did see staff moving about completing checks during the days to the site visits

SUMMARY OF AUDIT FINDINGS

Volunteers of America of Upstate New York, as noted, has a long history of working with individuals transitioning out of prisons. Interviews with Rochester community members (hospital staff, rape crisis agency and FBOP) confirm that the facility does not have a history of sexual assault complaints. The agency administration has gone through several changes during the time of this contract including three different agency administrators in the Role of PREA Coordinator. As a result, a strong collaborative effort of the Directors of the Rochester and Binghamton Reentry facilities helped to ensure progress toward compliance was maintained. During the pre-audit phase it was determined that some corrective measures would be required. After the site visit in June of 2016 it was determined that several standards needed to be put into corrective action due either to lack of certain elements or the lack of a period of implementation to say the changes had become institutionalized. The standards placed into corrective action are as follows:

115.216- Residents with disabilities and Residents who are limited English Proficient

115.217- Hiring and Promotion decisions

115.241- Screening for Risk of Victimization and Abusiveness

115.242- Use of Screening Information

115.253- Resident access to outside Confidential Support Services

115.288- Data Review for Corrective Action

Because of the amount of issues needing to be addressed the auditor told the agency at the initial site visit that a second site visit would be required to confirm the implementation of changes. During the corrective action period the Auditor worked with the facility Director Kathia Walker-Paulson and the agency PREA Coordinator Joe Sergio to review materials provided to the Auditor for compliance. The Auditor also had conference calls with the two facility Directors on several occasions to discuss the progress. The Auditor made a second site visit in November of 2016 to confirm compliance. During the site visit he interviewed staff, residents, toured the facility and completed file reviews. At the close of the second site visit the program was notified of any ongoing information the auditor was going to require through the end of December to prove compliance. After completing the review of materials presented, the interviews with staff, residents and the community; the auditor determined the facility is in compliance with all applicable standards. The Rochester Reentry Facility has the elements in place to prevent, detect, and respond to sexual abuse and sexual harassment complaints. Equally important the residents of the facility reported comfort in telling staff if an incident was to occur and believe that it would be taken seriously.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 3

115.212 Contracting with other entities for the confinement of residents

115.218 Upgrades to Facilities and Technology

115.235 Specialized Training Medical and Mental Health Care

Standard 115.211 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.

The Rochester Reentry facility of the VOA of Upstate NY, has implemented a policy Staff and Resident Sexual Abuse and Sexual Harassment (PREA) which addresses the agency's commitment to provide a safe environment to those inmates transitioning out of federal institutions. The policy defines the Zero Tolerance efforts including a prevention plan: staffing protocol, screening and active supervision. A detection plan: addresses training, monitoring and data analysis. A response plan: includes treatment services by a skilled professional in sexual assault and the thorough investigation and referral for prosecution. The policy addresses prohibited behaviors and consequences for staff, residents and volunteers who engage in such behavior. The auditor interviewed staff and residents to support that there is a comprehensive understanding of the policy and its elements. The agency has also made the Directors of each program responsible for PREA implementation on site and has a member of the agency's executive team who is responsible for the role of PREA Coordinator. Compliance was based on interviews, observations made during the audit, and materials provided including the Agency flow chart showing the PREA Coordinator. As noted the agency PREA Coordinator changed during the audit, but most determination was based on the interviews with Joe Sergio who was in the role during the two site visits. The Residential Reentry Directors in Binghamton and Rochester act as PREA Monitors for their respective sites and can back each other up when each is out of the office.

Standard 115.212 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.

The standard is Not Applicable: The VOA is not a government entity and does not subcontract its services to any other provider. The agency and the Rochester facility is a contractor of the Federal Bureau of Prisons.

Standard 115.213 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 Rochester Reentry facility has a staffing plan that not only describes the staffing allotment but the experience requirement for various positions including the Public Safety Officers and Case Management staff. The facility follows the staffing requirements of the Federal Bureau of Prison who funds the program. The facility has not had any PREA incidents at time of the plan development. The plan has not been deviated from per the Director. The Plan was developed in 2016 based on standard requirements and similar Federal Bureau of Prison requirements on supervision standards and video surveillance. In the plan two custody staff (Public Safety Officers) are on at all times. The staffing matrix is supported by Case Managers (3) and the Director who support supervision of residents including working night and weekend shifts. The annual review will be in the spring in conjunction with the agency budget planning process. The plan took into consideration the various requirements in indicator (a). The Director and the PREA Coordinator were knowledgeable about items to be considered as part of the annual review. Compliance was based on interviews, the plan presented and the policy (page 3) that required documentation of any time the staffing plan is not compliant.

Standard 115.215 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.

The Rochester Reentry facility does not conduct strip searches of residents. Strip searches are only allowed by law enforcement or medical staff and would occur outside the facility. The PREA policy addresses this and other indicators on page 8 and 9. The policy includes provisions that allow residents to use the bathroom, shower or change without staff of opposite gender seeing them. Interviews with both residents and staff confirms compliance with this expectation. Residents report that both gender staff regularly knock and announce their presence prior to entering the rooms. The residents deny having ever been pat searched by staff of opposite gender, agency policy requires same gender searches. Female residents report that they have not been searched by male staff and that they have not been denied access to programming due to the lack of female staff (indicator b). As a reentry facility, and the previous stated prohibition on strip searches, the resident's genital status is known upon admission so indicator (e) would not occur. The Rochester facility has trained its staff in the pat searches of transgender and intersex residents. The training included the use of the Moss Groups Guidance in Transgender Pat Searches. Staff who were interviewed could describe elements of the training program including respectful communication. Interview with the Director supports staff had previously handled a transgender resident in a respectful, professional manner. Compliance is based on policy, staff and resident interviews, training materials provided, and signed training logs. The agency has policies that are compliant with indicator (b) prior to the August 2017 requirement.

Standard 115.216 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.

The Volunteers of America's Rochester Facility has established policies and procedures on how to ensure residents who are disabled or are limited English proficient (p 6 PREA policy). At the time of the initial audit the agency had no individual with a disability or who was limited English proficient. These populations could be educated and protected through the agency's zero tolerance policy on PREA but initial assessment showed some inconsistent understanding of how that was to be accomplished. The facility had PREA signage in English and a handbook in English and Spanish. The Auditor and the Director agreed as part of corrective action the PREA signage be added in Spanish and additional PREA information on how to report be added to the handbook. Residents are educated in PREA using PREA: What You Need to Know video. The video is available in multiple languages including Spanish and has closed captions for hearing impaired residents. The education takes place with the case management staff who add facility specific information to the program about services and methods of reporting. Initial interviews with staff show an understanding that resident interpreters were inappropriate but staff were less knowledgeable of interpretive services. Staff received further training on how to access language line as part of the corrective action measures. At the second audit visit the auditor could find more and updated PREA signage in multiple languages. The information included contact information to local Rape Crisis Agency and the Agency PREA Coordinator. To make the compliance determination the Auditor reviewed the improved materials available to residents which ensures that all individuals can have access to information to protect themselves. Interviews with residents and staff support that the materials on PREA are available in multiple languages and staff know how to gain language assistance in a crisis. The Director and Agency Head support the agency's commitment to assist all individuals with disabilities or ESL issues in understanding their PREA rights. The Director could describe various ways hearing and visually impaired residents could be informed of PREA. Compliance was determined based on the above stated interviews, training records, the materials presented initially and as part of the corrective action plan and staffs increased knowledge of how to access interpretive services as evident in the second site visit.

Standard 115.217 Hiring and promotion decisions

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

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

The Volunteers of America of Upstate New York have policy and procedures that address the concerns of the standard on PREA Audit Report

hiring and promotion decisions (page 4). The Volunteers of America's Rochester facility is a contract facility under the supervision of the Federal Bureau Prisons. As such all employees or contractors providing regular services are required to complete a criminal background check (completed by FBOP- indicators (c and d). The agency must resubmit names to FBOP for criminal checks every 5 years as part of contract renewals. The agency did not initially have a form that asked potential employees and contractors about prior sexual abusive behaviors as outlined in indicator (a). As part of corrective measures the agency had begun to use a form and provided the Auditor with examples of newer hired employees. The form included notice of continued responsibility to report and notice that false or material omissions would be grounds for termination (indicators f and g). Also during the corrective action period all current employees signed forms acknowledging these responsibilities. During the pre-audit phase, it was also determined the VOA did not have in place the process to document prior institutional employment checks related to PREA (indicator h). The PREA Coordinator, who was the agency's Human Resources Director, was instrumental in effecting quick change in these areas allowing for documentation to be presented to support compliance. The Rochester facility hired one individual during the corrective action period with prior institutional experience. Compliance is based on policies that are in place, the modifications made by Human Resources to come into compliance with indicators (c), (f) (g), and (h) and the review of staff records.

Standard 115.218 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 Standard is Not Applicable: The Rochester Facility has not undergone any major renovations and has not added any electronic surveillance systems that would benefit the monitoring of residents to ensure PREA safety.

Standard 115.221 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.

The Rochester Reentry facility of VOA-Upstate NY would only complete administrative investigations. Sexual assault investigations would be completed by the Rochester Police Department and the Federal Bureau of Prisons. The facility staff, in random interviews, could describe the importance of protection of DNA evidence and the steps they would enact if notified of a sexual assault. Residents who are victims of sexual assaults would be taken to Strong Memorial or Rochester

General Hospitals. The Hospital website and phone interview with hospital staff confirms they have SANE nurses available on-site or on-call. SAFE/ SANE certified employees are trained by the New York Department of Health. The protocols for evidence collection is developed in conjunction with the New York Division of Criminal Justice and included a 16-page step by step process to complete a forensic exam. The hospital staff also confirm that services are available free of charge and the hospital protocol would be to offer the services of the local rape crisis agency. The local rape crisis agency is the Restore program of Rochester. This agency which is part of Planned Parenthood has entered a MOU with VOA to support victims of sexual assault through all aspects of the investigation. Since the agency has not had a sexual assault investigation compliance is based on information in policy, (Staff and Resident Sexual Abuse and Sexual Harassment- PREA – pages 10 and 16), staff knowledge of steps to protect evidence, MOU with the rape crisis agency, New York state website information related to sexual assault investigations and DNA collection. Also used in the compliance determination were the interviews with Restore representatives and the local hospital staff.

Standard 115.222 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.

The Rochester facility has a policy in place and staff confirm that all reports of sexual assault or sexual harassment would be referred for investigation. Criminal investigations would be handled by the local police and the Federal Bureau of Prisons. Pages 11, 12 and 17 of the PREA policy set forth roles of both the facility and the investigative agency in the investigation. The agency publishes this information on its website. The Rochester Reentry Facility entered into a MOU with the local police department which defines the collaborative efforts during a criminal investigation. At the time of the initial audit tour the facility had not had a PREA investigation. During the corrective action period the facility became aware of a resident complaint and referred the case for investigation. Since the investigation is ongoing there is limited information to review. The auditor relied on the interviews with the Agency Head and the facility Director to determine compliance. Interviews with staff and a review of the agency response plans and PREA policy support that VOA is prepared to ensure all sexual assaults and sexual harassment cases are investigated. The Auditor spoke with the FBOP Regional Reentry Manager about the investigative process. It was shared that the Rochester Reentry made a timely notification to the FBOP and the agency has been cooperative in providing information to support the investigation.

Standard 115.231 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.

The Rochester facility has trained all its employees in the agency's zero tolerance policy toward sexual assault and sexual harassment. The agency and the Rochester facility have provided training materials and documents supporting all staff are trained in this area. The documentation supports, and staff interviews confirm, staff have a good understanding of PREA and the 10 areas of concern in indicator (a). The staff report getting both training via a PowerPoint and video PREA Your Role Responding to Sexual Abuse. The Auditor reviewed the content to confirm required elements were covered. In interviews with random staff the auditor asked staff to give examples of information they learned during the training. As Rochester is a co-ed facility all staff are instructed on how male and female victims of abuse may differ in their symptoms. All new and existing employees have received PREA training in the last year and signed paperwork acknowledging they understand their requirements and duties. The existing staff were not trained within the initial time requirements in indicator (c) but all are currently trained. (The Auditor reviewed files during both site visits.) Compliance is based on the review of the training materials, the staff employee files supporting trainings had occurred and the random staff member's ability to give consistent examples of what the training content included. Interviews with the Director and the PREA Coordinator confirm an understanding of the training frequency requirements further supporting compliance. The Agency PREA policy (p 4) defines requirements on staff training consistent with the standard.

Standard 115.232 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.

Rochester is a re-entry facility of Volunteers of America and does not employ contractors who provide direct services to clientele. This agency has educational material for one time visitors and for those who do not provide direct services to the client such as pest control. These individuals are supervised when on site and are never left alone with the residents. One time contractors are given a trifold pamphlet explaining PREA and the requirements of individuals coming into the facility. Periodically the agency employs college students as volunteers or interns. These volunteers or interns, per the facility director, receive the same training as line staff. At the time of the audit there were no students employed as interns. The agency has a form in place to document the contractor/volunteer understand the PREA training they receive. Compliance determination was based, absent any current volunteers or direct service contractors, on the facility's plan to educate individuals on PREA based on level of contact. The training materials provided to maintenance repair contractors was available at the front desk and the staff were aware that they needed to provide a brief overview. The system put in place allows for the documentation of this information exchange (VOA PREA Policy p 5).

Standard 115.233 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.

The auditor determined compliance on Resident Education through review of paper documentation and interviews with residents. The Agency policy (Staff and Resident Sexual Abuse and Sexual Harassment- PREA p5) sets forth expectation on resident's PREA education from the initial hours in the facility to ongoing access to materials including who may need more assistance due to disability or language barriers. Residents at the facility have received sufficient information on their rights related to PREA, how to report any incident of sexual abuse or sexual harassment and that they have a right to be free from retaliation for reporting any incident. The agency has not transferred any resident internally and they re- educate all new residents; most of whom acknowledged having received PREA training at the Federal Bureau of Prison facilities where they were previously housed prior to Rochester. The agency maintains documentation which supports residents have completed the education program. The agency can provide services in alternative languages, such as Spanish, the most common secondary language spoken at the facility. There are materials available in Spanish. The agency has a language line system where interpreter services could assist those with LED issues and limited English proficient understanding the agency's effort to keep them PREA safe. In addition to the formal education, informative materials are visible, throughout the tour, informing residents about PREA and how to report in multiple languages. The handbook, as noted, is also printed in multiple languages and contains information on PREA. Interview with residents confirm that they were aware of the zero-tolerance policy, consequence for violation of the policy, how to report any concerns and their legal right to live at the facility free of sexual abuse or sexual harassment. Each resident signs a form that confirms they understand the training. Resident file were reviewed during both site visits for the existence of the documents.

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 Volunteers of America of Upstate New York will only be responsible for the completion of administrative investigations. Criminal investigations will be completed by the local police or the Federal Bureau of Prisons. The Agency PREA policy requires investigations be completed by trained staff members or law enforcement agencies as appropriate. The VOA has trained several staff in the investigation process using the NIC's PREA: Investigating Sexual Assault in a Confinement Setting. The training record provided to the auditor supports the Directors of both the Binghamton Facility and the Rochester Facility have been trained as well as both the current and former PREA Coordinators. A review of the content of the training ensures the training includes the proper use of the Miranda and Garrity warnings. Interview with the Director supports she is aware of the requirements of the standard including the criteria for substantiating a case. The Director and PREA Coordinator were

also aware the administrative investigations must be completed in a manner that does not jeopardize an ongoing criminal investigation. Compliance was based on policy, the training materials provided, the training records and the staff interviews supporting what they had learned.

Standard 115.235 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.

The Standard is Not Applicable. The Rochester Reentry Center of VOA does not employ any medical or Mental Health staff persons. Services of this nature are available in the community

Standard 115.241 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.

During the pre-audit phase the Auditor and the Directors of the Binghamton and Rochester facilities reported they were not using an objective tool in screening residents for potential sexual aggressive or sexual abusive personalities. Each facility was using a structured interview process and making case by case planning. The intake process was being completed within the appropriate time frames (within 72 hours) and information used to make determinations was kept confidential from the line custody staff. The facility presented the auditor with an objective tool which covered the content requirements in indicators (d and e). The agency policy was modified and the requirements of the standards were addressed (page 6-7). In addition to meeting the screening elements the policy addresses time frames for initial and 30 day screens. The auditor confirmed with the staff completing the screening, the director and the residents that residents would not be punished for not answering questions about one's treatment history, abuse history, their sexual identity or feeling of safety. Because of the initial lack of an objective tool and the lack of 30-day reassessments it was determined that a corrective action period would be required including second site visit to confirm the implementation of the process and the interview of residents to ensure elements were being asked. During the corrective action period the facility has provided the auditor with documentation of initial and 30 day screenings. The Director reports there was no incident with a resident that warranted a reassessment (g) outside the two times covered in the policy. In the second site visit the auditor again met with screening staff, reviewed files, and interviewed residents about the screening process. The auditor confirmed the tool is used and information is obtained from records (including correctional discipline history), observation of and questioning of residents. The Director and Case Managers continue to refine the process to ensure residents are asked questions in a supportive manner so the likelihood of PREA Audit Report

disclosure would be greater. The same group also shared how the information used to make determination is protected from general staff access. Objective tool result forms were provided to the auditor monthly after the June site visit through December. The forms showed compliance with the timeliness of screening. A final determination of compliance is based on interviews with case management staff, with residents, the screening staff, file security protections and the screening forms presented during the corrective action period. The screening forms given monthly to the Auditor supported the use was consistent with time frames required in indicators (b & f) that were completed. Interviews with the case management/ screening team and the Director at the second site visit supported an improvement in overall understanding and potential value of the tool.

Standard 115.242 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.

VOA policy addresses the requirements on the use of screening information (page 7-8). The Case Manager who completes the screening, reviews with the Director, if any individual presents as a known or potential victim or perpetrator. The Rochester facility has several options for housing placements because of its size (20 rooms). Room changes are approved through the Director or the Senior Case Manager who is on call. This limits movement and ensures those with contraindications on the screenings are not placed together. The programming requirements for those with sexual offense histories would be a condition of the placement and require outpatient treatment at FBOP contractor. The agency can control location of job search and employment to ensure residents with conflicting screening histories are not placed in the same location. The agency has not had a transgender resident in the past year but has in the past housed a transgender male. The resident was housed consistent with his wishes as a male. The Director showed, during the tour, a bathroom used by disabled residents and those with other medical issue that provides the opportunity for transgender residents to shower and use the bathroom separate from other residents. Agency policy supports transgender and intersex resident own viewpoints on safety are given serious consideration in the development of their individual plan. The standard was in corrective action due to the lack the use of an objective tool (115.241). The VOA has designed the objective tool with a place for Case Management staff to document work, housing and programming decisions. Compliance was based on the documentation provided, interviews with the Director, PREA Coordinator and intake screener. There was no LGBTI residents to interview or to confirm indicators d to f so compliance relied on interviews with the PREA Coordinator and facility staff. Staff denied the existence of any procedure or unwritten practice that LGBTI resident would be required to be housed together. During the corrective action period the facility provided the auditor with screening forms and the documentation of planning based on the tool results.

Standard 115.251 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.

Residents of the Rochester Reentry facility reported knowing multiple ways in which they could make a report of sexual assault, harassment or retaliation. The residents report a comfort with the staff, the case manager and the Director. The residents were also aware of the postings in the facility providing contact information on the local rape crisis agency (Restore) and the VOA PREA Coordinator. Residents were aware they could make both verbal and written PREA complaints as well as how to make an anonymous report to the hotline or by a note to the Director. Residents also shared that they could tell family, the FBOP or the Federal Probation staff who make unannounced visits. Interviews with random staff confirmed that they were aware of the various methods a resident could report in addition to their responsibility to act if they receive such reports. The random staff knew they could privately report concerns about PREA to the Director or if needed directly to the agency's Human Resources Department. Compliance was determined based on the materials present in the facility to inform residents (Postings, Handbooks), the resident and staff knowledge of how to report and the resident's ability to use phones to privately make calls if they had concerns with any staff. The VOA-UpNY PREA policy (p 13) sets forth expectations on staff and resident reporting consistent with the standard.

Standard 115.252 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.

The FBOP funded Rochester Reentry center is not exempt of this standard. Residents can file grievances through the facility or directly to the Bureau of Prisons. Page 14 of the agency's PREA policy confirms there is no time limit in filing a PREA related grievance. The policy also addressed the requirements in indicators b and c of the standards by not requiring an informal resolution attempt or a requirement to file the grievance with or have it reviewed by the subject of the PREA related grievance. Though the facility has not had a PREA grievance filed, the aforementioned policy describes the timelines for responses (indicator d) and the process for handling an emergency grievance (indicator f). Interview with the facility Director and agency PREA Coordinator confirms they are aware of the standard requirements. Residents and staff both were aware third party individuals could file a complaint on the resident's behalf. Residents were aware and report being told they could file a complaint without fear of being disciplined unless it was proven they filed such document in bad faith. Residents report they could file the grievance through the facility or file a BP8 with FBOP. Since there were no PREA grievances filed or disciplinary action taken for bad faith complaints, compliance was determined based on the policy and the interview with the staff, residents and Director Walker-Paulson.

Standard 115.253 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.

The VOA of Upstate New York has entered into a Memorandum of Understanding with the local rape crisis agency, Restore which is supported by Planned Parenthood. This agreement ensures that residents of the Reentry program have access to expert counseling services for those who have been a victim of sexual assault. The VOA-UpNY PREA policy (p 11-12) set in place the requirements of resident access to services. As the Reentry facility is funded by the Bureau of Prisons the residents can also seek counseling through the FBOP contracted mental health provider Huther-Doyle. Interview with residents supports they understand the level of confidentiality between themselves and the counseling service providers. Residents knew if abuse was happening in the facility mandated reporting laws would supersede the confidentiality. Resident interviews, materials provided and postings support residents have access to information on contacting these agencies. Residents have phones to use that provide confidential communication and staff also report the facility phone system does not allow for monitoring of calls. The standard which initially was not compliant at time of the initial audit visit has become in compliance with the issuance of the MOU (indicator c). Residents interviewed in the second visit supported they knew about the posting that had information about the local rape crisis center. The final compliance determination is based on interviews with residents and staff, the materials posted and provided to the auditor and a interview with a representative of the local rape crisis agency confirming the MOU content. The interview with the Restore representative supports victims of sexual assault have access confidential support services in the Rochester area. Director Walker Paulsen is eager to expand this relationship to further educate residents.

Standard 115.254 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.

Volunteers of America of Upstate New York has trained all employees to know they must accept third party reports regarding a sexual assault, sexual harassment and any concerns regarding retaliation. PREA Policy (p13) defines the requirement of staff receiving information on PREA violations. Staff are aware these reports must be taken seriously and from any source such as family, social workers or other residents. Information on how to report is posted in the facility and on the agency website. Interview with residents confirm they are aware of the "hotline" number. Interview with the PREA Coordinator and the Director of Rochester confirms they had received one PREA complaint which is currently under investigation by the FBOP which came from an outside source. Given the facility has the mechanism in place to promote reporting, and that they responded in the current investigation and referred the case for investigation the standard is found

to be in compliance.

Standard 115.261 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.

Interviews with random staff at the Rochester facility support they have been trained on their responsibilities to any knowledge, suspicion, or information of any PREA related incidents. Staff also could describe, as part of the first responder duties, the importance of keeping the information confidential from other staff and residents. They could describe who they could disclose the information to including investigators, management and supervisors to effectuate treatment, and aid in the beginning of an investigation. Staff were also able to describe; immediate notification of supervisor, written reports by close of shift, and that all complaints are taken seriously even if they don't believe them to be true. Indicators (c) and (d) of 115.261 do not apply at the Rochester Reentry facility of VOA. Indicator (c) does not apply due to the facility not employing medical or mental health staff. Residents are aware of the limitation on confidentiality and believed that the community treatment programs are required to report any ongoing abuse even if it was disclosed as part of a treatment meeting. Indicator (d) does not apply as the facility does not accept residents under the age of 18. Interviews with random staff, the Director and the PREA Coordinator were consistent with the agency policy on PREA (page10, 15-16). Compliance determination was based on these interviews, the provided training materials which support compliance and indicates all allegations of PREA related incidents would be investigated immediately.

Standard 115.262 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.

The VOA PREA Coordinator and the facility Director report that at no time have they had to use protective measures to ensure the safety of a resident for imminent sexual abuse. Interviews with random staff reveals an understanding that they are responsible to take all claims seriously and that they would act immediately to protect a resident. Staff could explain how they would act and the various steps they would use to help the resident feel safe. The compliance determination is

based on the staff answers which promotes the agency's commitment to keep residents safe. The Auditor also took into consideration the culture as described by the residents who consistently report confidence in telling staff and believing issues would be addressed. Residents reported confidence if any PREA issues were occurring they could be protected.

Standard 115.263 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.

The policy, Staff and Resident Sexual Abuse and Sexual Harassment (PREA), (page 14) sets forth the expectation on reporting to and receiving complaints from other correctional facilities about PREA. The policy outlines the timelines and documentation requirements for reporting to other correctional environments any allegations of sexual abuse or sexual harassment. Interview with the facility director supports that she is aware of the policy requirements. Director Walker-Paulson states she has not had to report to any other facility on a PREA allegation, nor has she received such information from another correctional facility. As a contractor of the FBOP the Regional Reentry Office must also be notified prior to the facility. The Auditor and the Director spoke about potential methods of documentation if this was to occur. The Director was aware of the timelines required in the standard (no later than 72 hours). The Rochester Reentry Facility is found to comply based on the policy being consistent with standard expectations, and the interviews mentioned here in.

Standard 115.264 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.

The Rochester Reentry program of Volunteers of America has not had a staff person act in the capacity of first responder to a sexual abuse allegation. In the agency PREA policy (page 11-12) the requirements of indicators a and b are listed as directives and covers, in detail, what staff responding to an allegation should do. The policy mirrors the information random staff gave in interviews on how they were trained. The facility size is so small that all staff are trained to be first responders (indicator b). The Director also has the protocols of how to respond in the facility in its emergency plan binder. In doing so the staff will have a quick reference tool with numbers to call and location of community services such as hospitals, law enforcement and rape crisis organizations. The policy states, and staff interviews confirm, that first responders know to separate the two parties, close of the area of the assault, and ensure both parties do not do anything that could jeopardize

the evidence. Staff could name things such as not showering, changing, eating, etc. but also described how they would handle the crisis until assistance could arrive. Compliance determination without a prior incident was based on the policy and the staff ability to describe the steps of a first responder.

Standard 115.265 Coordinated response

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

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

The agency and facility has created a policy on how to respond to a PREA incident. The PREA coordinated plan gives not only the duties of the first responder, but also the additional steps the Director or designee would be responsible to take. The steps include coordination with Strong Memorial or Rochester General for potential forensic exams and emergency treatment. The plan also addresses coordination with Crime Victims Assistance Centers if the resident wishes. Staff are aware of the plan and how to access assistance if they are unsure of what to do. Interview with the Director supports the facility and the whole VOA are committed to ensuring a collaborative process in both the investigative process and the care to the victim. Because the facility does not employ many of the positions in the standard description (medical staff, mental health staff, criminal investigators) much of the responsibility falls on the Director and case management staff to coordinate services. The facility has entered a MOU with the local police who would handle sexual assault investigations on site. Compliance is based on the policy (page11-12), the knowledge of the Director of the elements of the plan and the staff knowledge of how to enact their role in the plan.

Standard 115.266 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.

The Volunteers of America of Upstate New York does not employ staff members as part of a collective bargaining unit. The agency also does not have any policies that prohibits the removal of staff accused of sexual misconduct from contact with the resident victim. The agency PREA policy states (page10) that supervisors ensure "there is no possibility of further contact between them until the investigation is complete". The agency could provide the Auditor with examples of their removal of staff at both the Binghamton and Rochester facilities during investigations. In both examples the primary investigative agency was the Federal Bureau of Prisons. The agency will wait for approval from the FBOP prior to any resumption of duties of a staff member under investigation. The facility is compliant based on the information presented that supports victims of

sexual abuse not having to have contact with their abuser and the agency policy. The Auditor also confirmed the expected practice with the acting Executive Director during the initial audit.

Standard 115.267 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.

The Volunteers of America of Upstate New York has in its policy, Staff and Resident Sexual Abuse and Sexual Harassment (PREA) set forth the requirement of the standard on several pages (Page 3-4,10-11). The policy requires for active monitoring of resident or staff involved in a PREA related investigation for a period of at least 90 days. In discussions with the Director, Kathia Walker-Paulson, it was clear she would be the primary monitor of staff and would work collaboratively when appropriate, with the Case Managers in the monitoring of residents. There were no residents at the time of either site visit who reported a PREA complaint at the facility. The Director, acting Executive Director and the Agency PREA Coordinator report the agency's commitment to protect resident victims from retaliation. As a Reentry facility, it is probable that the alleged aggressor would be removed to a more secure setting. The agency is willing to work with FBOP in moving resident between facilities if deemed appropriate by the referral source. The agency has a track record of removing staff accused of misconduct. The Director reports the monitoring process would be for at least 90 days and would include direct conversations, monitoring for behavioral changes or any negative performance. The Director reports that victims and those who cooperated with the investigation who report fear would be protected and that all individuals requested could seek counseling supports. The current investigation into sexual harassment did not require monitoring as the parties were both removed from the facility. Absent an incident of sexual assault, compliance was determined based on policy and interviews with the administration and representative of FBOP.

Standard 115.271 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.

Volunteers of America of Upstate New York would only complete administrative investigations at the Rochester facility. Agency policy requires that administrative investigations be completed by VOA or the residents referring authority. At Rochester Reentry facility, the referring authority would be the Federal Bureau of Prisons. All criminal investigations would be done through the local law enforcement agencies or the FBOP. To date the facility has had one incident requiring a potential

criminal investigation. Agency PREA policy (page 17) addresses the standard's expectations including: coordination with local law enforcement and prosecutorial authorities, determining if staff actions or failures contributed to the abuse, evidentiary standards for administrative investigations and credibility of witness. Indicator (c) on collection of DNA evidence would be completed by the Rochester Police Investigators. Staff are aware of how to protect evidence by closing off the area in which the assault occurred and giving specific directions to the resident victim and perpetrator to limit evidence destruction. Indicator (d) would be determined by the criminal investigation team of the Rochester Police Department or FBOP. The facility does not require the use of polygraph examination or other truth telling devices (page 17). Agency policy states that record retention rules require PREA investigation files be retained for a minimum of five years from the date the alleged abuser is released from the custody or employed by the VOA-UpNY (page 18). The facility had no PREA related administrative investigation in the last year and one potential criminal investigation that is under current investigation. The steps of the administrative investigations were reviewed with the Director, and the PREA Coordinator including the interview process, factors considered in determining credibility, and the process undertaken to ensure communication is maintained with the local police investigators and the Federal Bureau of Prisons. The Director was also aware that investigations must be completed even if the alleged abuser is released from custody or terminates employment. The auditor was able to review an administrative investigation completed at another facility to assist in the understanding of the process and the report content. Compliance determination was made based on interview with the Director, the PREA Coordinator and the staff knowledge of protecting a crime scene and DNA evidence. The MOU with the Rochester Police Department also supports systems are in place to ensure a thorough investigation occurs. Interview with a FBOP representative confirms the cooperation of the facility in the investigation process.

Standard 115.272 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.

Director Walker-Paulson and the VOA PREA Coordinator Joe Sergio confirm that agency policy on PREA (page 17) requires no greater standard than the preponderance of evidence be used in determining whether an allegation of sexual assault or harassment can be substantiated. Administrative staff in the VOA have taken the NIC training "PREA: Investigating Sexual Abuse in a Confinement Setting" course which covers this topic. It is the intention of the PREA Coordinator to investigate in teams when these events occur. For compliance determination, the auditor had to rely on the interviews with the Director and PREA Coordinator, training records supporting the investigators were trained (115.234) and the administrative investigation file of a PREA complaint of harassment at another facility.

Standard 115.273 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.

The Staff and Resident Sexual Abuse and Sexual Harassment (PREA) policy of VOA meets expectation of the standard in 115.273 (page 18) as it puts forth requirements for reporting to victims on the outcome of all investigations of Sexual Abuse and Sexual Harassment. In determining compliance, the auditor took into consideration the Director's knowledge in her interview that communication lines between the facility and the investigative agency must be open to allow her to make the appropriate notifications of the victim resident. Since there was no sexual assault by either staff or residents, there was no documentation to review to support indicator (c) and (d). The Rochester Reentry facility is a contractor of the Federal Bureau of Prisons, and as such, the Director is aware that she would have to work with FBOP to obtain information if the victim was to stay in the facility. It is believed, given the setting, once the aggressor is identified, FBOP would remove them to a higher custody during the investigation. If the reported victim remained in custody at Rochester Reentry the Director would inform the resident, in writing, of the progress of the case when referred for prosecution and at disposition.

Standard 115.276 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.

Volunteers of America of Upstate New York has policy in place that states staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action (pages 11,18). Disciplinary actions, up to and including termination, will be taken for a substantiated finding of sexual abuse. Discipline per policy will be commensurate to the nature and circumstances of the acts committed and comparable to other staff with similar histories. VOA requires all allegations of sexual abuse be reported to the local authorities regardless of whether the staff resigns or is terminated.

No staff has been disciplined for a PREA related violation in the past year because of an administrative investigation. The current investigation that is ongoing during the corrective action period is being investigated by FBOP. At this moment, there is no conclusion so the agency has not imposed any discipline. Compliance for this standard was based on policy and the interview with the Director.

Standard 115.277 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.

The Rochester Reentry Facility does not employ contractors who provide direct services to the clients at the facility. The agency has taken on college students as interns in the past and receives voluntary services from community outreach from time to time. During the past year they have not had a volunteer but the Director reports they would receive the education on PREA consistent with their involvement with the clients. The Rochester and VOA UpNY policy (page 18) requires the notification to law enforcement of any PREA violations and the misconduct would be grounds for barring admission to the facility. The facility has not employed or received any voluntary services of a professional to whom a license board would be informed for violations of PREA. The Director reports that in the past year no volunteer or contractor required any corrective actions. Compliance is based on policy, documentation of education materials available to educate volunteers, and interview with the Director.

Standard 115.278 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.

The Rochester Reentry has a policy that addresses the requirements of this standard (Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pg. 18-19). In the policy, it addresses the conditions in which a resident could be disciplined, that sanctions be equivalent to the nature of the misconduct, take into consideration one's mental health or functioning level and that discipline in incident involving staff only occur if the staff did not consent. The policy also sets forth an obligation to offer counseling services to the resident. Discussions with the Federal Bureau of Prisons would also be required in any discipline situation. If the resident can stay in the community, the FBOP can make treatment a requirement of their continuing in the program. Director Walker-Paulson reports that there has been no discipline of a resident in the past year for a PREA violation or sexual conduct violations. The facility does not permit sexual activity between residents, and the Director is aware that the incidents of this nature need to be investigated but cannot be considered abuse if the actions were not coerced. The Director is aware of the standard conditions and a resident can only be disciplined for making a PREA claim if it can be proven that the claim was made in bad faith. Interviews with resident confirm that they are told of this condition at admission. Compliance is based on policy and administration, line staff, and resident interviews.

Standard 115.282 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.

The Volunteers of America does not employ medical staff at its Reentry programs. Medical and Mental Health services are available in the community for residents in this staff secure setting. Mental Health services are available free through FBOP contracted providers in the region. According to the facility and agency PREA Policy (p 18) resident victims of sexual abuse would receive timely emergency medical and mental health services. Procedurally, the agency PREA Response plan, supports this policy statement by requiring an immediate call to 911 and transport to either Strong Memorial or Rochester General. Interview with the Rape Crisis Agency (Restore) and the hospital staff confirm that services for victims of sexual assault are free of charge and the victim would be educated about emergency contraception and prophylactic treatment to protect from STD exposure. Post treatment mental health services can also be offered through the FBOP contracted service provider Huther-Doyle. Compliance, without an actual sexual assault, is based on the Director's understanding of the implementation of the response plan, the staff understanding of the plan, the policy and the community treatment providers who can offer services consistent with standard conditions.

Standard 115.283 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.

Since the VOA does not employ medical or mental health services the resident of the Rochester Reentry center would receive these types of services in the community. Hospital and community health clinics are available to residents. The FBOP also has contracted Mental Health Services in the region who can provide follow up and ongoing services to residents. The service providers, along with the case management staff of the facility can work on a discharge plan to ensure residents being discharged are connected to services in the area they are returning to. As noted, standard 115.282 resident victims would be offered prophylactic medication, and pregnancy testing free of charge even if they refuse to cooperate in the investigation. Discussions with medical and rape crisis staff confirm that not all individuals who go through forensic exams immediately name their abuser. The VOA would cover services for residents who do not have sufficient insurance for ongoing care. If a resident became pregnant because of a sexual assault the medical provider would provide education into pregnancy related medical services. On Page 13 of the facility and agency PREA policy the requirements of the standard are covered. In addition to the six indicators addressed above, the policy also requires an assessment of the resident on resident abuser within 60 days. It is believed that this indicator would most likely not happen in the facility as a sexual assault aggressor would most likely be returned to a higher level of custody. Compliance is based on the interview with the Director, the Case Manager and their understanding of plan of action if an assault was to occur or if an individual discloses prior abuse in another institution.

Standard 115.286 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.

The VOA has not had to complete a sexual assault incident review to date. In Staff and Resident Sexual Assault and Sexual Harassment (PREA) the agency has put into policy the requirements of the standard including an incident review on all sexual abuse or sexual harassment incidents that were not unfounded within 30 days. The inclusion of reviewing sexual harassment claims exceeds the standards expectations. The policy and interviews with Director Walker-Paulson and PREA Coordinator Sergio confirm that they are aware of the elements required in the review (indicator d) and that recommendations that result from the review be documented and if not implemented the reasons why noted (financial cost, labor issue, etc.). Joe Sergio indicated the review panel would include both facility and agency administrative team members to give a wide variety of expertise to assess the situation and planning for responses. Since there has been no sexual assault or sexual harassment cases that were not unfounded there were no team minutes or review findings to review. Compliance was based on interviews with the Director and the PREA Coordinator, their understanding of the goal of the review process and the agency policy.

Standard 115.287 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.

VOA-UpNY has begun to collect data related to PREA in all of its Criminal Justice facilities. Since all VOA Criminal Justice facilities use the same policy the definitions are uniform (PREA p 1-3,18). Rochester Reentry Director has been tracking a variety of information related to PREA that includes information to potentially complete the Survey of Sexual Violence. All incidents and investigation would be forwarded to the PREA Coordinator who also would be a member of incident review teams. The agency does not subcontract for confinement, therefore indicator (e) is not applicable. The Department of Justice had not requested the facility's data in the last year making indicator (f) also not applicable. Compliance is based on the information provided and documentation of the data. Interview with the agency's PREA Coordinator was also considered in determining compliance.

Standard 115.288 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.

Volunteers of America policy Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pg. 19-20) addresses the standard's requirements. The data elements have been collected for the past year. The management teams on the facility level and the agency level will utilize data to make informed decisions on programmatic and policy needs. Though there were no incidents at Rochester until recently, the Director still looks at ways to improve the safety of the facility. The Director and PREA Coordinator work collaboratively to create a system in which problem areas can be identified and a corrective action plan monitored. The agency publishes data in an annual report of its programs. The annual report does not have identifying information and is approved by the agency head. During the initial audit tour the Agency did not have a report published to its website (Indicator c). In the month following the initial audit the report was published to the agency website putting the facility into compliance. The compliance with the standard is based on information provided and the interviews with the Agency Head, the agency PREA Coordinator and the facility Director.

Standard 115.289 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)

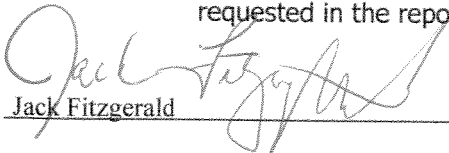
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations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

VOA-UpNY and Rochester Reentry policy on PREA addresses the requirements of this standard on page 20. All facility data is provided to the agency PREA Coordinator who is responsible for maintaining and securing all data. If the facility had an incident, all identifying information would be removed before any information is made public. The Agency PREA Coordinator and the Director of the facility are both aware of the requirements including the security of information and how long the information is required to be held. The PREA Coordinator reports the VOA Management Team would work with Director Walker-Paulsen on studying the data and identifying trends. The PREA Coordinator works with the Agency's Head in the development of an annual report. Compliance is based on the information provided in the annual report, the policy indications on how to handle information and interviews with the agency's PREA Coordinator and facility Director. The interviews support an understanding that all data is maintained for at least 10 years. The annual report on the agency website shows consistent with standard expectation that any identifying information would be removed.

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.



Jack Fitzgerald

Auditor Signature

12-30-16

Date