# PREA AUDIT: AUDITOR'S SUMMARY REPORT

# ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

Bureau of Justice Assistance
U.S. Department of Justice

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| **Name of facility: Old Colony Correctional Center** | | | | |
| **Physical address: 1 Administration Road, Bridgewater, MA 02324** | | | | |
| **Date report submitted: April 17, 2015** | | | | |
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| **Address: P.O. Box 16054 Lansing, MI 48901** | | | | |
| **Email: fairbaa@comcast.net** | | | | |
| **Telephone number: (517) 303-4081** | | | | |
| **Date of facility visit: April 6-8, 2015** | | | | |
| **Facility Information** | | | | |
| **Facility mailing address: see above** | | | | |
| **Telephone number: (508) 279-6000** | | | | |
| **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: Michael Devine** | | **Title:** | **Deputy Superintendent** | |
| **Email address: Michael.Devine@MassMail.State.MA.US** | | **Telephone number:** | **(508) 279-6861** | |
| **Agency Information** | | | | |
| **Name of agency: Massachusetts Department of Corrections** | | | | |
| **Governing authority or parent agency: Commonwealth of Massachusetts – Executive Office of Public Safety** | | | | |
| **Physical address: 50 Maple Street Suite 3, Milford, MA 01757-3698** | | | | |
| **Telephone number:** | **(508) 422-3481/3484** | | | |
| **Agency Chief Executive Officer** | | | | |
| **Name: Carol Higgins O'Brien** | | **Title:** | **Commissioner** | |
| **Email address:** | **Carol.Higgins.OBrien@MassMail.State.US** | **Telephone number:** | **(508) 422-3300** | |
| **Agency-Wide PREA Coordinator** | | | | |
| **Name: Raymond Marchilli** | | **Title:** | **Superintendent** | |
| **Email address: Raymond.Marchilli@MassMail.Statue.US** | | **Telephone number:** | **(978) 630-6000** | |

# AUDIT FINDINGS

**NARRATIVE:**

On April 6-8, 2015 an audit was conducted at the Old Colony Correctional Center, Massachusetts Department of Corrections, to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted on April 6, 2015. The following areas and operations were visited and observed: inmate living areas (medium and minimum custody housing), medical operations, chapel area, booking & admissions, education areas, food services, facility maintenance operations, industry operations (print shop), food service warehouse, recreation areas, barbershop, program corridor and laundry.

Documents reviewed for this audit included policy, institutional supplement, contracts, staff training records, personnel files, volunteer training records, sexual abuse & harassment investigations, and training curriculums. Documentation for each standard was provided by the facility prior to the visit.

The agency interview with Commissioner Higgins O'Brien was conducted on April 7, 2015. This interview confirmed strong support for compliance with the PREA standards by the Massachusetts Department of Correction.

Formal interviews were scheduled through random selection of staff and inmates from schedules and rosters provided by the staff the evening prior to the audit.

Facility staff interviews were conducted with the following:
Superintendent
PREA compliance manager/Deputy of Classification
Mental Health Director
Director of Classification
Three Corrections Program Officers (including one assigned to restrictive housing)
Director of Nursing (contract)
Health Services Administrator (contract)
11pm-7am nurse (contract)
7am-3pm Lieutenant and four corrections officers, booking officer
3pm-11pm Lieutenant and three corrections officers
11pm-7am Captain and two corrections officer
Inner Perimeter Security (IPS) supervisor (investigator)
IPS Sergeant (investigator)

Inmate interviews were conducted with the following:
Five inmates who sent letters to the address noted on the poster announcing the audit
Twelve inmates selected randomly from each housing area, two refused the interview

Two transgender inmates
One wheelchair bound inmate
One inmate who initiated a PREA complaint
One inmate who could not speak English (Language line was used to conduct the interview)
Three inmates interviewed spontaneously during the tour

The auditor was allowed free access to all areas of the facility, access to interview inmates selected randomly and intentionally, and to see any documentation requested. Posters were visible throughout the facility announcing the audit.

Contact was made with Prison Legal Services as they were identified as an advocacy group that has acted upon the interests of inmates housed in the Massachusetts Department of Corrections. The auditors contact information was provided along with an explanation of the role of the auditor certifying PREA compliance with the state agency.

**DESCRIPTION OF FACILITY CHARACTERISTICS:**

Old Colony Correctional Center is a medium/minimum security facility with a count of 808 inmates at the start of the audit. It is the primary facility for mental health treatment. Housing consists of two minimum units, a Residential Treatment Unit, six medium general population units, an orientation unit, a protective environment unit, an unit with previous state inmates held pending trials, and a 31 bed restrictive housing unit. Four observation cells are located in the medical area. The booking & admissions area has a holding room with a toilet/sink, three additional holding cells with toilets/sinks and one cell without a toilet/sink (dry cell). Inmate housing is single or doubled bunked cells with toilets and sinks. Showers are individual units with curtains with the exception of the orientation unit.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 6

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

| Standard number here | §115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a)written policy
(b) upper level agency wide PREA coordinator
(c) PREA compliance manager at the facility

103 DOC 519 Sexually Abusive Behavior Prevention and Intervention Policy supports a zero tolerance for sexual abuse and harassment as well as defines how the agency will prevent, detect and report this conduct. It ensures there is an agency wide PREA Coordinator and facility PREA Manager. An agency interview was conducted with the current Agency PREA Coordinator, Ray Marchilli. The responsibility for oversight is being transferred to the Policy Development and Compliance Unit (PDCU). Two additional staff who are inheriting the responsibility for oversight for PREA compliance, were interviewed on April 6, 2015. All three staff confirmed support from the agency level for compliance with the standards. Several system wide processes have been implemented to ensure efficiency and consistency with the policy and procedures. The interview with the facility PREA Manager was conducted as well. Staffs from the PDCU were present during the audit to address questions and provided further documentation as requested.

| Standard number here | §115.12 - Contracting with other entities for the confinement of inmates |
|---|---|

☐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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) new contracts PREA requirements with private agency
(b) new contract, contract monitoring included

This standard does not specifically apply to this facility. The agency houses inmates with the Boston Brooke House and a Step Down Program with the Houses of Corrections operated by county government.

| Standard number here | §115.13 – Supervision and Monitoring |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) staffing plan, includes eleven considerations
(b) document deviations
(c) PREA coordinator and agency determine adjustments
(d) Policy for unannounced rounds, prohibit staff from alerting others

510.01 Security Staffing Plan, 512.03 Post Orders and 519.05 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. The staffing needs are reviewed formally annually as well as assessed daily at the multi-disciplinary meeting conducted every morning. There is a minimum staffing requirement that must be met daily. The PREA manager and coordinator have input in staffing levels as confirmed by interviews and documentation.

| Standard number here | §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)

**N/A no youthful offenders are housed at this facility.**

| Standard number here | §115.15 – Limits to Cross-Gender Viewing and Searches |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Only exigent circumstances for cross gender strip or cavity
(b) Prohibit cross gender pat down searches of females (August 15, 2015 or August 20, 2017)
(c) Document cross gender strip searches, cavity searches and pat down searches of females
(d) Inmates can shower, perform bodily functions, change clothes . . . opposite gender announce their presence when entering the housing unit
(e) Transgender not searched for sole purpose of determining genital status.
(f) Train security staff in cross gender pat down and transgender/intersex inmates

519.05 Sexually Abusive Behavior Prevention and Intervention Policy and 506.04 & 05 Search Policy address the requirements of this standard. Staff and inmate interviews as well as demonstration while touring the facility confirm that female staff announces their presence in the units. Training addresses pat down searches of transgender inmates.

| **Standard number here** | **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Disabilities, intellectual, psychiatric or speech have equal opportunity, including written materials
(b) Agency takes reasonable steps, including interpreters
(c) Not rely on inmate interpreters (unless limited circumstances)

519.04 Sexually Abusive Behavior Prevention and Intervention Policy, 207.01 and 488.03 Institution Procedures for Telephone Interpreter Service address the requirements of this standard. The auditor utilized the Language Line services to interview a non-English speaking inmate. Staff interviews confirm that inmates will not be relied upon to interpret unless no other options are available.

| **Standard number here** | **§115.17 – Hiring and Promotion Decisions** |
|---|---|

**X** Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Not hire employee or contractor who has engaged in abuse, convicted of sexual activity by force, civilly or administratively adjudicated
(b) Shall consider incidents of sexual harassment
(c) Before hiring perform back ground checks, check references
(d) Including contractors
(e) Background check every five years
(f) Ask applicants about previous misconduct described and impose continuing affirmative duty
(g) Omissions grounds for termination
(h) Agency provides information to other institutions upon request.

201.06 & 09 Selection and Hiring, Rules and Regulations Governing All Employees of the Massachusetts Department of Corrections (Blue Book) address the requirements of this standard. Potential staffs complete forms specifically asking the questions required of this standard. They are informed of their affirmative duty to report and that omission is grounds for termination. Human Resources are centralized. An interview with the Deputy Director for Human Resources was conducted on April 7, 2015. This interview confirmed compliance with agency hiring practices in compliance with the standards, requirement of acknowledgement of a continuing duty to report behavior outside the job that conflicts with PREA standards and that termination may result for omission. A background check every four years has been recently implemented for staff, therefore exceeding the requirements of the standard. This interview, as well as review of documentation, confirmed that those checks have been completed for staff at this facility. Additionally, the Deputy Director confirmed that her staff would provide any information about staff previously employed upon receipt of a waiver signed by the previous employee for the agency requesting the information. Five randomly selected personnel files were reviewed and demonstrated compliance with this standard.

## Standard number here §115.18 – Upgrades to Facilities and Technology

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) New facility or expansion or modification

(b) Installing video monitoring

703.01 & .10 Design Criteria and Planning Guidelines address the requirements of this standard. Documentation showing review of video monitoring with consideration for the PREA requirements was provided. Additional cameras have been requested. Minor modification have been made that were pointed out during the tour that enhances inmate safety such as making larger windows in rooms occupied by inmates and removing doors on the showers and replacing them with curtains.

| **Standard number here** | **§115.21 – Evidence Protocol and Forensic Medical Examinations** |
|---|---|

**X** Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Uniform evidence protocol, maximizes potential for obtaining usable physical evidence
(b) Protocols appropriate for youths
(c) Offer forensic medical exams, document efforts if they cannot
(d) Attempt to make available victim advocate from rape crisis center, if not then qualified staff person. Document efforts to secure services
(e) Accompany the victim if requested
(f) Request investigating agency follow the requirements
(g) Includes State entity or DOJ
(h) Qualified advocate has received appropriate education and has been appropriately screened.

519.01, .02, .03, .04, .05, .06 Sexually Abusive Behavior Prevention and Intervention Policy and Massachusetts Partnership for Correctional Health Care (MPCH)57.00 Sexual Assault/PREA Compliance address the requirements of this standard. In addition, there is a Letter of Agreement with Beth Israel Deaconess Medical Center which indicates that victim services and SANE exams are provided at the hospital. There is a Memo of Understanding with the Massachusetts State Police indicating they will comply with the investigation requirements of the PREA standards. Massachusetts State Police have been trained by the Agency PREA coordinator, therefore exceeding the requirements of this standard. A review of completed investigations confirmed they are using a uniform evidence protocol. The agency is currently in negotiations with an advocacy group to provide services to victims. In the meantime, this is provided by staff from the Victim Services Unit, if requested by the inmate.

| Standard number here | §115.22 – Policies to Ensure Referrals of Allegations for Investigations |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Agency ensure administrative or criminal investigation completed for all allegations
(b) Policy in place ensuring all allegations are referred, published on website or other means, all referrals documented
(c) Publication describing responsibilities of separate entity and agency
(d) State entity shall have a policy governing conduct of these investigations
(e) DOJ

519.03, .04, and .07 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. Staffs are required to report suspicions and knowledge of abuse and harassment to the shift commander, who must then report to the superintendent immediately. The superintendent ensures that the proper investigating entity is contacted (Internal Affairs, Office of Investigation Services, or the staff investigator). 522 Internal Affairs is posted on the website. A review of the data base and twenty three completed investigations supports compliance that allegations of abuse and harassment are reported and investigated immediately.

| Standard number here | §115.31 – Employee Training |
|---|---|

**X** Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Train all employees with contact with inmates on ten elements
(b) Tailored to the gender of the inmates at the facility
(c) Current employees trained within one year
(d) Document that employees understand the training they received.

216.13 Training and Staff Development reflect that staff receive training specific to the requirements of the PREA standards. Training documents indicate all staff have been trained and new employees sign a Basic Training Acknowledgement that they understood the training they received. In service training must be passed by taking a quiz acknowledging understanding

of the training. Staff interviews confirmed compliance with the standard and a sound understanding of the reasons for the requirements and their role in preventing, detecting and responding to PREA allegations. Based on the responses, this standard is deemed as exceeds. Random review of training records demonstrated compliance as well.

| **Standard number here** | **§115.32– Volunteer and Contractor Training** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Train all volunteers/contractors with contact with inmates
(b) Tailored to the services they provide, zero tolerance and how to report
(c) Document that volunteers/contractors understand the training they received.

519.02 Sexually Abusive Behavior Prevention and Intervention Policy, 216.13 Training and Staff Development, and the Volunteer Orientation Handbook address the requirements of this standard. PREA language has been incorporated into the volunteer recertification quiz, ensuring that they understand the training. Documentation has been reviewed supporting that volunteers are trained and as noted, recertified.

| **Standard number here** | **§115.33 – Inmate Education** |
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☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Intake, inmates receive information zero-tolerance, how to report
(b) Thirty days, comprehensive information including retaliation
(c) Current inmates educated within one year and upon transfer if different
(d) Provide in format accessible to all inmates – disabled and limited English
(e) Documentation of inmate participation in education sessions
(f) Ensure key information is readily and continuously available

Policy 401.03 Booking & Admissions as well as 519.02 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. The Inmate Orientation

Handbook, which is provided within 24 hours of arrival, thoroughly reviews the information needed to educate the inmate population on how to prevent as well as report abuse and harassment. It includes the Department Duty Station phone number and information that it is not monitored. Additional education is provided at orientation within 7 days and participation is documented. Posters educating inmates on PREA were visible throughout the facility. This agency started educating inmates regarding PREA several years ago.

| **Standard number here** | **§115.34 – Specialized Training: Investigations** |
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☐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)`

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Investigators have received special training
(b) Includes techniques for interviewing abuse victims, Miranda and Garrity, sexual abuse evidence collection, criteria to substantiate
(c) Documentation they have completed the training
(d) State and DOJ provides training

519.04 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. In addition, as noted earlier, Massachusetts State Police have received training specific to PREA requirements. The training addresses interview techniques in addition to Miranda and Weingarten (union requirements for investigations) warnings and evidence collection.

| **Standard number here** | **§115.35 – Specialized training: Medical and mental health care** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Full and part time medical and mental health care staff in the facility have been trained four requirements'
(b) If they conduct forensic exams, they are trained
(c) Documentation of training maintained
(d) Also include training required for contractors and volunteer if that is their status

216.13 Training and Staff Development addresses the requirements of this standard. Review of documentation indicates that medical staff receives additional training regarding PREA and their role as medical staff in detecting signs, preserving evidence, how to respond effectively and when and how to report allegations.

| Standard number here | §115.41 – Screening for Risk of Victimization and Abusiveness |
|---|---|

**X** Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) All inmates assess during intake screening and upon transfer to another facility for their risk of being abused or being an abuser
(b) Takes place within 72 hours
(c) Objective screening instrument
(d) Considers ten areas
(e) Considers prior acts of violence
(f) Reassess within 30 days inmates risk
(g) Reassessed when warranted
(h) Not disciplined for not answering
(i) Appropriate controls on dissemination

519.24 Sexually Abusive Behavior Prevention and Intervention Policy and 650.02 Mental Health Services address the requirements of this standard. Documentation reviewed which demonstrates compliance includes a 72 hour Housing Risk Assessment and a 30 day Housing Risk Assessment. The Booking Officer completes a portion of the screen; mental health staff (unless after hours the medical staff) completes a portion of the screen. Corrections Program Officers complete the 30 day review and any warranted reassessments. This screen has been completed on all current inmates. Information in maintained in a computerized format that affords the control of dissemination to only those staff needing to review the information. It further offers the ability to receive notifications if an attempt is made to place a predator and victim in the same cell.

| Standard number here | §115.42 – Use of Screening Information |
|---|---|

**X** Exceeds Standard (substantially exceeds requirement of standard)

☐Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Information used to inform housing, bed, work, education to keep separated
(b) Individualized determinations
(c) Transgender case by case
(d) Placement, programming for transgender determined twice a year
(e) Transgender, intersex own views given serious consideration
(f) Transgender, intersex given opportunity to shower separately
(g) Not placed in dedicated facilities unless due to a consent decree

Several policies address the requirements of this standard: 420-07 Classification, 652.06 & .09 Identification, Treatment and Correctional Management of Inmates with GID, 650.01 & .03 Mental Health Services, and 750.11 Hygiene Standards. Additional documentation reviewed included classification plans, mental health treatment plan and memos authorizing separate shower times. As noted, staffs complete the risk assessment. This information is used by staff responsible for housing decisions use this information in addition to input received from staff and inmates to make informed decisions about placement of this population which presents with additional challenges. In addition, inmates interviewed commended staff for their efforts in making housing decisions to best help the inmate with special needs feel safe where they are housed.

| **Standard number here** | **§115.43 – Protective Custody** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) High risk victimization not placed in involuntary segregation unless no other alternative the less than 24 hours
(b) Will have access to programs, privileges, education, work to the extent possible. If restricted shall document limitations
(c) Assigned to involuntary until alternative means not to exceed 30 days
(d) Document
(e) Review every 30 days

519.04 Sexually Abusive Behavior Prevention and Intervention Policy and CMR 423 Special Management Units address the requirements of this standard. Documentation indicates this facility has not had to place anyone in involuntary restrictive housing due to victimization. The booking area and medical units are utilized to separate inmates until it can be determined how to address the allegation. Restrictive housing staff confirmed that inmates are not placed in that unit due to making allegations of sexual abuse or harassment.

| Standard number here | §115.51 – Inmate 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Multiple internal ways to privately report abuse, harassment, retaliation or staff neglect
(b) One method to report to public or private entity
(c) Staff shall accept verbal, writing, anonymous and third parties immediately and document
(d) Agency provides a method for staff to report privately

519.03 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. The Inmate Orientation Handbook provides information to the inmate population regarding multiple avenues for reporting sexual abuse/harassment. Staff incident reports are marked confidential and go directly to the superintendent. Staff interviews confirmed they believed this system afforded them a private way to report incidents. Inmate interviews confirmed that the population has been educated on the multiple reporting mechanisms available to them. The phone number provided to the inmate population was tested and a live person answered the phone. An inmate PIN number is needed.

| Standard number here | §115.52 – Exhaustion of Administrative Remedies |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Agency exempt If no administrative procedures to use grievance for inmate abuse
(b) No time limit on grievance for sexual abuse (1-4)
(c) Ensures not submitted to staff who is subject and not referred to that staff
(d) 90 days 1-4
(e) Third party permitted to file (1-4)
(f) Procedure for filing emergency grievance
(g) Can discipline where filed in bad faith

CMR 491 Inmate Grievances and Standard Operating Procedure Sexual Abuse Grievances address the requirements of this standard. Inmate and staff interviews confirmed that grievances are always available to inmates.

| Standard number here | §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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Access to outside victim advocates for emotional support services by mail or telephone, tool free hotline, reasonable communication in a confidential manner
(b) Informed of the extent that it will be monitored
(c) Maintain an MOU with community service providers

407.21 Victim Services Unit addresses the requirements of this standard. As noted, there is a request for advocate services being negotiated. However, inmates interviews verified that mental health staff are available to them and can and do meet this need.

| Standard number here | §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)

**Auditor comments, including corrective actions needed if does not meet standard**

Method to receive and distribute publicly information on how to report

519.03 & .04 Sexually Abusive Behavior Prevention and Intervention Policy address the requirements of this standard. Information is available on the Mass. DOC website for third party reports, addressed in the Family & Friends Handbook and noted on PREA posters. A completed investigation was reviewed that was initiated by a third party.

| Standard number here | §115.61 – Staff and Agency Reporting Duties |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Staff required to report immediately
(b) Staff not reveal any information than it needs to appropriate staff
(c) Practitioners required to report abuse, limits on confidentiality
(d) If victim is under 18
(e) All reports to facility's designated investigator

519.03 & .06 Sexually Abusive Behavior Prevention and Intervention Policy and MPCH 57.00 Sexual Assault Policy address the requirements of this standard. Medical staff is aware of the requirement for reporting and limitations on confidentiality. Staff interviews confirmed that staff understands the requirement to report immediately and to maintain confidentiality after reporting. Review of completed investigations confirms that reports of abuse or harassment are forwarded immediately to the supervisor, to the superintendent and initiation of an investigation by IPS is started immediately.

| **Standard number here** | **§115.62 – Agency Protection Duties** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Inmate subjected to imminent abuse – immediately action

519.04 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirement of this standard. Review of documentation and staff and inmate interviews support compliance as well.

| **No Standard number here** | **§115.63 – Reporting to Other Confinement Facilities** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Reporting to another facility
(b) Within 72 hours
(c) Documented

(d) Facility head receives notification that investigation

519.03 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. During an interview with an inmate, an allegation was presented that he was sexually assaulted at another facility. Staff immediately initiated a report and forwarded it to the facility where the alleged event occurred.

| **Standard number here** | **§115.64 – Staff First Responder Duties** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) First security staff required to , separate, preserve, collect victim, collect abuser
(b) If not security, staff required to request alleged victim not destroy physical evidence then notify security staff

519.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. Review of documentation regarding staff response to allegations of sexual abuse/harassment as well as interviews with staff supports compliance as well. Staff are provided a 1st responder card to carry on their person so that they can refer to it in the event that they are the first to be notified of or witness an allegation.

| **Standard number here** | **§115.65 – Coordinated Response** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Institutional plan

519.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. Each facility has an institutional procedure to demonstrate how actions are coordinated at the facility. Staff interviews demonstrate that staffs are knowledgeable regarding how to respond at this facility.

| Standard number here | §115.66 – Preservation of ability to protect inmates from contact with abusers |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Collective bargaining new contract limiting agency's ability
(b) This standard doesn't restrict discipline and no-contact assignment

230.06 Disciplines and Terminations addresses this standard. The following current contracts were review and do not prohibit the facility from removing alleged staff: Massachusetts Correction Officer Federated Union, New England Benevolent Association Alliance, National Association of Government Employees (NAGE) and AFSCME/SEIU Local 509.

| Standard number here | §115.67 – Agency protection against retaliation |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Policy protects inmates and staff who report
(b) Agency employs multiple protection measures
(c) Monitor for retaliation for 90 days or beyond if needed
(d) Inmates also periodic status checks
(e) If fear of retaliation expressed, agency shall take appropriate measures
(f) Do not have to monitor if allegation is unfounded

519.07 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. ISP members conduct monitoring for retaliation. It was recommended that more precise documentation be noted regarding what protection measures were used at the periodic reviews.

| Standard number here | §115.68 – Post-Allegation Protective Custody |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

See comments regarding §115.43.

| **Standard number here** | **§115.71 – Criminal and Administrative Agency Investigations** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Investigation done promptly, thoroughly, objectively
(b) Abuse – investigators have received specialized training
(c) Investigators gather and preserve direct and circumstantial evidence
(d) If criminal, will conduct interviews after consulting with prosecutor
(e) Credibility assessed individually
(f) Administrative investigations include whether staff actions or failures contributed, documented in the reports description of physical evidence, resonating behind credibility, investigative facts and findings
(g) Criminal investigations thorough description of physical, testimonial and documentary evidence
(h) Substantiated criminal referred
(i) Agency retains all reports as long as abuser is incarcerated or employed plus five years
(j) Departure of alleged abuser or victim does not terminate investigation
(k) State, DOJ
(l) Facility cooperates with outside investigators

519.02, .03. & .06 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. Potential criminal matters are handled by staff at central office. IPS investigators work without outside agencies to assist with investigations. A review of thirteen completed investigations concludes compliance with the requirements of this standard. Investigators have received specialized training regarding sexual assaults.

| **Standard number here** | **§115.72 – Evidentiary Standard for Administrative Investigations** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

No standard higher than preponderance of evidence

DOC 518 Inner Perimeter Security Team address this standard. Compliance was also demonstrated by review of completed investigations and interviews with investigative staff.

| **Standard number here** | **§115.73 – Reporting to Inmate** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Inform inmate whether allegation has been substantiated, unsubstantiated, or unfounded
(b) If agency did not conduct, will request relevant information from investigative agency
(c) When staff member did abuse (1 - 4)
(d) When an inmate did abuse (1 – 2)
(e) Notifications documented
(f) Obligation terminated if released from custody

519.07 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. This policy includes Attachment I Inmate Notification. Compliance was also determined by review of completed notifications.

| **Standard number here** | **§115.76 – Disciplinary sanctions for staff** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Staff disciplinary sanctions up to termination
(b) Termination presumptive when sexual abuse

(c) Commensurate with act, history, sanctions for similar histories
(d) All reported to law enforcements unless not criminal and to licensing bodies

230.66 Discipline & Terminations addresses this standard. The facility reports that no disciplinary action or termination has been taken against staff for substantiated PREA allegations.

| Standard number here | §115.77 – Corrective action for contractors and volunteers |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Contractor, volunteer reported unless not criminal
(b) Facility takes remedial measures, consider prohibiting contact when not criminal

519.07 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. The facility reports that to date no volunteers or contract staff have been disciplined or terminated due to substantiated PREA allegations.

| Standard number here | §115.78 – Disciplinary sanctions for inmates |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) inmates subject to sanctions
(b) sanctions commensurate
(c) consider mental disabilities
(d) consider whether to require offender to participate in therapy
(e) against staff if no staff consent
(f) not falsifying if made in good faith
(g) agency can prohibit all sexual activity between inmates but not deem it abuse if not coerced

The following policies address the requirements of this standard: 519.02, .04, .06, & .07, Sexually Abusive Behavior Prevention and Intervention Policy, 650.09 Mental Health Services,

and 103 CMR Inmate Discipline. As this is a mental health facility, mental disabilities are routinely reviewed regarding disciplinary action.

| ©Standard number here | §115.81 – Medical and mental health screenings; history of sexual abuse |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Prison inmate experienced prior victimization follow up in 14 days
(b) Prison inmate experienced prior perpetration follow up in 14 days
(c) Jail inmate experienced prior victimization follow up in 14 days
(d) This information limited to mental/medical and other staff deemed necessary
(e) Get informed consent before reporting that didn't occur in an institutional setting

650.03 Mental Health Services addresses the requirements of this standard. Transfer screens were reviewed which reflected the appropriate referral to mental health services based on information obtained during the screening process. Policy reflected the requirements for confidentiality and informed consent as required by the standard. Inmate interviews support compliance as well.

| Standard number here | §115.82 – Access to emergency medical and mental health 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Victims unimpeded access to emergency services
(b) If not on duty, first responders
(c) timely information and timely access to prophylactic treatment
(d) treatment provided to victims without treatment

519.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. 630 Medical Services and 650 Mental Health Services are referenced in the policy regarding access to emergency services. Medical staffs are on duty 24/7. Documentation was provided

that demonstrated compliance with unimpeded access, timely information and services regarding prophylaxis care and no costs incurred to the inmate. Staff interviews support compliance as well.

| Standard number here | §115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Mental, medical to all victims evaluation and ongoing
(b) Follow up, treatment plans, referrals
(c) Consistent with community care
(d) Pregnancy tests
(e) If pregnant, appropriate legal treatment
(f) STD tests
(g) Treatment services without costs
(h) Mental health evaluation of all know inmate on inmate abusers within 60 days

519.04 &.06 Sexually Abusive Behavior Prevention and Intervention Policy and 650.16 Mental Health Services address this standard. Documentation was reviewed that demonstrated on-going medical and mental health treatment, and also reflected no charge for the services.

| Standard number here | §115.86 – Sexual abuse incident reviews |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Incident review unless unfounded
(b) Within 30 days
(c) Team includes upper level management with supervisors, investigator, medical/mental health
(d) The team considers 1-6 (policy, motivation, area, staffing levels, monitoring technology, prepare a report)
(e) Implement or document why not

519.04 &.06 Sexually Abusive Behavior Prevention and Intervention Policy addresses the requirements of this standard. Multi-disciplinary incident review teams meet monthly (more often if needed) to review all incidents. All areas noted in the standard are considered and documented in the reviews. This information is noted in the data base for future review and analysis.

| **Standard number here** | **§115.87 – Data Collection** |
|---|---|

**X** Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Accurate, uniform data, standardized instrument, definitions
(b) Aggregate annually
(c) Survey of Sexual Violence
(d) Maintain from all available incident=based
(e) Obtain from private facility
(f) Provide to DOJ June 30

519.09 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. The 2013 Annual PREA report is available on the website. It includes information from all prisons within the Massachusetts Department of Correction. With the development of the database, statistics regarding the prevalence of abuse and harassment can be easily retrieved for all facilities and trends can be assessed at any time.

| **Standard number here** | **§115.88 – Data Review □ for Corrective Action** |
|---|---|

☐ 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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Agency reviews data to assess, improve (1-3) identify problem areas, take corrective action, prepare annual report
(b) Compare current with prior years
(c) Available to the public

519.09 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard. The Commissioner has approved the report. It is available on the website, in additional to educational material about the law.

| **Standard number here** | **§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)

**Auditor comments, including corrective actions needed if does not meet standard**

(a) Securely retained
(b) Readily available to the public at least annually
(c) Removes all personal identification
(d) Maintained for 10 years

519.09 Sexually Abusive Behavior Prevention and Intervention Policy addresses this standard in addition to the Record Retention Schedule. It is posted on the website; no personal identification is on the report.

**AUDITOR CERTIFICATION:**

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

Amy Fairbanks Date April 17, 2015