

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: 07/22/17

Auditor Information			
Auditor name: Patrick J. Zirpoli			
Address: 149 Spruce Swamp Road Milanville, PA 18443			
Email: pjz6896@ptd.net			
Telephone number: 570-729-4131			
Date of facility visit: June 19 & 20 2017			
Facility Information			
Facility name: Northern NH Correctional Facility			
Facility physical address: 138 East Milan Road, Berlin NH 03570			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 603- 752-2906			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Michelle Edmark			
Number of staff assigned to the facility in the last 12 months: 158			
Designed facility capacity: 770			
Current population of facility: 652			
Facility security levels/inmate custody levels: C2-C4			
Age range of the population: 18 yrs. and older			
Name of PREA Compliance Manager: Jeffrey Smith		Title: Captain	
Email address: Jeffrey.smith@doc.nh.gov		Telephone number: 603-752-2906	
Agency Information			
Name of agency: New Hampshire Department of Corrections			
Governing authority or parent agency:			
Physical address: 105 Pleasant Street, Concord NH 03301			
Mailing address: <i>(if different from above)</i>			
Telephone number: 603-271-5601			
Agency Chief Executive Officer			
Name: William L. Wrenn		Title: Commissioner	
Email address: wwrenn@doc.nh.gov		Telephone number: 603-271-5601	
Agency-Wide PREA Coordinator			
Name: Colon K. Forbes Jr.		Title: Director of Professional Standards	
Email address: colon.forbes@doc.nh.gov		Telephone number: 603-271-5604	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) audit of the Northern NH Correctional Facility (NCF) took place on June 19th and 20th 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 inmates 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 Warden Michelle Edmark, PREA Compliance Manager Captain Jeffrey Smith, 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 Northern NH Correctional Facility (NCF), and the dedication to the safety of the staff, as well as their dedication to the care, custody and control of the inmates 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 Northern NH Correctional Facility (NCF) 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 19, 2017 I met with the administration of the Northern NH Correctional Facility (NCF), Agency PREA Coordinator and PREA Advocate. During this meeting we discussed the overall audit process, it was at this time that I was provided a copy of the current inmate 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 inmates 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 inmates at the facility in their housing units, work locations, and moving throughout the facility grounds.

During the interview portion of the audit twenty seven 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 Warden, PREA Compliance Manager, Medical Staff, Shift Supervisors, Counselors, Kitchen Staff, Volunteers, Contractors, 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 thirty two inmates at the facility were interviewed. I selected the

inmates by obtaining a population sheet, and randomly selected the inmates from all housing units. The selected inmates included those who have identified as gay or bisexual, inmates identified as high risk for sexual victimization, identified as high risk for abusiveness, inmates who have reported sexual abuse or sexual harassment, and one inmate who identified as transgender.

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 inmates 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 inmates. 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.

DESCRIPTION OF FACILITY CHARACTERISTICS

Northern NH Correctional Facility (NCF) is located at 138 East Milan Road, Berlin NH 03570. The facility is located in a rural area of Berlin New Hampshire.

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 Northern New Hampshire Correctional Facility is the newest prison facility in New Hampshire. Construction was completed in 1999 and the facility opened in 2000. It houses general population male inmates. Their mission is to provide a safe and secure environment that will challenge individuals to develop their potential through personal growth. Promote meaningful learning opportunities that nurture responsible decision making, recognize and support development of emotional maturity and advance personal responsibility. Honor individual strengths, respect and embrace the commitment to disciplined teamwork as essential to safe and efficient prison management.

The facility is housed in a single building, with a second building on the property being utilized as a warehouse/outside worker area.

The main entrance to the facility is controlled by a correctional officer in main control. All visitors to the facility need to pass through a metal detector before entrance is allowed. This process will allow access to the main portion of the facility.

The facility has a total of eleven multi occupancy housing units, one open dorm style housing unit and seven segregation cells.

The housing units are constructed in a manner, which provides privacy to the inmates while toileting, showering and changing clothes. A team of Correctional Officers are assigned to several housing units, and make roving checks within the housing areas to provide direct supervision over the inmates.

During the last 12 months 565 inmates have been admitted to the facility with 565 staying for 72 hours or more and 565 staying for 30 days or more.

The facility employs 158 staff that have contact with inmates.

SUMMARY OF AUDIT FINDINGS

The Northern NH Correctional Facility (NCF) has exceeded in six standards, met thirty five standards, and two standards are 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: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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 115.12 Contracting with other entities for the confinement of inmates

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

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 inmates 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 115.13 Supervision and monitoring

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

Documentation reviewed:

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 inmates 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 inmate 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 inmate interviews as well as reviewing the shift commanders daily inspection log.

Standard 115.14 Youthful inmates

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

NOT APPLICABLE, the audited facility does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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 Inmates

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 inmate interviews.

The facility does not house female inmates.

The above directives outline procedures that enables inmates 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 an inmate housing unit. I reviewed the policy in its entirety. The practices were confirmed during the staff and inmate 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 inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, 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 and medical interviews. I further confirmed this practice during the interview with an inmate who identified as transgender.

The agency has trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, 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 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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 INMATES 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 inmates with disabilities (including, for example, inmates 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 inmates 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 inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility outlines the response to inmates in these categories in the above directives. This plan outlines procedures for inmates 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 inmate 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 inmates 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 inmate interpreters, inmate readers, or other types of inmate assistants. The contracted services for telephonic language interpretation and in person sign language interpretation is

available 24 hrs. a day. The interviewed agency investigators are aware of these services and confirmed during their interviews that they utilize these services.

Standard 115.17 Hiring and promotion decisions

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

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 inmates. This is documented in the policy, I also confirmed this during the interviews and documentation review.

Criminal history checks are being conducted every 5 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 inmates 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 115.18 Upgrades to facilities and technologies

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

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 inmates from sexual abuse.

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

Standard 115.21 Evidence protocol and forensic medical examinations

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

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 inmate involved in a sexual abuse. During the past 12 months one inmate 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 facility further has an MOU with RESPONSE for victim advocacy. The agency further utilizes the agency victim advocate for any follow up or immediate advocacy needs.

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.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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 115.31 Employee training

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

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 inmates. 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 115.32 Volunteer and contractor training

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

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 inmates 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 facility has trained 641 volunteers and contractors to date.

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 inmates. 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 115.33 Inmate education

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

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 Inmates

Inmate acknowledgement forms

During the intake process, inmates 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 inmate and staff interviews, I also confirmed this process by visually watching inmates being processed into the facility. The inmates 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 inmates at the facility. The inmates are provided the opportunity to ask questions on the agencies policies on zero tolerance and reporting procedures. I confirmed the comprehensive education through both inmate and staff interviews.

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

The inmates 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 inmates 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 inmate and staff interviews.

Standard 115.34 Specialized training: Investigations

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

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 115.35 Specialized training: Medical and mental health care

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

Documentation reviewed:

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

Medical training presentation

Medical staff training logs

Training outline for medical and mental health staff

All medical and mental health care practitioners have been trained 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 NH DOC, and during the review of training certificates at the facility. I also confirmed this training with the medical and mental health staff during interviews.

The medical staff at the facility 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 during the review of training certificates at the facility. I also confirmed this training with the medical and mental health staff during interviews.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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: Inmate Discharge/Transfer Summaries

NH Department of Corrections Policy and Procedure Directive Subject: Behavioral Health Services Objective Risk Screening Instrument and Instructions

All inmates 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 inmates, as well as review of the completed screening instruments.

I verified through staff interviews that if an inmate 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 inmates.

The facility is reassessing all inmates 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 an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the inmate's risk of sexual victimization or abusiveness. This was confirmed during the staff interviews.

Inmates 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 inmate interviews.

The agency implements control on the dissemination of screening information at the facility level. The information from the screening tools are only available to case managers, medical if needed, and administration.

Standard 115.42 Use of screening information

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

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: Inmate 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 inmates 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 inmate interviews.

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

In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. During the interviews with the transgender individual at the facility I confirmed that this process was in place. They also confirmed that their own views were taken into consideration during these decisions. The transgender inmate informed me that he is given the opportunity to shower separately from other inmates, this practice was confirmed with the staff.

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

The agency nor facility place lesbian, gay, bisexual, transgender, or intersex inmates 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 inmate interviews, several inmates at the facility interviewed identified as gay, bisexual and transgender.

Standard 115.43 Protective custody

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

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: Protective Custody

During the staff interviews I verified that no inmates identified as vulnerable are being placed in involuntary protective custody. The facility has enough housing units that give them the opportunity to place inmates in other housing units to protect them without having to utilize a segregated housing unit.

I verified this procedure during the inmate interviews, several had identified as vulnerable during the initial screening. They related that they were not placed in segregated housing.

The agency policies also state that at no time will an inmate be placed on involuntary segregation status because the inmate is at high risk of victimization.

In the last 12 months, there were no inmates held in involuntary segregated housing.

Standard 115.51 Inmate reporting

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

Documentation Reviewed:

State of New Hampshire Department of Corrections Manual for the Guidance of Inmates

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

NH Department of Corrections Policy and Procedure Directive Subject: Inmate 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 inmates the information on reporting in the inmate manual provided at intake and through signage throughout the facility. The inmates can report directly to any staff or through the reporting addresses to the Attorney General's Office. During the interviews with both staff and inmates 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 inmates. The policy allows the staff to go outside their immediate chain of command.

Standard 115.52 Exhaustion of administrative remedies

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

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

Standard 115.53 Inmate access to outside confidential support services

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

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 inmate's access to outside victim advocates for emotional support services related to sexual abuse through RESCUE of Berlin NH. The agency also utilizes the agency PREA Victim Advocate.

The facility provides the contact information to the inmates.

Standard 115.54 Third-party reporting

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

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: Inmate 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.

The facility provides information on third party reporting to all visitors. I had received this information upon my arrival at the facility.

The facility further has all of this information posted in the lobby area.

Standard 115.61 Staff and agency reporting duties

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

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 inmate.

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 investigations I found they all were properly reported.

Standard 115.62 Agency protection duties

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

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

Standard 115.63 Reporting to other confinement facilities

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

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 115.64 Staff first responder duties

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

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.

Standard 115.65 Coordinated response

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

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 115.66 Preservation of ability to protect inmates from contact with abusers

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

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 inmates 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 115.67 Agency protection against retaliation

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

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 inmate/resident abusers from contact with victims, and emotional support services for inmate/resident or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. The conduct and treatment of inmates/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 investigative reports and supporting documentation.

Standard 115.68 Post-allegation protective custody

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

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: Protective Custody

During the staff interviews I found that the staff understands the restrictions of utilizing protective custody post-allegation. They related that the facility has the ability to move inmates to a separate housing unit without having to utilize segregation.

I reviewed the investigations and found that the facility did not utilize any post allegation protective custody in any of the incidents reported.

Standard 115.71 Criminal and administrative agency investigations

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

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 inmate. 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.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Standard 115.73 Reporting to inmates

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

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 115.76 Disciplinary sanctions for staff

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

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 investigations and found that these policies are being adhered to.

Standard 115.77 Corrective action for contractors and volunteers

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

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 115.78 Disciplinary sanctions for inmates

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

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

Inmates are subject to formal disciplinary process, any sanction is commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate'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 inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate 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 inmate on inmate sexual conduct.

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

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

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

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: Division of Medical/Forensic Services Records Maintenance, Retention and Release

NH Department of Corrections Policy and Procedure Directive Subject: Informed Consent Standards

When the aforementioned screening indicates an inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

All information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions. These decisions include housing, bed, work, education, and program assignments.

During the staff and inmate interviews I confirmed that these procedures are in place. The staff further understood their obligation to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Standard 115.82 Access to emergency medical and mental health services

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

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 Inmates

The facility's medical department 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 inmate. These policies and procedures were confirmed with the medical and mental health staff during interviews.

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

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

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 Inmates

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 investigations conducted, these services were offered to all involved in an allegation.

Standard 115.86 Sexual abuse incident reviews

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

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 115.87 Data collection

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

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 115.88 Data review for corrective action

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

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 115.89 Data storage, publication, and destruction

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

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

Auditor Signature

07/22/2017

Date