

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

**Date of report: 07/22/17**

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> 06/21/17			
<b>Facility Information</b>			
<b>Facility name:</b> New Hampshire Department of Corrections Calumet House			
<b>Facility physical address:</b> 126 Lowell Street Manchester N.H 03104			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 603-622-8852			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Director of Community Corrections Kimberly MacKay			
<b>Number of staff assigned to the facility in the last 12 months:</b> 11			
<b>Designed facility capacity:</b> 74			
<b>Current population of facility:</b> 64			
<b>Facility security levels/resident custody levels:</b> C1-C2			
<b>Age range of the population:</b> 18 yrs. And older			
<b>Name of PREA Compliance Manager:</b> Justin Jardine		<b>Title:</b> Operations Chief	
<b>Email address:</b> justin.jardine@doc.nh.gov		<b>Telephone number:</b> (603) 271-1924	
<b>Agency Information</b>			
<b>Name of agency:</b> New Hampshire Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 105 Pleasant Street, Concord NH 03301			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 603-271-5601			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> William L. Wrenn		<b>Title:</b> Commissioner	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Colon K. Forbes Jr.		<b>Title:</b> Director of Professional Standards	
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## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) audit of the Calumet House took place on June 21<sup>st</sup> 2017. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Prior to the on-site portion of the audit I reviewed all policies and data pertaining to the PREA Standards. The policies and procedures were provided to me by the Agency PREA Coordinator as well as the Facility PREA Compliance Manager while on site. The facility was posted on April 10, 2017 allowing time for residents and staff to respond to me in writing. All documentation requested by me was provided in a timely and efficient manner, any follow up requests were acted upon immediately.

I wish to extend my appreciation to Director of Community Corrections Kimberly MacKay, Captain Justin Jardine, and all of the staff for their professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made. I would also like to thank the New Hampshire Department of Corrections for its commitment to the operations of the Calumet House, and the dedication to the safety of the staff, as well as their dedication to the care, custody and control of the residents incarcerated at the facility.

I need to recognize Colon K. Forbes Jr., Agency PREA Coordinator, and Jean Carroll, NH DOC PREA Advocate. It is through their dedication and overall work ethic that the Calumet House performed exceptionally well during the PREA Audit. They worked with me tirelessly through the audit process, and fulfilled any request I had.

Prior to the onsite audit I had several opportunities to discuss the audit process, and expectations of the facility with Colon K. Forbes Jr., Agency PREA Coordinator.

Upon my arrival on June 21<sup>st</sup> 2017 I met with the administration of the Community Corrections Division as well as the PREA Coordinator and PREA Victim Advocate. During this meeting we discussed the overall audit process, it was at this time that I was provided a copy of the current resident population as well as a copy of the staff working throughout the audit.

After the entrance meeting I was given a tour of all areas of the facility. During this tour informal interviews were conducted with both staff and residents in several different areas. I viewed the complete facility, all areas were accessible to me during the audit tour. I was able to view the residents at the facility in their housing units, work locations, and moving throughout the facility grounds.

During the interview portion of the audit twelve formal staff interviews were conducted, as well as in depth discussions with other staff available during the tour. Included in the interviews and discussions were the Director of Corrections, PREA Compliance Manager, Counselors, and First Line Staff. The staff interviewed were randomly selected from all staff working during the audit. I selected random staff from different areas within the facility, as well as all three shifts.

Also during the interview portion ten residents at the facility were interviewed. I selected the residents by obtaining a population sheet, and randomly selected the residents from all housing areas. The selected residents included those who have identified as gay or bisexual, residents identified as high risk for sexual victimization, and residents who have reported sexual abuse or sexual harassment.

All of the interviews were conducted in a very efficient manner; this was accomplished by the efforts of the facility administration.

The facility was prepared for the onsite audit and performed extremely well. Looking at the overall performance of the facility I was impressed with not only the facilities operations but the overall agencies operations and response

to incidents of sexual abuse or sexual harassment. The seriousness of incidents of this nature are not overlooked by both staff and residents alike. The interactions with the staff were positive and all were extremely helpful in making the audit process run as seamless as possible.

The agency level interviews were conducted on June 22, 2017. These interviews were conducted with the Agency Head Designee, PREA Coordinator, and Human Resources.

I utilized an overall methodology to make my determination of compliance with the standards. This included a complete review of all policies and documentation provided to me prior to the onsite audit. The documentation was then corroborated through visual inspection of the facility, as well as interviews with staff and residents. I was able to determine that the facility has the policies in place to address all standards, and has put these policies into daily practice. In the standard-by-standard discussion I have specifically identified the policies and documentation utilized during this process, these policies and documentation are listed in italic type. I have also listed any visual evidence, as well as interviews that aided in making these decisions.

Although the facility has met all of the standards, they need to address the staffing levels at this facility. During staff interviews I found that at times they will only have one staff, especially on the overnight shift. The facility has not had any incidents of sexual abuse within the last 12 months, if something does occur, the initial response and handling of any incident will be extremely difficult, if not impossible with only one staff member. The facility should maintain a minimum of two Correctional Officers per shift.

The facility also needs to address the cameras at the facility to better cover areas that are out of view of the staff. During the facility tour these areas were discussed, the cameras will further deter incidents from occurring and assist in any investigation at the facility.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Calumet House is located at 126 Lowell Street Manchester N.H 03104. The facility is located in the residential area within the city limits of Manchester, this allows the residents to utilize transportation.

The mission statement of the New Hampshire Department of Corrections reads as follows:

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.

The facility is housed in a two story building, with a full basement, which has the capacity to house 74 male residents. The facility has both male and female staff members, volunteers and contractors.

The main entrance to the building is located on the first floor, entry is controlled by the Correctional Officers assigned to the facility.

All areas of the facility are under direct supervision of staff. The staff station is placed to allow adequate staff supervision. Supervision is also accomplished by multiple unannounced rounds throughout the facility.

The facility has a second building that is utilized for programming, and groups. This building is located to the rear of the main building. This building is two stories and residents would be under direct supervision of staff, counselors or volunteers.

During the past 12 months 382 reentrants have been admitted to the facility, with 382 staying 72 hours or more, and 382 staying for 30 days or more.

The average length of stay is 7 months.

## **SUMMARY OF AUDIT FINDINGS**

The Calumet House has exceeded in 4 standards, met 33 standards, and 2 standard is not applicable to the facility.

This determination was made after reviewing all materials provided during the pre-audit, the interviews and facility tour conducted during the audit, and the final review of all findings.

Number of standards exceeded: 4

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

The above listed policies mandate 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. The policies were reviewed in their entirety and the staff were questioned on content of the agency directives during staff interviews. All staff interviewed understood the directives, and had previously reviewed the directives.

The agency has designated a Department PREA Coordinator. I confirmed during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the Facility. It should be noted that the agency PREA Coordinator reports directly to the Commissioner.

The Department has identified PREA compliance managers (PCM) who report directly to the PREA Coordinator.

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

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

**EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*Contract with Stafford County for incarceration of female offenders*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

The agency contracts with Stafford County for 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.

During staff interviews I confirmed that any new contract or contract renewal will provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

### **Standard 115.213 Supervision and monitoring**

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

### **EVIDENCE OF COMPLIANCE:**

*NH Department of Corrections Policy and Procedure Directive Subject: DOC Security Force Distribution*

*Staffing plan review meeting notes, meeting held on April 4, 2017*

*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*  
*Shift Commanders Daily Inspection Logs*

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 policies and directives. I further questioned management staff on the directive and the ability to fully staff the facility at all times. I was informed that the facility will fill posts with overtime if needed to be at full compliment. The facility also has the ability to collapse posts and limit resident activity and movement when needed.

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 administration meets on a regular basis to review incidents that have occurred at the facility, as well as discussing normal facility operation. During these meetings, 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 management 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 shift commander's daily inspection log.

## Standard 115.215 Limits to cross-gender viewing and searches

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

### EVIDENCE OF COMPLIANCE:

*Documentation reviewed:*

*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*

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 further confirmed this procedure during staff and resident interviews.

The facility does not house female residents.

The above directives outline procedures that enables 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. The directives further dictates that staff of the opposite gender announce their presence when entering a resident housing unit. I reviewed the policy in its entirety. 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 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. This practice is outlined in the training curriculum for LGBTI. I further confirmed the practices during the staff interviews.

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 security staff interviews.



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

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

### **EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

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.

## Standard 115.217 Hiring and promotion decisions

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

### EVIDENCE OF COMPLIANCE:

*Documentation reviewed:*

*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.*

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.

### **Standard 115.218 Upgrades to facilities and technologies**

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

#### **EVIDENCE OF COMPLIANCE:**

*NH Department of Corrections Policy and Procedure Directive Subject: Needs Evaluation Study for Construction of New Correctional Institutions*

*Facility Camera Schematic*

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 residents from sexual abuse.

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.

### **Standard 115.221 Evidence protocol and forensic medical examinations**

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

#### **EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

*Governors 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 RESPONSE, Berlin NH for Victim Advocacy dated*

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 a sexual abuse. During the past 12 months one resident was transported to the hospital but an exam was not conducted.

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.

### **Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

### **EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through 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 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.

### **Standard 115.231 Employee training**

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

#### **EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

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 the initial training and annual updates. It was confirmed during staff interviews that they also receive updates during roll calls.

All employees receive training on cross gender pat searches and searches of youthful residents. This was confirmed during review of training materials and during staff interviews.

The employees are verifying the receipt of the training through a signature, this was verified during the review of the sample signature logs.

### **Standard 115.232 Volunteer and contractor training**

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

#### **EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

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 review of the volunteer and contractor acknowledgment forms.

### **Standard 115.233 Resident education**

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

### **EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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 acknowledgement forms*

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 residents 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 residents 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.

**Standard 115.234 Specialized training: Investigations**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

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 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.

**Standard 115.235 Specialized training: Medical and mental health care**

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

**EVIDENCE OF COMPLIANCE:**

This facility does not have medical personnel.

**Standard 115.241 Screening for risk of victimization and abusiveness**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation reviewed:*

*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*

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 review of the completed screening instruments.

I verified through staff interviews that if a resident is transferred to another facility they would 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 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 review of the screening tools, and during the staff and resident interviews.

#### **Standard 115.242 Use of screening information**

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

#### **EVIDENCE OF COMPLIANCE:**

##### *Documentation Reviewed:*

*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*

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 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 residents 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 is 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.

### **Standard 115.251 Resident reporting**

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

#### **EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*State of New Hampshire Department of Corrections Manual for the Guidance of Residents*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*NH Department of Corrections Policy and Procedure Directive Subject: Resident Mail Service*

*NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees*

*NH Department of Corrections Policy and Procedure Directive Subject: Notification of Incidents or Events*

*NH Department of Corrections Policy and Procedure Directive Subject: Processing SPOT, Disciplinary, Incident & Intelligence Reports*

The facility provides the residents 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.

### **Standard 115.252 Exhaustion of administrative remedies**

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

#### **EVIDENCE OF COMPLIANCE:**

*Not applicable, all allegations of sexual abuse or sexual harassment go directly to the agency investigators.*

**Standard 115.253 Resident access to outside confidential support services**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures  
New Hampshire Domestic and Sexual Violence Crisis Center Catchment Areas  
RESPONSE, Berlin NH MOU signed September 3, 2014*

The facility provides resident’s access to the NH DOC PREA Victim Advocate. The facility provides the contact information to the residents.

The facility has not had any incidents where these services were utilized. This was confirmed during interviews.

The facility has not had any PREA related investigations within the last 12 months.

**Standard 115.254 Third-party reporting**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures  
NH Department of Corrections Policy and Procedure Directive Subject: Resident Mail Service  
NH DOC Website*

Policy outlines the agencies responsibilities for handling third party reports. A third party can either report to the PREA Coordinator, PREA Victim Advocate, or Victim Services Coordinator. They also provide an email address for third party reporting.

### **Standard 115.261 Staff and agency reporting duties**

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

#### **EVIDENCE OF COMPLIANCE:**

##### *Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees*

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 a 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 review of the investigations.

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

This facility has not had any PREA related incidents.

### **Standard 115.262 Agency protection duties**

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

#### **EVIDENCE OF COMPLIANCE:**

##### *Documentation reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

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.

**Standard 115.263 Reporting to other confinement facilities**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*Incident Report*

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.

**Standard 115.264 Staff first responder duties**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

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.

The facility has not had any PREA related investigations within the last 12 months.

**Standard 115.265 Coordinated response**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

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.

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

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*Collective Bargaining Agreement between the State of New Hampshire Department of Corrections and the Teamsters Local 633*

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 the facility.

**Standard 115.267 Agency protection against retaliation**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*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 will 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.

There have been no PREA incidents at this facility in the last 12 months.

**Standard 115.271 Criminal and administrative agency investigations**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*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*

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 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 test to determine to proceed with an investigation of an incident involving a sex related offense.

All investigations 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 is 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 maintain 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.

This facility has not had any PREA related agency investigations within the last 12 months.

**Standard 115.272 Evidentiary standard for administrative investigations**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidance for DOC Employees*

The agency does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.



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

**Standard 115.273 Reporting to residents**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*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 shall 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 with in 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.

**Standard 115.276 Disciplinary sanctions for staff**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*NH Department of Corrections Policy and Procedure Directive Subject: Rules and Guidelines for DOC Employees*

The facility has policies in place for disciplinary sanctions for staff.

I reviewed the agency investigations and found that these policies are being adhered to.

In the past 12 months, there has not been any staff found to have violated agency sexual abuse or sexual harassment policies at this facility, this was verified during staff interviews.

**Standard 115.277 Corrective action for contractors and volunteers**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

I confirmed during the investigator interviews and investigation review that these practices are in place.

In the past 12 months, no contractors or volunteers have been reported to law enforcement.

## Standard 115.278 Disciplinary sanctions for residents

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

### EVIDENCE OF COMPLIANCE:

#### *Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*NH Department of Corrections Policy and Procedure Directive Subject: Processing SPOT, Disciplinary, Incident & Intelligence Reports*

*NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services*

*NH Department of Corrections Policy and Procedure Directive Subject: Female Sexual Offender Treatment Services*

*NH Department of Corrections Policy and Procedure Directive Subject: Male Sexual Offender Treatment Services*

Residents are subject to 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.

**Standard 115.282 Access to emergency medical and mental health services**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*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*

The facility ensures that victims of sexual assault receive prompt and appropriate medical intervention. The 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.

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

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*NH Department of Corrections Policy and Procedure Directive Subject: Health Care Regulations*

*NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services*

*NH Department of Corrections Policy and Procedure Directive Subject: Pregnancy Management and Planning for the Unborn Children of Female Residents*

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 facility 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.

**Standard 115.286 Sexual abuse incident reviews**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures Incident reviews and associated documentation*

During the administrative interviews I confirmed that the incident reviews are taking place at the facility.

I further confirmed the incident reviews by reviewing the documentation prepared during the review.

**Standard 115.287 Data collection**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

*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.*

- 1. Records from these investigations will be retained for 10years and then destroyed.*
- 2. All requests for reports that can be generated from the electronic data base of PREA tracking information will be approved by the Commissioner or designee in accordance with NHDOC polices and the NH Right to Know Law.*
- 3. 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.*
- 4. All NHDOC PREA cases will be reviewed by the NHDOC Sexual Assault Resource Team (SART). The Case Review Protocol is Attachment # 7.*
- 5. 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.*
- 6. 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.*

I reviewed the annual reports. I also confirmed that the data is collected from all facilities under the agencies control.

#### **Standard 115.288 Data review for corrective action**

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

#### **EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

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 assesses the agencies progress in implementing sexual safety throughout the facilities, and is approved by the Commissioner.

**Standard 115.289 Data storage, publication, and destruction**

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

**EVIDENCE OF COMPLIANCE:**

*Documentation Reviewed:*

*NH Department of Corrections Policy and Procedure Directive Subject: Prison Rape Elimination Act Procedures*

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

Staff interviews further confirmed this procedure.

**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.

\_\_\_\_\_

07/22/17

Auditor Signature

Date