

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final
 Date of Report 06/12/19

Auditor Information

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Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
New Hampshire Department of Corrections		State of New Hampshire	
Physical Address: 105 Pleasant Street		City, State, Zip: Concord, NH 03301	
Mailing Address: Same as above		City, State, Zip: Same as above	
Telephone: 603-271-5601		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Our Mission is to provide a safe, secure, and humane correctional system through effective supervision and appropriate treatment of individuals, and a continuum of services that promote successful re-entry into society for the safety of our citizens and in support of crime victims.			
Agency Website with PREA Information: www.nh.gov			

Agency Chief Executive Officer

Name: Helen E. Hanks	Title: Commissioner
Email: helen.hanks@doc.nh.gov	Telephone: 603-271-5601

Agency-Wide PREA Coordinator

Name: Lynmarie C. Cusack.	Title: Director of Professional Standards
Email: lynmarie.cusack @doc.nh.gov	Telephone: 603-271-5604

Facility Information			
Name of Facility: Shea Farm Transitional Housing Unit			
Physical Address: 60 Iron Works Road Concord, NH 03301			
Mailing Address (if different than above): Same as above			
Telephone Number: 603-271-6368			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		
Facility Mission: Our mission 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 our citizens and in support of crime victims.			
Facility Website with PREA Information: www.nh.gov			
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Director			
Name: Nicholas Duffy		Title: Director of Community Corrections (acting)	
Email: nicholas.duffy @doc.nh.gov		Telephone: 603-271-0078	
Facility PREA Compliance Manager			
Name: Andrew Newcomb		Title: Captain	
Email: Andrew.newcomb @doc.nh.gov		Telephone: 603-271-1924	
Facility Health Service Administrator			
Name: Paula Mattis		Title: Director of Medical and Forensics	
Email: paula.mattis@doc.nh.gov		Telephone: 603-271-3707	
Facility Characteristics			
Designated Facility Capacity: 40		Current Population of Facility: 20	
Number of residents admitted to facility during the past 12 months			82

Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:		0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		65
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		82
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 22-66	<input type="checkbox"/> Juveniles
		<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:		7 months
Facility Security Level:		C1-C2
Resident Custody Levels:		C1-C2
Number of staff currently employed by the facility who may have contact with residents:		11
Number of staff hired by the facility during the past 12 months who may have contact with residents:		0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		Agency 42
Physical Plant		
Number of Buildings: 1	Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:	0	
Number of Open Bay/Dorm Housing Units:	Multiple housing rooms	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>The facility has cameras within the interior of the facility and on the exterior of the facility. The cameras provide adequate coverage of resident accessed areas. The cameras are viewed in the main control area. The cameras are monitored by the security staff who work in this area. During the onsite audit the monitors were examined, the views of the cameras do not show any areas that would cause an issue of cross gender viewing.</p>		
Medical		
Type of Medical Facility:	Onsite exam room	
Forensic sexual assault medical exams are conducted at:	Catholic Medical Center, Manchester NH	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	Agency wide 486 volunteers and 110 contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	12	

Audit Findings

Audit Narrative

Pre-Onsite Audit Phase

Audit Planning and Logistics:

I had the opportunity to discuss the audit process and expectations of both parties with the Agency PREA Coordinator Lynmarie C. Cusack. We coordinated the dates for the onsite audits at the facility.

During these conversations, we outlined an overall audit schedule and notified the facility of the estimated time of arrival on site.

Posting Notice of the Audit:

I forwarded the audit postings to the Agency PREA Coordinator on March 9, 2019; she then forwarded the postings to the individual facilities. The posting included the dates of the audit, the purpose of the audit, my contact information, and a statement regarding the confidentiality of any communication received. The postings were placed throughout the facility, including all housing units, visiting areas, recreational areas, and all common areas. I verified the placement of the audit notices during the onsite portion of the audit during the facility tour and during the resident and staff interviews. No staff nor residents contacted me.

Review of Agency and Facility Policies, Procedures, and Supporting Documentation:

The Agency PREA Coordinator provided me a flash drive containing all New Hampshire Department of Corrections Policies and Procedures related to the Prison Rape Elimination Act. This flash drive also contained the facility level Policies and Procedures, as well as documentation that all Department and Facility Policies and Procedures were practiced on a daily basis. They also provided me a completed PRE-Audit Questionnaire. The Policies, Procedures, and Documents reviewed during this phase of the audit are listed under Onsite Audit, with all documentation reviewed during the course of the audit.

Outreach to Community Advocacy Organizations:

I contacted Jennifer Pearson of the Crisis center of Central New Hampshire; they hold an MOU with the New Hampshire Department of Corrections for crisis intervention. She confirmed that they provide victim advocacy, and she did not know of any issues at the facility.

Agency level interviews:

I conducted the agency level interviews while conducting the audit of the New Hampshire Community Corrections North End House facility. I had previously reviewed the hiring documentation, and human resources materials, this review was completed with the last 365 days, and I did confirm that no processes have changed. During these interviews, I met with Agency PREA Coordinator Colon K. Forbes Jr. and Director Ryan Andersen as the Agency Head Designee. Both are no longer with the agency. I also had the opportunity to speak briefly with Commissioner Helen E. Hanks who attended the exit conference of the North End House Facility on June 21, 2018. I interviewed the current PREA Coordinator during our interactions while conducting the PREA Audits.

Onsite Audit Phase

Site Review:

On May 22, 2019, at approximately 8:00 a.m. Lynmarie C. Cusack Agency PREA Coordinator, Jean Carroll Agency Victim Advocate, and I met with Nicholas Duffy, Director of Community Corrections (acting), Captain Andrew Newcomb, and Lt. Jennifer Russ. We discussed the onsite portion of the audit, including facility tour, resident and staff interview location, and document review. After this brief meeting, a facility tour was conducted. During the tour, I had the opportunity to view all areas of the facility, no areas were not toured. I interacted with both staff and residents, as well as observed the interaction between the staff and residents. I was able to verify the location of cameras throughout the facility, as well as the camera monitor locations. While in the housing areas, I observed the related PREA information, Audit Posting, and applicable policies and procedures which are accessible to all residents. These postings were further observed in common areas throughout the facility. While conducting the onsite audit, I reviewed the log book located in main control.

Upon completion of the facility tour, the resident interviews were conducted in an office; this provided privacy while conducting the interviews. I randomly selected the residents from the daily roster.

Interview Type	Number
Random resident Interviews	8
Youthful Residents	Facility does not house
Residents with a Physical & Cognitive Disability	1
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient	0
Residents who Identify as Lesbian, Gay or Bisexual	1
Residents who identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse	0
Residents who Reported Sexual Victimization During Risk Screening	0
Total Resident Interviews	10

During the interview process, several targeted categories of residents were not being housed at the facility.

I conducted the interviews with all residents, in the same manner, a preamble to the interview was related to the resident explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No residents refused to speak with me. During the interviews, I utilized a copy of the initial PREA information received by residents, Resident Handbook, and Screening form to visually stimulate the resident's recollection of their initial intake process.

Upon completion of the resident interviews, the staff interviews were conducted in the same office. During the process, I interviewed staff in the following categories:

Interview Type	Number
Random Staff Interviews	4
Intermediate or Higher Level Staff Conducting Unannounced Rounds and Intake Staff	2
Medical and Mental Health Staff	2 interviewed at NH Correctional Facility for Women
Administrative Staff	1
Victim Advocate	1
Volunteers and Contractors	2
Investigative Staff	3 interviewed at NH State Prison for Men
Staff who Perform Screening	1
Staff on the Sexual Abuse Incident Review Team	1
First Responders	0
Director/PREA Compliance Manager and Designated to Monitor for Retaliation	1
Total Staff Interviews	18

I conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with me if they choose not to. No staff refused to speak with me. During the interviews, I utilized facility documents and any documentation related to a specifically targeted interview. These items were used to visually stimulate the staff's recollection on the daily practices at the facility.

The following is a list of documentation reviewed during the Pre-Audit, Onsite Audit and Post Audit Phases, with the applicable standard to each.

Documentation Reviewed Pre-Audit, Onsite Audit and Post Audit Phases	Applicable Standard
NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures NH Department of Corrections Organizational Chart	Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Contract with Stafford County for incarceration of female offenders NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Sample State Compact MOU with PREA language	Standard 115.212: Contracting with other entities for the confinement of residents

<p>NH Department of Corrections Policy and Procedure Directive Subject: DOC Security Force Distribution Staffing plan review meeting notes, meeting held on April 2, 2018 NH Department of Corrections Policy and Procedure Directive Subject: Achieving DOC Objectives Through Effective Communication and Supervision NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees Daily Assignment Post Roster Master Roster & Post Order Guidelines Facility diagrams showing camera locations Facility Brochure Log showing unannounced rounds</p>	<p>Standard 115.213: Supervision and Monitoring</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Searches and Inspections NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Training Curriculum for LGBTI, Gender Dysphoria and the Parameters for Conducting a Search of Transgender or Intersex Residents Training rosters</p>	<p>Standard 115.215: Limits to cross-gender viewing and searches</p>
<p>Invoices for telephonic language interpretation and in person sign language interpretation Language Bank brochures NH Department of Corrections Policy and Procedure Directive Subject: SPECIALIZED TREATMENT SERVICES FOR RESIDENTS MEETING SEVERELY AND PERSISTENTLY MENTALLY ILL (SPMI) CRITERIA NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Spanish PREA Posters</p>	<p>Standard 115.216: Residents with Disabilities and Residents who are Limited English Proficient</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: DOC Recruitment and Retention Policy NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees Interview board questions Contractor PREA Acknowledgment Forms Related background checks, guidelines, orientation materials, and personnel files.</p>	<p>Standard 115.217: Hiring and Promotion Decisions</p>

<p>NH Department of Corrections Policy and Procedure Directive Subject: Needs Evaluation Study for Construction of New Correctional Institutions Facility Camera Schematic</p>	<p>Standard 115.218: Upgrades to facilities and technologies</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Crime Scene Search, Evidence Collections, Major Crime Scene Search NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Governor’s Commission on Domestic and Sexual Violence Office of the Attorney General: A model Protocol for Response to Adult Sexual Assault Cases New Hampshire Victims Compensation Program MOU with Crisis Center of Central New Hampshire Agency Victim Advocate qualifications NH State Police MOU</p>	<p>Standard 115.221: Evidence Protocol and Forensic Medical Examination</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures NH Department of Corrections Policy and Procedure Directive Subject: Crime Scene Search, Evidence Collections, Major Crime Scene Search NH DOC Published Website Policies</p>	<p>Standard 115.222: Policies to Ensure Referral of Allegations for Investigations</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Department of Corrections Training Program NH Department of Corrections Policy and Procedure Directive Subject: Orientation for New Employees NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures NH Department of Corrections training curriculum and training Power Points 2017 PREA Training Rosters</p>	<p>Standard 115.231: Employee Training</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Citizen Involvement and Volunteers NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Completed Acknowledgement Forms</p>	<p>Standard 115.232: Volunteer and Contractor Training</p>

<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures State of New Hampshire Department of Corrections Classification Manual 2011 State of New Hampshire Department of Corrections Manual for the Guidance of Residents Resident acknowledgment forms Resident PREA Pamphlets PREA Posters</p>	<p>Standard 115.233: Resident Education</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Crime Scene Search, Evidence Collections, Major Crime Scene Search NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Training curriculum and certificates</p>	<p>Standard 115.234: Specialized training: Investigations</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Medical/ Mental Health PREA Training Training Rosters</p>	<p>Standard 115.235: Specialized training: Medical and mental health care</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures NH Department of Corrections Policy and Procedure Directive Subject: Resident Discharge/Transfer Summaries NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services Objective Risk Screening Instrument and Instructions Completed screening tools</p>	<p>Standard 115.241: Screening for risk of victimization and abusiveness</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures NH Department of Corrections Policy and Procedure Directive Subject: Resident Discharge/Transfer Summaries NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services Objective Risk Screening Instrument and Instructions Completed screening tools</p>	<p>Standard 115.242: Use of screening information</p>

<p>State of New Hampshire Department of Corrections Manual for the Guidance of Residents</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Resident Mail Service</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Notification of Incidents or Events</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Processing SPOT, Disciplinary, Incident & Intelligence Reports</p> <p>Investigative reports</p> <p>Incident reports documenting allegation</p>	<p>Standard 115.251: Resident reporting</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p>	<p>Standard 115.252: Exhaustion of administrative remedies</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>New Hampshire Domestic and Sexual Violence Crisis Center Catchment Areas</p> <p>MOU with Crisis Center of Central New Hampshire</p> <p>Agency Victim Advocate qualifications</p>	<p>Standard 115.253: Resident access to outside confidential support services</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Resident Mail Service</p> <p>NH DOC Website</p> <p>Posters at facility</p>	<p>Standard 115.254: Third-party reporting</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees</p> <p>Investigative Reports</p>	<p>Standard 115.261: Staff and agency reporting duties</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p>	<p>Standard 115.262: Agency protection duties</p>

NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Incident Report	Standard 115.263: Reporting to other confinement facilities
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Incident Report Investigative reports	Standard 115.264: Staff first responder duties
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Incident Report Investigative reports	Standard 115.265: Coordinated response
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Collective Bargaining Agreement between the State of New Hampshire Department of Corrections and the Teamsters Local 633	Standard 115.266: Preservation of ability to protect residents from contact with abusers
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures	Standard 115.267: Agency protection against retaliation
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures NH Department of Corrections Policy and Procedure Directive Subject: Crime Scene Search, Evidence Collections, Major Crime Scene Search NH Department of Corrections Policy and Procedure Directive Subject: Searches and Inspections Agency investigative reports	Standard 115.271: Criminal and administrative agency investigations
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Agency investigative reports	Standard 115.272: Evidentiary standard for administrative investigations
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Agency investigative reports Sample resident reporting form	Standard 115.273: Reporting to residents

<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidelines for DOC Employees</p> <p>Resignation letter</p> <p>Referral to file criminal charges</p> <p>Personnel Files</p>	<p>Standard 115.276: Disciplinary sanctions for staff</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p>	<p>Standard 115.277: Corrective action for contractors and volunteers</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Processing SPOT, Disciplinary, Incident & Intelligence Reports</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Female Sexual Offender Treatment Services</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Male Sexual Offender Treatment Services</p>	<p>Standard 115.278: Disciplinary sanctions for residents</p>
<p>NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Health Care Co-pay</p> <p>NH Department of Corrections Policy and Procedure Directive Subject: Pregnancy Management and Planning for the Unborn Children of Female Residents</p>	<p>Standard 115.282: Access to emergency medical and mental health services</p>

NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services NH Department of Corrections Policy and Procedure Directive Subject: Health Care Co-pay NH Department of Corrections Policy and Procedure Directive Subject: Pregnancy Management and Planning for the Unborn Children of Female Residents	Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Incident reviews and associated documentation	Standard 115.286: Sexual abuse incident reviews
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Data on agency website through 2017	Standard 115.287: Data collection
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Data on agency website through 2017	Standard 115.288: Data review for corrective action
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Data on agency website through 2017	Standard 115.289: Data storage, publication, and destruction
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Audit reports on agency website through 2018	Standard 115.401: Frequency and scope of audits
NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Audit reports on agency website through 2018	Standard 115.403: Audit contents and findings

At the conclusion of the Onsite Audit, an exit conference was held with the administration at the New Hampshire Correctional Facility for Women. At this time, I provided an overview of the audit findings during the onsite audit portion.

Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of all of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of each standard were met. This assurance was made by triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account, I found that the facility has met all of the standards and are in compliance with the Prison Rape Elimination Act National Standards for Community Confinement.

Facility Characteristics

The Shea Farm Transitional Housing Unit is located at 60 Iron Works Road, Concord, NH 03302. The facility is an all-female facility that houses a maximum of 40 work release, and minimum-security inmates.

The facility consists of the main building, and a small shed. You enter the facility on the first floor and immediately are at the officer's station. All visitors must sign in, and acknowledge the agencies zero-tolerance policy by signing a form.

The first floor consists of the officer's station, administrative offices, kitchen, dining area, dayroom, recreation room/classroom, and a laundry facility. The area is under the direct supervision of the Correctional Officers, I found during my visit that many inmates spend time in these areas.

All housing for the facility is located on the second floor. These areas consist of multi-occupancy rooms and two bathrooms that the inmates utilize. The bathrooms have curtains for the toilets and showers. The policy for the facility is that no inmates can be unclothed in the rooms, all changing of clothes must be done within the shower/bathroom areas.

Information relative to the agencies zero tolerance policy, and reporting avenues are located throughout the common areas as well as the housing areas.

Staff moves throughout the facility conducting unannounced rounds, and mandatory counts. This movement helps to deter and sexual abuse or harassment in the facility.

I found that staff move throughout the facility, this movement of staff deters any violation of the PREA policy, and more importantly provides an overall safe environment for both residents and staff.

During the onsite audit, I was impressed with the overall culture of the facility, and the professional as well as respectful treatment of the residents. I strongly believe that this culture helps to maintain the safe environment at the facility, and has built confidence in the residents to report any issues directly to staff. This was corroborated during my interviews with the residents during the onsite audit.

Summary of Audit Findings

Number of Standards Exceeded: 6

- § 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- § 115.217 Hiring and promotion decisions.
- § 115.221 Evidence protocol and forensic medical examinations.
- § 115.234 Specialized training: Investigations.
- § 115.241 Screening for risk of victimization and abusiveness.
- § 115.271 Criminal and administrative agency investigations.

Number of Standards Met: 35

- § 115.212 Contracting with other entities for the confinement of residents.
- § 115.213 Supervision and monitoring.
- § 115.215 Limits to cross-gender viewing and searches.
- § 115.216 Residents with disabilities and residents who are limited English proficient.
- § 115.218 Upgrades to facilities and technologies.
- § 115.222 Policies to ensure referrals of allegations for investigations.
- § 115.231 Employee training.
- § 115.232 Volunteer and contractor training.
- § 115.233 Resident education.
- § 115.235 Specialized training: Medical and mental health care.
- § 115.242 Use of screening information.
- § 115.251 Resident reporting.
- § 115.252 Exhaustion of administrative remedies.
- § 115.253 Resident access to outside confidential support services.
- § 115.254 Third-party reporting.
- § 115.261 Staff and agency reporting duties.
- § 115.262 Agency protection duties.
- § 115.263 Reporting to other confinement facilities.
- § 115.264 Staff first responder duties.
- § 115.265 Coordinated response.
- § 115.266 Preservation of ability to protect residents from contact with abusers
- § 115.267 Agency protection against retaliation.
- § 115.272 Evidentiary standard for administrative investigations.
- § 115.273 Reporting to residents.
- § 115.276 Disciplinary sanctions for staff.
- § 115.277 Corrective action for contractors and volunteers.
- § 115.278 Disciplinary sanctions for residents.
- § 115.282 Access to emergency medical and mental health services.
- § 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- § 115.286 Sexual abuse incident reviews.

- § 115.287 Data collection.
- § 115.288 Data review for corrective action.
- § 115.289 Data storage, publication, and destruction.
- § 115.401 Frequency and scope of audits.
- § 115.403 Audit contents and findings.

Number of Standards Not Met: 0

Summary of Corrective Action:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures dictates the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all sexual abuse and sexual harassment.

I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

The agency has designated an agency-wide PREA Coordinator. During the interview, she related that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with

the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards and their daily application in the New Hampshire Department of Corrections.

I reviewed the Department of Corrections Organizational Chart and found that the PREA Coordinator is in the upper-level of the administration.

The agency has also designated a PREA Compliance Manager at their facilities. During the interview with the PREA Compliance Manager, he related that he has enough time to implement the PREA Standards at the facility.

During the interviews at the facility, I was informed that the Agency PREA Coordinator is always accessible to answer questions and provide advice on PREA related issues. I personally observed this during the onsite audit process when he was answering questions and interacting with staff on PREA related matters.

I was also advised that the Agency PREA Coordinator will spot check the facilities to ensure that they are consistent in the application of the agency policies that apply to PREA.

Prior to the onsite audit, all documentation was reviewed, during the onsite portion, I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and residents.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the agencies overall commitment to sexual safety in their facilities; this commitment is shared by all staff from the Director down.

Standard 115.212: Contracting with other entities for the confinement of residents

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency contracts with Stafford County for the incarceration of female offenders. The agency directives further state that all contracts, contract amendments, renewals and agreements with outside agencies that pertain to the confinement of NHDOC residents will include requirements that such adhere to the PREA policy and provide departmental contract monitoring to ensure that the agency is complying with the PREA policy.

The agency has also entered into Interstate Compacts with several other states for the housing of inmates under specific circumstances. These compacts also have language in them, stating that the agency will adopt and comply with the PREA Standards.

During staff interviews, I confirmed that any new contract or contract renewal would provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. I further confirmed during interviews that the facilities are monitored for compliance. All contracted facilities and facilities under the Interstate Compacts were audited during the first auditing cycle and will be audited during this auditing cycle.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.213: Supervision and monitoring

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has developed a facility staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the aforementioned policies. I further questioned the staff on the policies and the ability to fully staff the facility at all times. I was informed that the facility would fill posts with overtime if needed to be at the full complement.

The staffing plan was reviewed at the PREA Supervision and Monitoring meeting held on April 4, 2019. This was confirmed through reviews of the meeting documentation and staff interviews.

The staffing plan has not been deviated from within the last 12 months. I confirmed during staff interviews that any posts would be filled with overtime.

The facility has not had any incidents related to sexual abuse or sexual harassment. The facility administrators review other incidents that have occurred at the facility, as well as discussing normal facility operation. They discuss any adjustments that may need to be made to the staffing plan, deployment of video monitoring and other technologies, and any resources available. This was confirmed during the staff interviews.

The agency has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds take place during all shifts at the facility. The agency has a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. I further confirmed the rounds are occurring during the staff and resident interviews as well as reviewing the log generated by main control.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches unless in exigent circumstances or when performed by a medical practitioner. I confirmed this procedure during staff and resident interviews, as well as a review of the policy. I also confirmed that the facility had not conducted a search under these circumstances.

The facility is an all-female facility and does not restrict the females from education programming etc. A female staff member is always at the facility.

The above policies outline procedures and practices that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender is viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine housing unit checks. The policies further dictate that staff of the opposite gender announce their presence when entering a resident housing unit. These practices were confirmed during the staff and resident interviews as well as during the facility tour when I observed the announcements taking place.

The facility has separate bathroom areas; these areas are multi-occupancy. The toilets and showers have curtains on them for privacy.

The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. I further confirmed the practices during the staff and medical interviews. When a transgender or intersex resident is placed at this facility, they would have been identified as such by the facility they were being transferred from.

The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was confirmed by reviewing the provided training materials. I further verified this training during staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency and facility are substantially compliant with the requirements of this standard and all provisions.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to residents in these categories in the above directives. This plan outlines procedures for residents who are not only non-English speaking but all who are enumerated in this standard. I confirmed the use of this plan during the staff and resident interviews.

The agency has taken steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. The agency has a statewide contract for telephonic language interpretation and in-person sign language interpretation. The facility further provides all PREA material in Spanish.

The agency does not rely on resident interpreters, resident readers, or other types of resident assistants. The contracted services for telephonic language interpretation and in-person sign language interpretation is available 24 hours a day. The interviewed agency investigators are aware of these services and confirmed during their interviews that they utilize these services.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency has policies and procedures in place that identify anyone who had been convicted of sexual abuse in a confinement setting, engaged in or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated for the same. The agency has developed a questionnaire that asks the individual the questions enumerated in this standard.

During the interviews with staff, and Human Resources I verified that the questionnaire is being utilized, I further verified the utilization of this questionnaire by reviewing personnel files, I found that the questionnaire was filled out.

The agency further polygraphs all potential employees.

The agency considers any incidents of sexual harassment when hiring or promoting anyone or enlisting the services of any contractor. This was confirmed during interviews.

The agency conducts background checks on all new employees, this was confirmed during the human resources interviews, and while reviewing personnel files. The agency conducts an in-depth background investigation, which includes contacting any prior employer; this was confirmed during the interviews and review of personnel files. The agency performs a criminal background records check before enlisting the services of any contractor who may have contact with residents. This is documented in the policy; I also confirmed this during the interviews and documentation review.

Criminal history checks are being conducted every five years on all employees; this was confirmed by reviewing documentation of the checks and during the interviews.

The agency asks all applicants and employees who may have contact with residents directly about previous misconduct in written applications and interviews. This is utilized in the hiring and promotion system. As previously mentioned, the agency asks these questions both in writing and during the polygraph examination.

The agency has a policy that states material omissions regarding conduct or providing false information, shall be grounds for termination of employment.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

Standard 115.218: Upgrades to facilities and technologies

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

During the agency level interviews, I verified that when the agency is designing a new facility or modifying existing facilities, they consider their ability to protect inmates from sexual abuse. This was confirmed during the previous PREA Coordinators interview; he was involved in the building process of the facility.

I confirmed during agency and facility interviews that they consider their ability to protect residents from sexual abuse when installing or updating any security technology at the facilities.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. The agency will also utilize the New Hampshire State Police during incidents when assistance is required. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification. I reviewed the training materials utilized and

interviewed investigators from this division. I found that they follow the evidence protocols outlined in the policy, and are well versed in evidence identification and collection.

The facility Governors Commission on Domestic and Sexual Violence Office of the Attorney General: A model Protocol for Response to Adult Sexual Assault Cases, outlines the response and utilization of a SAFE exam, at no cost, to any resident involved in sexual abuse.

The protocols outlined in the policies are developmentally appropriate for youth and exceed nationally accepted standards.

The agency utilizes the agency PREA Victim Advocate for any victim advocacy needs. The victim advocate is available to the victim during the forensic medical examination process, and investigatory interviews, and they provide emotional support, crisis intervention, information, and referrals.

The agency has also entered into an MOU with the Crisis Center of Central New Hampshire for victim advocacy.

The aforementioned victim advocates are available to the victim during the forensic medical examination process, and investigatory interviews, and they provide emotional support, crisis intervention, information, and referrals. Although these services have not been utilized at this facility, I verified their availability through interviews and review of the memorandum of understanding.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through a review of policies which outline the procedures for investigating sexual abuse and sexual harassment. I further verified all allegations are investigated during investigator interviews, staff interviews, and review of the agency investigative reports.

The agency investigates all allegations. I verified that the investigative procedure is published on the agencies website.

The agency has policies in place that govern the investigative process. This was confirmed during policy review and investigator interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency provides training to all employees on the areas enumerated in this standard. I reviewed the training curriculum and materials; I found that they address all areas. I further confirmed the training during the staff interviews and the review of training records. The employees receive initial training and annual updates. It was confirmed during staff interviews that they also receive updates during the start of the shift.

The employees are verifying the receipt of the training digitally; this was verified during the review of the sample logs.

Annual training is accomplished on the NHDOC Computer Based Training utilizing Moodle an open source training platform. All staff is acknowledging receipt of the training.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.232: Volunteer and contractor training

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has trained all volunteers and contractors who have contact with residents on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This was confirmed during the volunteer and contractor interviews at the facility.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. At a minimum, they are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was confirmed during the volunteer and contractor interviews.

The agency maintains all documentation confirming that volunteers and contractors understand the training they have received. This documentation is maintained at the facility level; this was confirmed during the review of the volunteer and contractor acknowledgment forms.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.233: Resident education

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

During the intake process, residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This was confirmed during the resident and staff interviews; I also confirmed this process by visually watching residents being processed into the facility. The resident's sign receiving the information and watching a video on PREA which is available on the facility television system. I had the opportunity to review both the written documentation and video; both meet all aspects of this standard.

The facility provides comprehensive training through a PREA video to all residents at the facility. The residents are provided the opportunity to ask questions on the agencies policies on zero tolerance and reporting procedures. I confirmed the comprehensive education through both resident and staff interviews.

The facility provides resident education in formats accessible to all residents; this includes residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility provides materials to residents in Spanish; they also have a contract for interpretation of other languages. The counselors would provide education to other individuals if needed.

The resident's sign receiving the information and watching a video on PREA.

The facility has all key information on the zero-tolerance policy and reporting avenues to residents provided through signage placed throughout the facility. I viewed this signage during the facility tour. I further confirmed that the signage has been in place during the resident and staff interviews.

The residents receive the PREA training upon initial reception by the Department of Corrections and upon entry into every new facility.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the facility is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.234: Specialized training: Investigations

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency is responsible for both the administrative and criminal investigations of all sexual abuse and sexual harassment incidents. They also work with the New Hampshire State Police on incidents where assistance is needed. These investigators are sworn law enforcement officers and are trained in conducting criminal investigations. The training they have received includes the use of Miranda and Garrity warnings, techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This was confirmed during the investigator interviews, investigation review, and policy review.

The agency documents all training attended by the investigators. This was confirmed during the interviews with the investigators, as well as a review of the training records.

I found the agency investigators to be extremely well versed in their duties. I had the opportunity to review the investigations conducted by the investigators and found them to be exceptional.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

This facility does not have any medical personnel, but overall, the agency trains all full and part-time medical and mental health care practitioners on the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This was confirmed by reviewing the training materials utilized by the New Hampshire Department of Corrections, and during the review of the PREA Training for Medical & Mental Health Course Rosters at the other facilities. I also confirmed this training with the medical and mental health staff during interviews.

The agency medical staff do not conduct sexual assault examinations.

The medical and mental health care practitioners also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. This was confirmed with the medical and mental health staff during interviews at other facilities.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

All residents are assessed during the intake process, which is completed upon arrival at the facility. This screening is conducted utilizing the Risk Screening Instrument. This instrument identifies all areas of victimization enumerated in this standard. This was verified through interviews with staff and residents, as well as a review of the completed screening instruments.

I verified through staff interviews that if a resident is transferred to another facility, they will receive a screening again.

The initial screening for risk of being sexually abusive considers any known prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. This was confirmed during a review of the screening tool and interviews with both staff and residents.

The facility is reassessing all residents within 30 days of arrival, this reassessment is being conducted by staff, and they are taking into considerations all information available to them at the time of reassessment. This was confirmed by reviewing the reassessment documentation and staff interviews. The facility would reassess a resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the resident's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Residents are informed during the screening process that they will not be disciplined for refusing to answer, or for not disclosing complete information. This was confirmed during the review of the screening tools and during the staff and resident interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency utilizes the information from the Risk Screening Instrument and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This

was confirmed during a review of the policy, and I confirmed these procedures during staff and resident interviews.

The agency makes all of these determinations on an individualized basis; this ensures the safety of each resident. This was confirmed during policy review, and staff and resident interviews.

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

I confirmed during interviews that placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year.

The agency nor facility place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. This was confirmed during agency level interviews, as well as resident interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

REPORTING

Standard 115.251: Resident reporting

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The facility provides the residents with the information on reporting in the resident manual provided at intake and through signage throughout the facility. The residents can report directly to any staff or through the reporting addresses to the Attorney General's Office. During the interviews with both staff and residents, I confirmed that they were aware of the reporting avenues.

The staff interviews related that they understood the agency policy that states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency provides in policy a method for staff to privately report sexual abuse and sexual harassment of residents. The policy allows the staff to go outside their immediate chain of command.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency does not utilize any administrative process for sexual abuse, and therefore is exempt from this standard.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Access to outside confidential support services is outlined in the agencies policies and procedures. The resident would have the ability to utilize the services of the NH DOC PREA Victim Advocate, and the

Crisis Center of Central New Hampshire for victim advocacy. The services that the residents would receive are the same as the level received in the community.

The facility provides the contact information to the residents.

All of the information required under this standard and all provisions is provided to the residents, this was verified through review of the documentation and interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has established third-party reporting methods in policy; these methods allow residents to report for other residents and outside individuals to report. The agencies website outlines the third party reporting avenues; this was confirmed through a review of the agency website.

The facility has third-party reporting avenues posted in areas in the facility where they can be viewed by visitors.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency policy states that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint. The staff interviewed understood their responsibilities under this policy. During interviews with staff who reported an allegation, I verified that they followed the policy.

The policy further states that information concerning a complaint of alleged sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged sexual misconduct and immediate and continued care of the victim. All staff interviewed understood this requirement.

During the interviews of medical and mental health staff, I confirmed their duty to report, they understood their obligations to report an incident to security staff. They utilize the limits of confidentiality form that is signed by the resident.

All allegations are being reported to the facility investigators. This was confirmed during staff interviews and a review of the investigations.

During the review of the agency investigations, I found they all were properly reported.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.262: Agency protection duties

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agencies policies dictate that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The staff interviewed understood their responsibility and all responded that they would immediately take appropriate steps to protect the resident.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency would complete an incident report, and the other confinement facility would be notified by the NH PREA Coordinator.

I reviewed several documented referrals of this nature; all referrals were made immediately to the confinement setting where the incident occurred.

The interviewed staff understood their responsibilities under this policy.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.264: Staff first responder duties

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency policies outline the initial response by staff. This response includes stopping the alleged incident, safeguarding the victim, arrange for medical services, detaining the alleged perpetrator, and preserving evidence. The staff interviewed understood their responsibilities if they were the first responder to an allegation.

The volunteers and contractors interviewed related that if they were a first responder, they would request that the victim not take any actions that could destroy physical evidence, and then notify security staff.

I verified compliance during the interview process, as well as policy and agency investigation review.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.265: Coordinated response

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The above-listed policies outline the facility plan to coordinate and respond to an incident of sexual abuse. This coordinated response includes first responders, medical and mental health practitioners, investigators, and facility leadership. During the interviews with the staff, they all understood their roles in a sexual abuse investigation.

I verified compliance during the interview process, as well as policy and agency investigation review.

After a careful review of all documentation and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

After reviewing the documentation I confirmed that the agency is able to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or determination of what extent discipline is warranted. I also confirmed this through interviews with Union Officers at New Hampshire DOC facilities.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.267: Agency protection against retaliation

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency policy states Retaliation against any offender or staff member who reports sexual misconduct or cooperates with a sexual misconduct investigation is prohibited and is subject to administrative or criminal action. The Investigations Bureau shall investigate all reports of retaliation and will employ all protection measures warranted such as housing changes or transfers for victims or abusers, removal of alleged staff members or resident/resident abusers from contact with victims, and emotional support services for resident/resident or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. The conduct and treatment of residents/residents or staff who reported sexual misconduct or who were reported to have suffered sexual misconduct will be monitored by the investigator or the PREA Victim Advocate assigned to the case for at least 90 days following the report of sexual misconduct to ensure that they were not victims of retaliation. The monitoring would continue beyond the 90 days if the initial monitoring indicated a continuing need. Such monitoring will include periodic status checks by the PREA Victim Advocate.

The investigator and the PREA Victim Advocate will document their monitoring responsibilities as part of the investigative report.

I confirmed this procedure during staff interviews and review of the agency investigative reports and supporting documentation.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency policies and procedures outline a prompt response to any allegation made. I determined that the allegations are immediately investigated. This was confirmed during the investigator interviews and the investigation review.

All investigators have received special training in sexual abuse investigations pursuant to § 115.34. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

They further determine the credibility of a victim, witness, or suspect on an individual basis, regardless of the individual's status, for example, employee or resident. Victims may not be required to take a polygraph or other truth-telling the test to determine to proceed with an investigation of an incident involving a sex-related offense.

All investigations would include a determination if employee action or lack of action contributed to the occurrence. All investigations are documented in an investigative report.

It was confirmed during interviews that any allegations rising to a violation of criminal law are considered for prosecution. If the incident possibly involves criminal activity, they would refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred.

The investigator maintains the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.

The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.

During interviews and review of the investigations, I determined that all of the above are practiced on a regular basis.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds the requirements of this standard and all provisions.

Standard 115.272: Evidentiary standard for administrative investigations

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has policies that states there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

During the investigation review and investigator interviews, I verified that they are applying the preponderance of evidence to make a determination.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard and all provisions.

Standard 115.273: Reporting to residents

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Reporting to inmates states the following:

- a. Following the investigation, an investigator shall inform the inmate as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. If the investigation was conducted by another police agency, an investigator should request relevant information from that agency in order to inform the inmate.
- b. Following an inmate's allegation of staff-on-offender sexual abuse, an investigator shall subsequently inform the inmate (unless the investigation determined that the allegation was unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member was indicted or convicted on a charge related to the sexual abuse.
- c. Following an inmate's allegation of offender-on-offender sexual abuse, an investigator shall subsequently inform the alleged victim if the abuser is indicted or convicted of the sexual abuse.
- d. The investigator will document such notifications or attempted notifications in the investigative reports.
- e. The reporting to inmates requirements terminate if the inmate is released from NHDOC custody and supervision.

During the review of the investigations and investigator interviews, I found that the above procedures are being followed.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses staff discipline for a violation of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs staff conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

The audited facility has not disciplined staff within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has a policy in place that addresses corrective action for volunteers and contractors who violate any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of the discipline through review of the agency investigations and staff interviews.

The audited facility has not disciplined any volunteers and contractors within the last 12 months for a violation of these policies.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

Residents are subject to a formal disciplinary process. Any sanction is commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

The disciplinary process considers whether a resident's mental disabilities or mental illness, contributed to his behavior when determining what type of sanction, if any, should be imposed.

The facility would offer therapy or mental health services through the medical department.

Policy states that a complaint of alleged resident on resident sexual conduct made in good faith based upon a reasonable belief that the alleged resident on resident sexual conduct occurred may not be

considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of resident on resident sexual conduct.

Investigator and staff interviews confirmed that when an investigation of resident on resident sexual abuse is substantiated, the resident is referred for disciplinary sanctions.

No resident at the facility has been disciplined within the past 12 months.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The facility ensures that victims of sexual assault receive prompt and appropriate medical intervention. Nature and scope are determined by medical and mental health practitioners according to their professional judgment.

The policy further states that prophylactic treatment and testing is offered to the patient, as well as follow up care for sexually transmitted or other communicable diseases. An evaluation by a mental health provider is completed for crisis intervention counseling and long term, follow up plans.

The above services are offered at no financial cost to the resident. These policies and procedures were confirmed during staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The facility has the policies and procedures in place for ongoing medical and mental health care. The staff informed me that the services would be coordinated by agency medical personnel. I further confirmed this with the medical staff.

I reviewed the agency investigations conducted; these services were offered to all involved in an allegation.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has a policy in place that outlines the facilities review of incidents. The policy addresses all provisions of the standard. The facility utilizes the PREA Case Review Report, which documents all of the aforementioned questions of concern when reviewing an incident.

I confirmed the incidents are being reviewed by reviewing the policy and all applicable documentation; I further discussed the reviews during the staff interviews. I also reviewed the completed PREA Case Review Report from prior incidents; I found they have been properly completed and informative.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.287: Data collection

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

During the staff interviews, I confirmed that the following procedure is in place:

The Department will use data collection systems to accurately track sexual assaults and sexual misconduct and to facilitate identification of the core risk and causal factors. The Director of Professional Standards will review the data and will compile a yearly report with recommendations for quality improvement measures based on the information. With the approval of the Commissioner, the report will be made available to the public on the department's web site. The Director of Professional Standards will ensure adherence to PREA standards, including coordinating any required audits.

- Records from these investigations will be retained for 10 years and then destroyed.
- All requests for reports that can be generated from the electronic database of PREA tracking information will be approved by the Commissioner or designee in accordance with NHDOC policies and the NH Right to Know Law.
- Information from PREA investigations pertaining to classification, housing assignments, risk of perpetration or safety of victims shall be integrated into CORIS as needed for the prevention of sexual assault and victimization.

- All NHDOC PREA cases will be reviewed by the NHDOC Sexual Assault Resource Team (SART). The Case Review Protocol is Attachment # 7.
- It is the responsibility of the Director of Professional Standards or designee to file yearly PREA census information to the Bureau of Justice Statistics in a timely manner and to respond to any request for data from the Department of Justice in accordance with federal PREA guidelines.
- The Director of Professional Standards may enlist the assistance of the Director of Research and Planning to compile summative reports on PREA investigations and PREA data. The agency has established policies that address all provision of this standard. The agency utilizes the Sexual Assault Report, which is a data collection instrument utilized to collect all sexual abuse data.

Compliance was confirmed through review of completed data collection instruments, and staff interviews.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.288: Data review for corrective action

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

During agency interviews, I confirmed that the data collected is reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The agency identifies problem areas, takes corrective action on an ongoing basis. They have prepared annual reports which are available on the website. The reports compare data from year to year, and assess the agencies progress in implementing sexual safety throughout the facilities, and are approved by the Commissioner.

During staff interviews, I confirmed that if a trend was identified while reviewing the data, a corrective action plan would be developed for that facility and immediately be put into place.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency digitally retains all data collected; this data is available to the public through the website. The annual reports are published on the website. All personal identifiers have been removed from the reports.

The annual reports from 2013 through 2017 are published on the website. All personal identifiers have been removed from the reports.

The agency has a policy in place that maintains all sexual abuse data for at least 10 years from the date received.

Staff interviews and review of the annual reports further confirmed this procedure.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

All agency facilities, contracted facility, and compact agencies were audited once during the auditing cycle from August 20, 2013, and August 20, 2016.

The agency had formulated their Audit Schedule for the current audit cycle and are completing PREA Audits on one-third of their facilities during each audit year.

This was confirmed during staff interviews and review of final PREA audit reports.

During the audit process, I was able to receive copies of all relevant documentation, conduct private interviews with staff and residents, tour the complete facility, and receive confidential correspondence from both residents and staff.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

EVIDENCE OF COMPLIANCE

The agency has published all final audit reports on their website, this was confirmed by navigating to the page on the website and reviewing all of the audit reports.

After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Patrick J. Zirpoli

June 12, 2019

Auditor Signature

Date