## Facility Information

<table>
<thead>
<tr>
<th><strong>Name of facility:</strong></th>
<th>Northern Correctional Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical address:</strong></td>
<td>138 E. Milan Rd., Berlin, NH 03570</td>
</tr>
<tr>
<td><strong>Date report submitted:</strong></td>
<td>10/3/2014</td>
</tr>
</tbody>
</table>

### Auditor Information

**Name:** William S. Willingham - The Nakamoto Group  
**Address:** 11820 Parklawn Drive, Suite 240 Rockville, MD 20852  
**Email:** WILLIAMWILLINGHAM1502@comcast.net  
**Telephone number:** 850-718-7173

### Date of facility visit

- September 16, 17, 18 2014

### Facility Information

<table>
<thead>
<tr>
<th><strong>Facility mailing address:</strong> (if different from above)</th>
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</thead>
<tbody>
<tr>
<td><strong>Telephone number:</strong></td>
<td>603-752-2906</td>
</tr>
</tbody>
</table>

### The facility is:

- [ ] Military  
- [ ] County  
- [ ] Federal  
- [ ] Private for profit  
- [ ] Municipal  
- [x] State  
- [ ] Private not for profit

### Facility Type:

- [ ] Jail  
- [x] Prison

### Name of PREA Compliance Manager:

**Scott Lamberson**  
**Title:** Captain

### Email address:

scott.lamberson@nhdoc.state.nh.us

### Telephone number:

603-752-2906

### Agency Information

<table>
<thead>
<tr>
<th><strong>Name of agency:</strong></th>
<th>New Hampshire Department of Corrections</th>
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</thead>
<tbody>
<tr>
<td><strong>Governing authority or parent agency:</strong> (if applicable)</td>
<td>State of New Hampshire</td>
</tr>
<tr>
<td><strong>Physical address:</strong></td>
<td>105 Pleasant St., Concord, NH 03301</td>
</tr>
<tr>
<td><strong>Mailing address:</strong> (if different from above)</td>
<td>P.O. Box 1806, Concord NH 03302</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>603-271-5601</td>
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AUDIT FINDINGS

NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Northern Correctional Facility, New Hampshire Department of Corrections (DOC), was completed September 16-18, 2014. The standards used for this audit became effective August 20, 2012. The auditor was advised that the Commissioner of Corrections ordered all state prisons to implement the provisions of the PREA beginning in 2010. Prior to the visit, the auditor telephonically interviewed the Commissioner of Corrections designee (Colon Forbes), the state PREA Coordinator Colon Forbes, the contract Victim Advocate Debra Hayes, and the state Victim Advocate Jean Carroll. As part of the audit, a tour of the facility was completed, and 10 inmates were interviewed. There were very few disabled and limited English proficient inmates at the facility, and their needs as related to the PREA had been met. Ten correctional officers (from all three shifts), 15 support staff, one volunteer, and one contractor were also interviewed. The support staff interviewed were the Warden, Captain, Mental Health Supervisor, Programs Coordinator, 2 investigators, 2 Victim Advocates, the Chaplain, and several correctional shift supervisors. When the auditor first arrived at the facility, an in-briefing was held with the Warden, Captain, PREA manager, PREA coordinator, and the state Victim Advocate, to explain the audit process.

During the three days of the audit, there were 668 inmates housed at the prison. Within the last year, there were 12 sexual abuse/harassment allegations. Of the 12, 11 were investigated and determined to be unfounded. One sexual harassment case was substantiated.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Northern Correctional Facility (NCF) is one of three prisons of the New Hampshire Department of Corrections. The facility has a maximum inmate population of 770, and does not house females or youthful offenders (under 18 years of age). The NCF was built in 2000, and is located just outside Berlin, NH. in the White Mountains. Prisoners housed at the facility are classified at all levels (C-1 to C-4) except the highest (C-5 is maximum security or custody level). Those inmates at the C-5 level are housed at the state penitentiary in Concord, NH. NCF has 8 secure housing units, one of which is set aside to house inmates who are assigned higher
security levels or are management problems. There is one dormitory housing unit, a small in-patient medical unit, and no Special Housing Unit (SHU). Inmates in need of long term SHU placement are transferred to the penitentiary. The Reception Unit is used to detain inmates on a short-term basis normally during intake. The institution was observed to be clean and in good repair.

Inmates at the NCF work in the kitchen, perform janitor duties throughout the entire facility, and work in the warehouse outside of the secure perimeter. Other inmate programs/activities include making furniture, refurbishing furniture, and participation in a number of educational classes available on-site. The prison offers mental health counseling services, and has a program to prepare inmates for release.

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

**SUMMARY OF AUDIT FINDINGS:**

At the time the on-site audit was completed, a “closeout” meeting was held with the Warden, PREA manager, PREA coordinator, and state Victim Advocate. No final rating was given at that time, however, the overall audit process was discussed. Some recommendations were made concerning the clarification of policy. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. During the course of the on-site visit, staff were found to be courteous, cooperative, and professional.

- Number of standards exceeded: 0
- Number of standards met: 40
- Number of standards not met: 0
- Not Applicable: 3
§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)

The Agency meets the standard with their policies and practice. Prison Policy Directive (PPD) 5.19 and 2.16 meet this standard. The facility PREA Plan requires zero tolerance as is referenced by the standard, and is monitored by the Warden and NCF PREA Coordinator. The agency PREA Manager has ensured compliance to this standard, with full support from the Commissioner.

§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)

☐ Not Applicable - The agency has not contracted with any other organizations for the incarceration of inmates housed at the NCF.

§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)

PPD 5.16 addresses this standard. The auditor was presented documentation that the Warden completes the required annual review of the posts and staffing plan. More frequent reviews have been scheduled when necessary. The NCF has been provided all necessary resources to support the programs and procedures to ensure compliance with the PREA. The audit included an examination of all video monitoring systems, inmate access to phones, and a review if all staffing levels. Overtime pay is used regularly to ensure full staffing on all three shifts. A log book documenting unannounced rounds that cover all shifts was reviewed. There are unit, hallway, and sallyport video cameras in use capable of recording all activity. Control Room staff monitor these cameras. At least 10 additional cameras are in the process of being installed, and the PREA standards were considered to determine the placement of this equipment.
§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 NCF does not house youthful offenders.

§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)

PPD 5.77 covers all requirements of this standard. Female staff (NCF is a male-only facility) are required to announce their presence when entering the inmate housing unit(s) by stating “female on unit”. This requirement is also noted in the log book and has been added to policy. This action was described during interviews with staff and inmates, as well as recorded in housing unit log books. PREA notifications are posted in each housing unit, the Visiting Room, on bulletin boards, in the front lobby, in Food Service, and in all inmate program areas. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained to conduct strip searches of transgender and intersex inmates in a respectful and professional manner. There are no transgender or intersex inmates at the facility at this time.

§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)

PPMs 6.19, 6.31, and 7.14 address the requirements of this standard. The DOC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. The state has a contract for interpreter services, which are provided to all three facilities.
### §115.17 – Hiring and Promotion Decisions

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PPD 1.21 and 2.01 require compliance to this standard. The Human Resources Manager (HRM) was interviewed, and indicated all components of this standard have been met. All employees, contractors, and volunteers have had their criminal background check completed. A tracking system established by the HRM is in place to ensure that updated checks will be completed every five years.

### §115.18 – Upgrades to Facilities and Technology

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The facility is currently in the process of updating and expanding the video monitoring system. This program is on-going and was not completed at the time of the on-site visit, but substantial progress was noted.

### §115.21 – Evidence Protocol and Forensic Medical Examinations

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PPMs 5.10, 5.19, and a document entitled “Attorney General’s Protocol” require compliance with all aspects of this standard. Specific actions and clinical decisions are required to determine if an inmate is to be transported to the local hospital to receive a SAFE exam. One SAFE exam was conducted within the last year, and the auditor interviewed medical staff involved in this exam. The facility has contracted with a local hospital to provide these services (the inmate will not be charged for any services related to PREA compliance). A Memorandum of Understanding was initiated with the local rape crisis center to also provide confidential services. The auditor spoke with the Victim Advocate assigned to cover the NCF from the local agency. This person was newly appointed, had no knowledge of any recent referrals, but stated she felt the facility was PREA compliant. The state Victim Advocate was also interviewed, and also stated the prison was PREA compliant concerning this standard.

### §115.22 – Policies to Ensure Referrals of Allegations for Investigations

<table>
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<tr>
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<tbody>
<tr>
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<td>(requires corrective action)</td>
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PPDs 1.21 and 2.01 require compliance to this standard. The Human Resources Manager (HRM) was interviewed, and indicated all components of this standard have been met. All employees, contractors, and volunteers have had their criminal background check completed. A tracking system established by the HRM is in place to ensure that updated checks will be completed every five years.
Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Compliance with PPM 5.19 (covers this standard) was reviewed during the on-site inspection. Administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The investigators were interviewed and found to be extremely knowledgeable concerning their responsibilities under the PREA. The facility investigators initiate all investigations. The State Police are responsible for all criminal cases and work closely with the facility investigators on administrative investigations. The Auditor read the one investigation that resulted in a substantiated finding of sexual harassment, and one pending investigation.

§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)

PPMs 5.19 and 4.01 cover all training required by this standard. The New Hampshire DOC provides extensive PREA standards training at the state academy, of which all correctional staff must attend and successfully complete. All other staff are provided a similar training experience, relative to their PREA responsibilities. Annual refresher training is also provided to all employees. Staff acknowledge in writing their understanding of the PREA. The acknowledgement form lists all the required areas of the standard, relevant to their position. A review of the NCF lesson plan demonstrates all the required areas are covered. All staff interviewed indicated that they received the required PREA training.

§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)

PPDs 5.19 and 2.24 address this standard. All 94 contractors and 123 volunteers receive training as to their responsibilities concerning the PREA. Annual refresher training is provided, and all training is documented.

§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)
PPD 5.19 covers the requirements of this standard. Inmates receive information at time of intake verbally and there is information found in the inmate handbook (given to inmates at the time of intake and also available in Spanish). There are posters throughout the facility and the “hotline” phone number to call to report is in each housing unit. Information is also provided daily on TV channel 12, which is the institution’s internal information provider. Inmates sign an acknowledgement of having received this information at the time of intake.

§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)

PPD 5.19 addresses this standard. Two institution investigators have received extensive local and State Police approved specialized training relevant to the PREA. These investigators have also received training provided by the Moss group. An examination of the training records confirms completion of the required instruction.

§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)

PPD 5.19 covers this standard. All medical and mental health staff have received specialized training on victim identification, interviewing, reporting, and required clinical interventions. Medical contractors also have received this training, including the SANE nurse (contractor) assigned to the facility. Annual refresher training is also provided.

§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)

PPDs 5.19, 5.92, and 7.14 address the requirements of this standard. All inmates are assessed at intake for their risks of being sexually abused by other inmates or being sexually abusive towards other inmates. Also at the time of arrival, staff conduct the screening by reviewing records or other information from another facility which may be relevant to
Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates are referred to a qualified mental health professional for further assessment. Careful housing assignment or other appropriate action is then considered to address the inmate’s needs. Any information received after intake is immediately considered, and may result in a change in housing or other necessary action.

§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)

PPD 7.14 addresses compliance with this standard. The facility uses a screening document to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis. There is in place a procedure for providing continued re-assessment and follow-up monitoring if needed.

§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)

PPDs 5.19, 5.43, and 7.14 cover this standard. The NCF has no Special Housing Unit, however, inmates needing protective custody are placed in the medical unit, under constant supervision. If the medical unit is filled to capacity, the inmate would be housed in the reception area. NCF policy states inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. Inmates placed in this status are reviewed every 7 days, and may be transferred to another DOC facility if necessary.

§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)
PPDs 5.19, 5.26, and the inmate handbook address this standard. A review of the records indicate that there are multiple ways for inmates to report abuse or harassment, and do so when necessary. Staff and inmate interviews confirm this conclusion. Posters and other documents are on display throughout the prison also explain the procedures to report.

### §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 abuse or harassment go immediately to the facility investigators, and a formal investigation (criminal or administrative) is initiated.

### §115.53 – Inmate Access to Outside Confidential Support Services

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

PPD 5.19 addresses this standard. There is a Memorandum of Understanding (MOU) signed with the local rape crisis center that serves the Berlin, NH area. The auditor interviewed the local Victim Advocate assigned to cover the NCF. This person indicated that they had received the necessary training to enter and serve the facility, but had no referrals in recent months. The advocate also stated inmates could call a free “hotline” number (posted throughout the prison) or mail a confidential letter to contact her and initiate services.

### §115.54 – Third-Party Reporting

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

PPDs 5.19, and 5.26 cover the requirements of this standard. Third-partys are notified of reporting procedures on the DOC website, posters in the front lobby and Visiting Room, and memorandums throughout the NCF.

### §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)

PPDs 5.19, and 2.16 address this standard. Compliance with all aspects of the standard was verified through a review of the records, and staff/inmate interviews.

§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)

PPD 5.19 covers this standard. If an inmate is determined to be at imminent risk of sexual victimization, staff make the inmate safe (remove him from the area and keep him under constant supervision), and then consider a further appropriate response to resolve the issue. Supervisory staff is immediately notified. These procedures were verified through interviews with staff and inmates. One inmate who had been the victim of sexual harassment was interviewed and confirmed the process.

§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)

PPD 5.19 requires compliance to this standard. Senior management staff described an incident in which a newly arrived inmate made an allegation of sexual harassment that occurred at another facility. That facility was immediately advised, and a local investigation was initiated. The investigation was completed and determined the allegation to be unfounded. The other facility was advised of this conclusion. There have been no allegations of sexual abuse that may have occurred at the NCF reported from another facility.

§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)

PPD 5.19 addresses this standard. All staff interviewed, including a volunteer and contractor, were very knowledgeable concerning their first responder duties. The correctional officers
interviewed could quote policy, and several described incidents in which these actions were actually taken.

### §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)

PPD 5.19 fully describes procedures to comply with this 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)

The NCF has a collective bargaining agreement that will be changed at the time of renewal.

### §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)

PPD 5.19 addresses this standard. The state Victim Advocate monitors all possibilities of retaliation, and at a minimum conducts checks with inmates who have been victimized or reported victimization at least every 30 days. This follow-up may extend without limit if necessary. The state Victim Advocate, when interviewed, described a case of follow-up that lasted several years.

### §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)

PPD 5.19 describes the NCF’s compliance with this standard. Since the NCF has no SHU, inmates would be transferred to a facility that has long term protective custody housing, pending the completion of an initial investigation.
### §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)

PPDs 5.19 and 5.10 address this standard. The facility investigator conducts administrative investigations within the facility. If an allegation appears to be criminal in nature, the investigator will call upon the State Police to conduct the investigation. The facility investigator will provide assistance and support to the State Police for criminal investigations. All investigators have received special investigation training relevant to the PREA. All of the investigations reviewed were completed promptly, thoroughly, and objectively.

### §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)

PPD 2.16 addresses this standard. The evidence standard complies with this rule.

### §115.73 – Reporting to Inmate

- □ 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)

PPD 5.19 complies with this standard. The one inmate interviewed who required notification described full compliance to this standard. The auditor also examined the letter sent to this inmate.

### §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)

PPD 2.16 describes compliance to this standard. During this rating period no staff member was terminated for violating agency sexual abuse or sexual harassment policies.
§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)

PPD 5.19 includes all the components of this standard. There have been no cases relevant to this standard within the last year.

§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)

PPDs 5.19, 5.25, 6.05, 6.34, 6.35, and the inmate handbook address all disciplinary sanctions for inmates.

§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)

PPD 6.05 covers all components of this standard. Through interviews with specialized staff, the facility has a thorough system for collecting medical and mental health information and also has the capacity to provide continued re-assessment and follow-up services if needed.

§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)

PPD 6.47, 6.03, 6.44, 5.19, and 6.16 address this standard. A review of documentation indicates the NCF is fully compliant with this 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)

PPDs 5.19, 6.05, and 6.03 cover all components of this 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)

PPD 5.19 addresses this standard. One after-event incident report was reviewed by the auditor, and found to be compliant with this 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)

PPD 5.19 addresses this standard. The DOC collects accurate uniform data for every allegation of sexual abuse at all facilities by using a standardized instrument. The system allows the DOC to submit the annual DOJ Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends, and take corrective action when indicated. The additional installation of cameras is an example of corrective action.

§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)
The DOC reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective actions. An annual report is published and signed by the Commissioner.

### §§115.89 – Data Storage, Publication, and Destruction

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

PPD 5.19 addresses this standard. The required reports cover all data required of this standard.

### AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

[Signature]

____________________________________ 10-3-2014

Auditor Signature                           Date