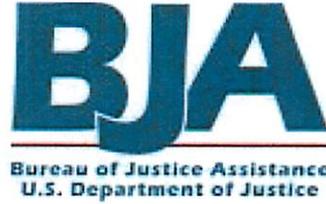


ADULT PRISONS & JAILS



<b>Auditor Information</b>			
<b>Auditor name:</b> William Willingham			
<b>Address:</b> 11820 Parklawn Drive, Suite 240, Rockville, MD 20852			
<b>Email:</b> William.Willingham@nakamotogroup.com			
<b>Telephone number:</b> (850) 718-7173			
<b>Date of facility visit:</b> September 15-17, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> New Hampshire State Prison for Men			
<b>Facility physical address:</b> 218 North State St., Concord, NH 03302			
<b>Facility mailing address:</b> (if different from above) PO Box 14, Concord, NH 03302			
<b>Facility telephone number:</b>			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Christopher Kench, Acting Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 373			
<b>Designed facility capacity:</b> 1086			
<b>Current population of facility:</b> 1569			
<b>Facility security levels/inmate custody levels:</b> C-2 to C-5 (Low, Medium, and Maximum)			
<b>Age range of the population:</b> 17-87			
<b>Name of PREA Compliance Manager:</b> Jon Fouts		<b>Title:</b>	Major
<b>Email address:</b> jon.fouts@doc.nh.gov		<b>Telephone number:</b>	603-271-3140
<b>Agency Information</b>			
<b>Name of agency:</b> New Hampshire Department of Corrections			
<b>Governing authority or parent agency:</b> (if applicable) State of New Hampshire			
<b>Physical address:</b> 218 North State St., Concord, NH 03302			
<b>Mailing address:</b> (if different from above) PO Box 14, Concord, NH 03302			
<b>Telephone number:</b> 603-271-1801			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> William L. Wrenn		<b>Title:</b>	Commissioner
<b>Email address:</b> wwrenn@nhdoc.state.nh.us		<b>Telephone number:</b>	603-271-5601
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Colon K. Forbes Jr.		<b>Title:</b>	Director of
<b>Email address:</b> colon.forbes@doc.nh.gov		<b>Telephone number:</b>	603-271-5604

## **AUDIT FINDINGS**

### **NARRATIVE**

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the New Hampshire State Prison for Men (NHSP), New Hampshire Department of Corrections (NHDOC), was completed October 5-7, 2015. The standards used for this audit became effective August 20, 2012. The auditor was advised that the Commissioner of Corrections ordered all state prisons to implement the provisions of the PREA beginning in 2010. Prior to the visit, the auditor telephonically interviewed the Commissioner of Corrections designee and the state PREA Coordinator (the Pre-Audit Questionnaire was discussed). The auditor was also provided a file of documentation to review (to support PREA compliance) prior to the on-site visit. When the auditor first arrived at the facility, a meeting was held with the Warden, the Major (PREA Manager), the state PREA coordinator, and the state Victim Advocate, to explain the audit process. As part of the audit, a tour of the entire facility was completed, and 17 inmates were interviewed. Of the inmates interviewed, one was female, one was a youthful inmate, two were disabled, one was bi-sexual, two were transgender, two were victims of alleged sexual abuse, one was limited English proficient, and one was intersex. Ten randomly selected staff (from all three shifts), one volunteer, a SANE (Sexual Abuse Nurse Examiner) employee of a local hospital (used by the NHSP), and one contractor were also interviewed. The specialized staff interviewed were the Warden, the Major, the state PREA Coordinator, the state Victim Advocate, the Personnel Manager, a medical unit supervisor, the Case Management Supervisor, one investigator, the Special Housing Unit (SHU) supervisor, and two security shift supervisors. The auditor also inspected 13 PREA investigations (one substantiated, twelve unsubstantiated). Additional files and documentation were also reviewed by the auditor during the course of the on-site visit.

The auditor concluded, through interviews and the examination of policy and documentation, that staff were very knowledgeable concerning their responsibilities involving the PREA. Correctional and medical staff were able to quote policy in detail as to their specific duties if an allegation of sexual abuse/harassment would be made. The facility investigators were also exceptionally knowledgeable as to the investigatory process, and work closely with the State Police who conduct criminal investigations.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The mission of the NHSP is to provide a safe, secure, and humane correctional system through effective supervision and appropriate treatment of offenders, and a continuum of services that promote successful re-entry into society for the safety of citizens and in support of crime victims. The NHSP is one of three major prisons in the NHDOC. It is considered the largest and most complex institution in the NHDOC. The facility had an inmate population of 1569 at the time of the audit, and houses adult males, adult females and youthful offenders (under 18 years of age). The original NHSP structure was built in 1878, and is located in a residential section of Concord, NH. The prison has undergone many expansions, modifications, and upgrades since the initial construction. The institution had previously been accredited by the American Correctional Association, but that status had expired due to financial considerations. Prisoners housed at the facility are classified at four security levels (C-2 to C-5), which represents inmate supervision requirements from minimum to maximum. Those inmates at the C-5 level are housed in a special, separate housing unit within the prison, with enhanced supervision. The NHSP also has four general population (one unit has a sex offender treatment program) units, a Receiving/Discharge unit, an in-patient medical wing, an in-patient psychiatric unit (with a female offender wing), and a Special Housing Unit (SHU). Youthful and female inmates are housed separately from adult males (observed by the auditor). There is single/double bed, and multi-bed dormitory housing configurations within the units. Inmates in need of special management considerations are housed in the unit program that best suits their needs. Inmates at the NHSP work in the kitchen, laundry, perform janitor duties throughout the entire facility, and perform other duties in support of institution operations. Other inmate programs/activities include several vocational training opportunities (auto mechanics, small engine repair, building trades etc.), adult secondary education, parenting skill development, computer applications, college correspondence courses, and several others. The prison offers religious programs involving numerous faith groups, personal development programming, mental health counseling services, and has a program to help prepare inmates for release. Most of the inmates are eligible to participate in these programs.

## **SUMMARY OF AUDIT FINDINGS**

When the on-site audit was completed, another meeting was held with executive/administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA, and exceeded compliance involving one standard. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA. All interviews also supported compliance. The facility staff were found to be courteous, cooperative and professional. Staff morale appeared to be high, and the staff/inmate relationships were observed to be good. The state Victim Advocate had an excellent relationship with the inmate population (observed by the auditor). Interviewed inmates stated that they felt safe at the facility. All areas of the prison were observed to be clean and well maintained, which is notable considering the age of the facility. At the conclusion of the audit, the auditor thanked the NHSP staff for their hard work and dedication to the PREA process.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

The Agency complies with the standard with their policies and practice. Prison Policy Directive (PPD) 5.19, 2.16, and corresponding local policy address this standard. The facility PREA Plan requires zero tolerance to any abuse and all other requirements as is referenced by this standard, and is monitored by the NHSP PREA manager (the Major who reports to the Warden) and state PREA Coordinator (both interviewed by the auditor). The Major stated he has sufficient time to complete his assignment as PREA Manager. The state PREA Coordinator has also ensured compliance to this standard, with full support from the Commissioner. Interviews with other staff and inmates confirm compliance to this standard.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

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

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

The agency meets the mandates of this standard. A review of the documentation and an interview with the state PREA Coordinator confirmed the NHDOC requires other entities contracted with (one local jail) for the confinement of inmates to adopt and comply with the PREA standards. The state contractual agreements have been modified to incorporate the language requiring the contractor to adopt and comply with PREA standards.

### Standard 115.13 Supervision and monitoring

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

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

PPD 5.16 and corresponding local policy/procedures address this standard. The auditor was presented documentation that the Warden and Major completes the required annual review of the posts and staffing plan. The staffing plan is based on a presumed population of 1608 inmates. More frequent reviews have been scheduled when necessary. The NHSP has been provided all necessary resources to support the programs and procedures to ensure compliance with this standard. Overtime pay is used regularly to ensure full staffing on all three shifts, and there has been no deviation from the staffing plan. An analysis of the staffing deployment indicates an extremely effective and comprehensive level of inmate supervision by staff, exceeding the requirements of this standard. The level of staffing in inmate housing/activity areas clearly exceeds that normally found in a correctional environment. The audit included an examination of all video monitoring systems (264 cameras). Control Room staff monitor the cameras. There are unit, hallway, and sallyport video cameras very well deployed capable of recording all activity. Additional cameras are in the process of being considered, and the PREA standards were reviewed to determine the placement of this equipment. Many areas of the facility have a secure observation area (similar to a Control Room) in which staff provide additional visual supervision. The auditor examined inmate access to phones, and observed most routine inmate activity. A log book documenting unannounced rounds (visits to various areas of the facility) by mid-level management staff that cover all shifts was reviewed. Rounds are conducted in a manner that prevents other staff from being warned of these visits. Inmate/staff interviews, the exceptional staffing plan and excellent use of cameras indicates the facility exceeds compliance to this standard.

### Standard 115.14 Youthful inmates

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

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

PPDs 5.16, 1.25 and corresponding local policy address the requirements of this standard. The NHSP occasionally houses youthful inmates (17 years old only). There was one male youthful inmate housed at the facility during the course of the audit. The prison provides sight, physical and sound separation from adults at all times, including when outside of a cell. Adult inmates are secured in their assigned cells when youthful inmates are outside of their cells. Youthful inmates are provided access to programs and recreational/religious activities to the greatest extent possible. There are no restrictions to large-muscle exercise. Youthful offenders are under direct staff supervision when outside of the cell, and have no contact with adults. The auditor reached this conclusion through a review of documentation, examination of the housing unit where the youthful inmate was housed, observation of the management of the youthful offender, and staff/inmate interviews (the auditor also interviewed the youthful inmate). The NHSP is compliant with this standard.

### **Standard 115.15 Limits to cross-gender viewing and searches**

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

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

PPD 5.77 and corresponding local policy addresses all requirements of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and annual training. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained to conduct strip searches of transgender and intersex inmates in a respectful and professional manner, and may not conduct a search to determine their genital status. The auditor observed each unit has individual shower stalls with curtains for privacy purposes. Inmates and staff stated inmates are allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Female staff are required to announce their presence when entering the male housing unit(s) by stating "female on unit" or an equivalent phrase. Male staff announce their presence when entering the female housing area (a wing of the in-patient psychiatric unit housing ten females at the time of the audit). This action was described during interviews with staff and inmates, and observed by the auditor. The facility is compliant with this standard.

### **Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**

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

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

PPDs 6.19, 6.31, 7.14 and corresponding local policy address the requirements of this standard. The NHSP takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and inmate handbooks explaining the PREA are in English and Spanish. The state has a contract for interpreter services to address any language need, and there are several bilingual staff to assist limited English proficient inmates in learning about the PREA. Staff interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. Staff and inmate (two disabled and one limited English proficient inmates) interviews confirmed compliance to this standard.

### **Standard 115.17 Hiring and promotion decisions**

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

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

PPDs 1.21 and 2.01 require compliance to this standard. The Personnel Manager was interviewed and stated that all components of this standard have been met. Employees cannot be hired if they have a history of involvement with sexual abuse. All employees, contractors and volunteers have had criminal background checks completed. Staff also conduct background checks before approving staff promotions. A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. The NHDOC makes a significant effort to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring staff permanently. The NHSP is compliant with this standard.

### **Standard 115.18 Upgrades to facilities and technologies**

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

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

PPD 8.01 addresses the mandates of this standard. The NHSP has an extensive video and visual monitoring system in place. There have been substantial expansions/modifications to the facility since August 20, 2012. Additional cameras have been installed, and more are currently being considered.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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

PPMs 5.10, 5.19, and a document entitled "Attorney General's Protocol" require compliance with all aspects of this standard. NHSP investigators conduct administrative and the State Police conduct criminal investigations. Specific actions and clinical decisions are required to determine if an inmate is to be transported to the local hospital to receive a SANE exam. Eight SANE exams were conducted within the last year, and the auditor interviewed medical staff involved in making the referrals. The facility has contracted with a local hospital to provide these services (the inmate will not be charged for any services related to PREA compliance). An inmate who received a SANE examination was interviewed, and described receiving all required protocols. A Memorandum of Understanding was initiated with the local rape crisis center to also provide confidential services. The auditor discussed these services with the state Victim Advocate, who was very knowledgeable concerning available services. The Victim Advocate from the local rape crisis center was not available to be interviewed. The state Victim Advocate also indicated the prison was PREA compliant concerning this standard. A review of documentation also confirmed compliance to this standard.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

Compliance with PPM 5.19 and 5.10 (covers this standard) was reviewed during the on-site inspection. Administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The investigators were interviewed and found to be extremely knowledgeable concerning their responsibilities under the PREA. The facility investigators initiate all investigations. The State Police are responsible for all criminal cases and work closely with the facility investigators on administrative investigations. The auditor reviewed all thirteen investigations that resulted in a substantiated or unsubstantiated finding of sexual abuse. All investigations were properly completed. Three pending investigations were also examined. A review of documentation and staff interviews confirmed compliance to this standard.

### Standard 115.31 Employee training

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

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

PPMs 5.19, 4.02 and 4.01 address all training required by this standard. The NHDOC provides extensive PREA standards training at the state academy, of which all correctional staff must attend and successfully complete (curriculum reviewed). All other staff are provided a similar training experience, relative to their PREA responsibilities, at the NHSP. Changes to policy or updates are communicated to staff as needed. Annual refresher training is also provided to all employees. Staff acknowledge in writing their understanding of the PREA. The acknowledgement form lists all the required areas of the standard, relevant to their position. A review of the NHSP lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training.

### Standard 115.32 Volunteer and contractor training

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

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

PPDs 5.19 and 2.24 address this standard. All 23 contractors and 123 volunteers who have contact with inmates receive training as to their responsibilities concerning the PREA. The zero-tolerance policy, prevention, detection, reporting and responding requirements are covered in the training. Annual refresher training is provided, and all training is documented. Interviews with one volunteer and one contractor, and an examination of documentation, confirm compliance to this standard.

### Standard 115.33 Inmate education

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

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

PPD 5.19 covers the requirements of this standard. Institution procedures also address the mandates of this standard. Inmates receive information at the time of intake verbally and there is information found in the inmate handbook (given to inmates at the time of intake and also available in Spanish). There are posters throughout the facility, and a "hotline" phone number to call to report violations of the PREA is being installed in each housing unit. Information is also provided daily on the NHSP TV channel, which is the institution's internal information provider. Inmates sign an acknowledgement of having received this information at the time of intake. There is a language translation program available to inmates who have difficulty communicating in English. There are procedures in place to assist disabled inmates in learning about the PREA (confirmed through an interview with a disabled inmate). The auditor reviewed a random sampling of A&O (admission and orientation) Checklists to verify those inmates admitted during the auditing period received sexual assault/assault prevention & intervention education and relevant written materials. All inmates were required to acknowledge in writing that they completed PREA education. Staff and inmate interviews confirmed compliance to this standard.

### Standard 115.34 Specialized training: Investigations

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

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

PPDs 5.19 and 5.10 address this standard. Six institution investigators have received extensive local and State Police approved specialized training relevant to the PREA. These investigators have also received training provided by the Moss group. An examination of the training records and staff interviews confirm completion of the required instruction, and compliance to this standard.

### **Standard 115.35 Specialized training: Medical and mental health care**

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

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

PPDs 5.19 and 5.10 cover this standard. Institution procedures also address the mandates of this standard. All medical and mental health staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Staff also receive refresher training annually and documentation of participation is on file. The auditor reviewed the training lesson plan and training sign-in sheets. Staff interviewed confirmed compliance to this standard.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

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

PPDs 5.19, 5.92, and 7.14 address the requirements of this standard. Institution procedures also address the mandates of this standard. All inmates are assessed for their risk of being sexually abused and/or harassed by other inmates or being sexually abusive towards other inmates. A staff member screens all new arrivals within 72 hours with an objective screening instrument. They are almost always interviewed the first day of intake. The staff review all relevant information from other facilities and sources, and continue to reassess an inmate's risk level within 30 days of his arrival if new information is received. Information received after intake is immediately reviewed. Inmates cannot be disciplined for refusing to answer PREA related questions at the time of intake. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to the mental health staff for additional assessment. Staff and inmate interviews, as well as a review of documentation, support the finding that the facility is in compliance with this standard.

### Standard 115.42 Use of screening information

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

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

PPDs 7.14 and 5.19 address the mandates of this standard. NHDOC policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education programming and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with staff and inmates support the finding that the facility is in compliance with this standard.

### Standard 115.43 Protective custody

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

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

PPDs 5.19, 5.43 and corresponding local policy address the mandates of this standard. The NHSP has one Special Housing Unit (SHU) which is considered protective custody placement. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing (SHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates would be reassessed every 7 days after entering the SHU. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting the completion of an assessment. There were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. Staff interviews confirmed compliance to this standard.

### Standard 115.51 Inmate reporting

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

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

PPDs 5.19, 5.26, PREA notices/memorandums and the inmate handbook (in English and Spanish) outlines the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates and staff to report (to NHSP, NHDOC or an outside agency) sexual abuse or sexual harassment. The facility does not house inmates solely for criminal immigration violations. The facility has procedures in place for staff to immediately document all allegations when advised of a PREA violation. There are posters and other documents on display throughout the facility (observed by auditor) which address PREA issues. The facility is compliant with this standard.

### Standard 115.52 Exhaustion of administrative remedies

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

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

Not Applicable-All allegations of sexual abuse automatically result in the opening of a formal administrative or criminal investigation.

**Standard 115.53 Inmate access to outside confidential support services**

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

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

PPD 5.19 addresses this standard. There is a Memorandum of Understanding (MOU) signed with the local rape crisis center that serves the Concord, NH area. A phone number and address to this program is provided to inmates (inmates are advised contact would be as confidential as possible). The rape crisis center Victim Advocate was not available to be interviewed. However, the auditor did discuss what services were available to inmates with the state Victim Advocate, who was very familiar with the program. The state Victim Advocate would also assist inmates in contacting the local agency. The Advocate also stated inmates could call a free “hotline” number when installed or mail a confidential letter to contact her and initiate services. The NHSP is compliant with this standard.

**Standard 115.54 Third-party reporting**

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

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

PPDs 5.19, and 5.26 address the requirements of this standard. Third-parties are notified of reporting procedures on the NHDOC website, posters in the Visiting Room, and are referenced in the inmate handbook. Staff and inmate interviews confirmed compliance to this standard.

### **Standard 115.61 Staff and agency reporting duties**

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

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

PPDs 5.19, 2.16 and corresponding local policy includes the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, neglect (which would cause a PREA violation) and retaliation relevant to PREA standards. All information is maintained confidentially. A review of policy and staff interviews support the finding that the facility is in compliance with this standard.

### **Standard 115.62 Agency protection duties**

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

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

PPD 5.19 and corresponding local policy addresses the mandates of this standard. Staff interviewed were well aware of their duties and responsibilities, as it relates to them having knowledge of an inmate being in imminent risk of being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. They also stated they would separate the victim/potential predator, secure the scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the operations supervisor and medical staff. In the past 12 months, there were twenty five instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse. A review of policy/documentation and staff/inmate interviews support the finding that the facility is in compliance with this standard.

### Standard 115.63 Reporting to other confinement facilities

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

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

PPD 5.19 and corresponding local procedures address the mandates of this standard. Policy requires that any allegation by an inmate that he or she was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. A local investigation must also be initiated. In the past 12 months, the facility received no allegations that an inmate was abused while confined at another facility. Staff interviews confirm compliance to this standard.

### Standard 115.64 Staff first responder duties

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

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

PPD 5.19 and corresponding local procedures outline the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff interviewed indicated they would separate the inmates, secure the scene, would not allow inmates to destroy or contaminate any evidence, contact the operations supervisor and advise medical staff. Within the last 12 months, fifteen allegations of sexual abuse resulted in first responder actions. Of the fifteen, eight occurred within a time frame that required all first responder actions under this standard (separate the inmates, secure the scene, would not allow inmates to destroy or contaminate any evidence, contact the operations supervisor and advise medical staff). An inmate making an allegation was interviewed by the auditor, and confirmed all required responses (first responder) were made. A review of documentation also confirmed compliance to this standard.

### **Standard 115.65 Coordinated response**

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

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

PPD 5.19 and corresponding local policy addresses the mandates of this standard. Documentation was reviewed by the auditor. The policy and checklist describe the coordinated actions to be taken by first responders, medical/mental health staff, investigators and facility administrative staff, in response to an incident of sexual abuse/harassment. The coordinated staff responses involving the allegations were found to be in compliance with this standard.

### **Standard 115.66 Preservation of ability to protect inmates from contact with abusers**

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

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

PPD 5.19 addresses this standard. The collective bargaining agreement (reviewed by auditor) between the applicable union and the NHSP allows for the protection of victims from abusers, and complies with this standard. The state PREA Coordinator was interviewed concerning this standard, and also confirmed compliance.

### **Standard 115.67 Agency protection against retaliation**

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

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

PPD 5.19 and corresponding local policy outline the mandates of this standard. The policy prohibits any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The state Victim Advocate is charged with monitoring retaliation. When interviewed, she stated she would follow up every 30 days to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Advocate indicated she would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

### **Standard 115.68 Post-allegation protective custody**

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

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

PPD 5.19 meets the mandates of this standard. Interviews with staff, a review of documentation and an examination of the facility indicated that there is a viable alternative to the placement of inmates in involuntary segregated housing (SHU). Staff consider separate housing of the victim/predator, to include transfer of the inmates to another prison. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement. If placed in this status, policy would require the inmate to be reviewed every 30 days.

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

PPDs 5.19, 5.77 and 5.10 address this standard. The facility investigator conducts administrative investigations within the facility. If an allegation appears to be criminal in nature, the investigator will call upon the State Police to conduct the investigation. The facility investigator will provide assistance and support to the State Police for criminal investigations. All investigators have received special investigation training relevant to the PREA. All of the reviewed investigations were completed promptly, thoroughly, and objectively. Investigation files are retained indefinitely. There were no cases referred for prosecution during this rating period.

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

PPD 5.19 addresses the requirements of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Standard 115.73 Reporting to inmates

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

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

PPD 5.19 addresses the mandates of this standard. There were twenty five investigations conducted within the last year requiring inmate notification per this standard. No investigation alleging abuse involved a complaint against a staff member, or was referred to the State Police for a criminal investigation. All inmates were notified (documentation reviewed by the auditor) of the outcome of the investigations. Staff interviews support the finding that the facility is in compliance with this standard. One of the alleged victims was interviewed by the auditor, and stated he was advised of the outcome by an investigator.

### Standard 115.76 Disciplinary sanctions for staff

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

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

PPDs 5.19, 2.16 and corresponding local policy address the mandates of this standard. Staff are subject to disciplinary sanctions for violating NHDOC sexual abuse or sexual harassment policies. Such discipline would be subject to the requirements of this standard. There have been no reported cases of inmates engaging in sex with staff, and in the past 12 months, no staff members were disciplined, terminated or resigned (prior to termination) for a violation of PREA policy. No reports were made to any licensing board or law enforcement officials. Staff interviews confirm compliance to this standard.

### **Standard 115.77 Corrective action for contractors and volunteers**

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

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

PPD 5.19 addresses the mandates of this standard. Policy complies with all required actions and reporting (advising licensing boards or law enforcement officials) concerning contractors and volunteers relevant to this standard. In the past 12 months, there have not been any contractors or volunteers accused of sexual abuse or sexual harassment of an inmate.

### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

PPDs 5.19, 5.25 and corresponding local policy address the mandates of this standard. There was one substantiated and twelve unsubstantiated cases of inmate to inmate sexual abuse/sexual harassment investigated at the facility during the last year. There have been no cases of staff and inmates engaging in sex during the past 12 months, and no cases of other staff abuse. There were no criminal findings of guilt for inmate-on-inmate sexual abuse. Therapy services would be available for victims and abusers at the facility. Policy does not allow consensual sex of any nature. Inmates having sexual contact with staff will be disciplined, if it is not consensual. The NHSP does not discipline inmates who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Interviews with investigators support a finding that the facility is in compliance with this standard.

**Standard 115.81 Medical and mental health screenings; history of sexual abuse**

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

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

PPD 6.05 and corresponding local policy outlines the mandates of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. In the past 12 months, all inmates who disclosed prior victimization during screening were offered a follow up meeting with medical or mental health staff. Staff attempt to get a consent to release information from inmates before reporting prior victimization. Treatment services are offered without financial cost to the inmate. All information is handled confidentially, and interviews with staff and inmates support a finding that the facility is in compliance with this standard.

**Standard 115.82 Access to emergency medical and mental health services**

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

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

PPDs 5.19, 6.05 and 6.19 address the mandates of this standard. Information concerning treatment and access to care is offered immediately to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. All emergency decisions and care provided would be fully documented. Interviews with staff and an alleged inmate victim support a finding that the facility is in compliance with this standard. Reviewed documentation also supports compliance to this standard.

### **Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

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

PPDs 5.19, 6.05, and 6.03 outline the mandates of this standard. The NHSP offers ongoing medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. Known inmate abusers are evaluated and treatment is offered. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard. Interviewed inmates stated they were aware of the ongoing services available under this standard.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

PPD 5.19 and corresponding local policy outlines the mandates of this standard. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Thirteen incidents were reviewed within the last year. The facility investigator was interviewed and found to be very knowledgeable concerning his duties and responsibilities in providing information to the incident review team. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, other status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of upper-level management. The sexual abuse incident review reporting form is completed as required. The facility is compliant with this standard.

### Standard 115.87 Data collection

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

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

PPD 5.19 addresses this standard. The NHDOC collects accurate uniform data for every allegation of sexual abuse at all facilities by using a standardized instrument. The data collection procedure allows the agency to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated. The additional installation of cameras is an example of corrective action. The agency aggregates and reviews all data annually (including data provided from the only contractor). Staff interviewed, and a review of documentation, confirmed compliance to this standard.

### Standard 115.88 Data review for corrective action

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

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

PPD 5.19 addresses the requirements of this standard. The facility PREA Manager forwards required information to the state PREA Coordinator, who reviews the data collected to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. An Annual Report is reviewed and signed by the Commissioner of Corrections. The Annual Report is placed on the NHDOC web site. The Annual Report was reviewed by the auditor.

**Standard 115.89 Data storage, publication, and destruction**

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

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

PPD 5.19 outlines the mandates of this standard. The state PREA Coordinator reviews data (incident-based and aggregated) compiled by the facility PREA Manager and issues a report to the Commissioner on an annual basis. The data is retained in a secure file (over 10 years) and what is disclosable is published on the NHDOC web site. The report covers all data required by this standard.

**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.

William Willingham

October 18, 2015

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date