

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

Date of report: 01/30/2017

Auditor Information			
Auditor name: Savitre Bettencourt			
Address: 35 Fairfield Place, West Caldwell NJ 07006			
Email: Savitre.bettencourt@cecintl.com			
Telephone number: 9732262900 ext 266			
Date of facility visit: 08/03/16			
Facility Information			
Facility name: Essex County Pre-Release Center			
Facility physical address: 165 Marston Street, Lawrence, MA 01841			
Facility mailing address: <i>(if different from above)</i> N/A			
Facility telephone number: 978-750-1900			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" 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 type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Frank G. Cousins, Jr.			
Number of staff assigned to the facility in the last 12 months: 95			
Designed facility capacity: 332			
Current population of facility: 323			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18-97			
Name of PREA Compliance Manager: Jamie Forcino		Title: Lieutenant/PREA Compliance Manager	
Email address: Jforcino@eccf.com		Telephone number: 978-750-1900	
Agency Information			
Name of agency: Essex County Sheriff's Department			
Governing authority or parent agency: <i>(if applicable)</i> Commonwealth of Massachusetts			
Physical address: 20 Manning Road, Middleton, MA 01949			
Mailing address: <i>(if different from above)</i> N/A			
Telephone number: 978-750-1900			
Agency Chief Executive Officer			
Name: Frank Cousins		Title: Sheriff	
Email address: sheriff@eccf.com		Telephone number: 978-750-1900	
Agency-Wide PREA Coordinator			
Name: Jason Ebacher		Title: Assistant Superintendent III/PREA Coordinator	
Email address: jebacher@eccf.com		Telephone number: 978-750-1900	

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct the Prison Rape Elimination Act (PREA) compliance audit of Essex County Pre-Release Center was completed on 8/3/16 by DOJ Certified PREA Auditor Savitre Bettencourt with the assistance of DOJ PREA Auditor (probationary status) Leah Michele Coffin. The Community Confinement Standards used for this audit became effective August 20, 2012.

Prior to the visit, documents were submitted for review by the facility to show compliance of each standard. The following documents were reviewed to demonstrate compliance: the pre-audit questionnaire; agency's policies and procedures; residents' education materials; employees' training curriculum and proof of trainings; organizational charts; staffing plan; and other PREA related materials including portions of resident charts. During the pre-audit review process several questions were raised; all of which were discussed via email and telephone with the agency's PREA Coordinator and facility's PREA Compliance Manager.

On the day of the visit, the auditors met with the Facility Director, Agency's PREA Coordinator, PREA Manager and other key staff members for a brief introduction where the lead auditor explained the audit process. A tour of the facility's inner and outer perimeters was conducted. During the tour, the auditors observed the schematics of all three buildings, location of cameras, convex mirrors and staff supervision of the resident population. Hotlines and local advocate crisis center telephone numbers were checked to ensure that they were working and that the residents were able to report easily and "free of charge". After the tour, the auditors debriefed with the Agency's PREA Coordinator and the facility PREA Manager. Immediately after the debrief, the auditors began the interview process with the residents and staff. Twenty-three (23) residents were interviewed. Of the random 23 residents interviewed, 1 was a non-English speaking and 1 identified as Gay. Sixteen (16) staff were interviewed: 1 head of agency, 1 Nurse, 1 SANE, 1 mental health staff, 6 random staff, 1 PREA Coordinator, 1 intake staff; 1 contracted food services staff, 1 Investigator, 1 Risk Screener for Risk of Victimization and Abuseness and 1 non-medical staff (cross-gender strip or visual searches). The facility reported zero (0) incidents of sexual abuse and sexual harassment during June of 2015 to July of 2016.

While the auditors were on site, the facility was given an opportunity to provide supporting documentation in order to demonstrate compliance with two standards. Hourly tour logs were presented for areas that did not have a camera. SANE and SAFE training materials and proof of training were provided to bring standards 115.213 and 115.221 into compliance.

Overall, the facility appeared to be run in a safe and secure manner. Medical and mental health services are provided by Naphcare which is a contracted service provider. Food services are provided by Aramark, a contracted service provider. The auditors were treated professionally by staff. Staff members showed knowledge of the PREA Standards and appeared to be committed to the PREA mandates. Residents felt safe and had no complaints regarding staff or of fellow housemates.

Update: On 9/12/16, the Correction Action Plan (CAP) was initiated with the auditors and members of ECPRC. The following standards were found in non-compliance during the initial audit process: 115.241; 115.242; 115.252; and 115.266. On 1/20/17 the final CAP phone conference was held to review and finalize all corrective action plans. There were a total of 5 formal CAP calls between the auditors, the PREA coordinator, Jason Ebacher, and other ECPRC staff members. During these calls, the auditors offered guidance to the ECPRC's PREA Coordinator on ways to bring non-compliant standards into full compliance. The facility worked diligently to bring all of these standards into full compliance by providing proof of practice. The auditors were satisfied with all documentation provided. The ECPRC facility is now fully compliant with all of the Community Confinement standards set forth by PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

Essex County Pre-Release Center (ECPRC) is located on 165 Marston Street in Lawrence, Massachusetts and sits on 13 acres of land bordered by the Merrimack River and Interstate 495. Of the 13 acres, seven are used to grow fresh produce that is harvested to feed the inmates and residents of ECPRC and two sister facilities. The program houses 332 male residents who are referred from the Essex County Middleton House of Correction. The average length of stay for a resident at this facility is approximately 132 days. There are three buildings in total:

- **Main Building:** The Main Building includes housing for residents on the upper levels, the main control room for the facility, administrative offices, a kitchen and dining hall, intake office, Parole office, medical office, security investigations office and the laundry room.
- **Annex:** The Annex is a dorm style housing unit with 4 large dorms; pretrial on the first floor and sentenced residents on the second floor. There is also a large chapel/meeting room on the first floor, a gym area and the library/classroom in the basement.
- **Back Building:** This is a smaller housing unit for sentenced residents. There is a common area for the residents to gather and counselors' offices.

There are 69 cameras placed throughout the building as well as the outer perimeter of the buildings. The recordings are retained for 60 days. There are concave/convex mirrors prominently placed throughout the buildings.

Additionally, ECPRC security staff conducts "eyeball" rounds every hour.

Fencing is not present around the facility. Residents are allowed to work and volunteer in the surrounding areas. Some of the programs offered at this facility are Adult Basic Education, anger management, Substance Abuse Treatment Community for Offenders (SATCO) and Alternatives to Domestic Violence and Abuse (ATV).

Mission: "Employees of the Essex County Sheriff's Department are committed to a fully integrated criminal justice system which ensures public safety. Each facility provides an environment which offers opportunities for positive behavioral change, optimizes community reparation and works collaboratively with the community and other agencies in pursuit of its mission. This mission is achieved through the following initiatives:

- 1) To protect the public by safely and humanely incarcerating criminal offenders at the appropriate security level consistent with public safety;
- 2) To provide inmate work, education, and programming opportunities;
- 3) To establish sound policies and procedures;
- 4) To inform and educate the public consistent with established policy;
- 5) To provide a professional and rewarding work environment for staff;
- 6) To develop innovative and cost effective alternatives to incarceration that enhances the efficiency of the department."

SUMMARY OF AUDIT FINDINGS

After reviewing all submitted documentation and conducting staff, volunteers, contractors, SAFE/SANE and resident interviews, the auditors concluded that staff understood their responsibilities as they relates to PREA. Residents were aware of PREA and felt safe in the facility. All areas of the facility were observed to be clean and secured. The facility met the requirements of thirty-three standards (33) standards, four (4) that did not meet requirements of the standards and one (1) standard that was not applicable. The facility exceeded expectations for one (1) standard. This should be considered an interim report with a final report to follow within 180 days.

Overall Compliance as reflected in the Interim Audit Report:

Number of standards exceeded: 1

Number of standards met: 33

Number of standards not met: 4

Number of standards not applicable: 1

Update – January 2017: Summary of Audit findings:

After reviewing all submitted documentation during the correction action period, the auditors concluded there was an understanding of rights and responsibilities surrounding the PREA standards. The facility met the requirements of thirty- seven standards (37) standards. The facility exceeded one (1) standard and one (1) standard was not applicable. This should be considered the final report.

Final Compliance:

Number of standards exceeded: 1

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Essex County Pre-Release Center (ECPRC) program implemented a zero-tolerance policy as detailed in policy 103 ECSD 981.00 under Section 05 which addresses prevention, detection and responding to all forms of sexual abuse and sexual harassment. In addition to the agency-wide PREA Coordinator, there is a designated PREA Compliance Manager at the facility who oversees compliance to zero-tolerance. Both the Coordinator and Manager stated they had sufficient time to conduct PREA related duties. Zero-tolerance was evident through observation of posters hung throughout the facility, information in the resident handbook and interviews with staff and residents. The facility exceeds compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 05, Essex County Sheriff’s Department ECPRC Organizational Chart; Interviews with PREA Coordinator, Jason Ebacher and PREA Compliance Manager, Jamie Forcino; Pre-Audit Questionnaire; and Facility Tour.

Standard 115.212 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is not applicable to ECPRC. The auditors reached out to the PRC to obtain clarification regarding this standard. The ECPRC is directly operated by ECSD. The ECPRC does not contract with other facilities for the confinement of its residents.

Policy, Interviews and other documentation reviewed.

-Policy 103 ECSD 981.00 Section 06 page.2

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ECPRC has developed and maintains a staffing plan compliant with this standard. The staffing plan was developed by examining the staffing levels for covered hours and reviewing the number of hours available based on the number of employees and hours each works. The plan was predicated on a resident population of three hundred thirty-two (332). Staffing is complemented with the placement of sixty nine (69) video cameras inside and outside of the facility. Additionally, the security staff conducts “eye-ball” tours every hour. The on-site audit included an examination of resident access to phones, tour logs, staffing rosters and housing assignments. The ECPRC is compliant with standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 08, pgs. 7-8; Pre-Audit Questionnaire; Facility Tour; Interviews with facility staff and residents; ECPRC staffing rosters and resident population reports; Vulnerability Assessment; and hourly tour logs.

Standard 115.215 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC PREA policy prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by a medical practitioner. Additionally, the policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. In the past 12 months, the facility has not conducted any cross-gender pat down or strip searches or cross-gender visual body cavity searches. Staff reported that residents are allowed to shower, dress and use the toilet privately without being viewed by staff of the opposite gender. During the tour, female staff announced their presence verbally when entering all areas housing residents. Interviewed residents confirmed they were afforded privacy from all staff when showering, dressing and using the toilet. The interviewed residents also stated that staff announces their presence when opposite gender staff enter the housing units and bathrooms. The ECPRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 09, pgs. 8-9; Pre-Audit Questionnaire; Facility Tour; Interviews with facility staff and random residents.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC takes appropriate steps to ensure residents with disabilities and residents with limited English Proficiency have an opportunity to participate in and benefit from the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Resident handbooks, PREA posters and handouts are written in English and Spanish. Essex County Sheriff’s Department (ECSD) has a contract for interpreter services with Language Line to address any language need to assist residents. Staff interviewed were aware that resident interpreters or assistants are not utilized in dealing with any PREA related matter. The auditor interviewed a resident that is non English speaking using a staff interpreter. In the past 12 months, resident interpreters have not been utilized. The ECPRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 10, pg. 9; Pre-Audit Questionnaire; Facility Tour; Interviews with random facility staff; Language Line Contract/Invoices; PREA posters, handout and resident handbook in Spanish.

Standard 115.217 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/ECPRC policy prohibits the hiring, promoting or enlisting services of contractors who have engaged in sexual abuse in an institutional setting, convicted or attempted to engage in sexual activity in the community or have been civilly or administratively adjudicated to have engaged in sexual activity in the community. The facility has an extensive new hire process that includes a personality assessment completed by an outside company. All employees, contractors and volunteers receive criminal background checks through NCIC and CJIS in accordance with this standard. Interviews with the Human Resource Manager, Internal Affairs and a review of policy and documentation confirm compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 11, pgs. 9-10; Pre-Audit Questionnaire; Interview with Human Resource Manager; Interview with Internal Affairs Staff; Review of background checks, new hire and promotion decision process.

Standard 115.218 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECSD/ECPRC policy addresses the requirements of this standard. ECPRC has sixty nine (69) video cameras inside and outside of the facility. There have been no modifications/expansions to the facility. The facility is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 12, pgs.10-11; Pre-Audit Questionnaire; Facility tour; Review of facility vulnerability report; Interviews with Superintendent and PREA Coordinator.

Standard 115.221 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC refers allegations of sexual abuse or sexual harassment to the Security Investigations Department at the Essex County Sheriff’s Department for administrative and criminal investigations and, when needed to the Essex County District Attorney’s Office or the Massachusetts State Police for criminal prosecution. The Essex County District Attorney’s Office or the Massachusetts State Police are responsible for the collection of forensic evidence. Staff interviewed were aware of the facility’s procedures to obtain usable physical evidence if sexual abuse is alleged. Essex County ECPRC has Memorandums Of Understanding (MOUs) with Lawrence General Hospital to provide SAFE/SANE services and with the Greater Lawrence YWCA to provide victim advocacy services. The

residents are not charged for any services provided related to PREA compliance. No SAFE/SANE exams were conducted in the past 12 months. The ECPRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 13, pgs.11-12; Pre-Audit Questionnaire; Sexual Assault Evidence Protocol; Interviewed by telephone SAFE/SANE Nurse Debbie Perry; Spoke with operator(s) of Greater Lawrence YWCA when checking telephones; Interviewed Investigative Staff, random staff and residents.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC refers allegations of sexual abuse or sexual harassment to the Security Investigations Department at the Essex County Sheriff’s Department for administrative and criminal investigations. The Essex County District Attorney’s Office and Massachusetts State Police Department can be utilized for additional assistance when criminal investigation are warranted. A Security Investigator from the Department was interviewed and was very knowledgeable concerning their responsibilities under the PREA standards. There have been no allegations of sexual abuse or sexual harassment in the past 12 months. The ECPRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 14, pg. 12; Pre-Audit Questionnaire; Interviews with Security Investigations Department Investigators and Evidence Protocol.

Standard 115.231 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC addresses this standard in policy103 ECSD 981.00 under section 15 on page 12. All new employees are required to receive training relative to their PREA responsibilities. All current employees are trained with refresher training every two years to ensure that they are familiar with the current sexual abuse and sexual harassment policies

and procedures. In years in which an employee does not receive refresher training, the department provides refresher information on current sexual abuse and sexual harassment policies. All staff carry a card outlining required actions of a first responder. All staff members are required to sign an acknowledgment form indicating their understanding of PREA. The ECPRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 15, pg.12; Training curricula for content; Pre-Audit Questionnaire; Training Records; First Responder Cards; Interviews with random staff.

Standard 115.232 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. All contractors/volunteers who have contact with residents receive training as to their responsibilities regarding PREA. The zero-tolerance, prevention, detection, reporting and responding requirements are covered in training. Interviews with contractors and a review of policy and documentation verify compliance with this standard. The ECPRC is compliant with this standard.

Policy, Interviews and Other documentation Reviewed

- Policy 103 ECSD 981.00, Section 16, pg. 13; Pre-Audit Questionnaire; Training acknowledgements; Interview with contractor.

Standard 115.233 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses the requirements of this standard. During the intake process, residents receive information verbally and in writing (resident handbook and pamphlet in English and Spanish). A video/power point orientation is completed within 1-2 days of arrival. PREA posters with hotline numbers and addresses were observed throughout

the facility detailing various ways to report violations. Language Line assistance is available for residents who have difficulty communicating in English. There is a process in place to assist residents with learning disabilities and other impairments. Staff and residents interviewed and a review of policy and documentation verify compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 17, pgs.13-14; Pre-Audit Questionnaire; Resident handbook, PREA posters and PREA pamphlets; Orientation curriculum for resident education; Interviews with intake staff and random residents.

Standard 115.234 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC refers allegations of sexual abuse or sexual harassment to the Security Investigations Department at the Essex County Sheriff’s Department for administrative and criminal investigations. A Security Investigator from the department was interviewed and was very knowledgeable concerning their responsibilities under the PREA standards. All investigators in the department have received specialized investigator training. The ECPRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 18, pg. 14; Policy 103 ECSD 217.00 Investigations; Sexual Assault Evidence Protocol; Pre-Audit Questionnaire; Training records for staff completing Specialized Investigations.

Standard 115.235 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. Forensic examinations are only conducted at a local hospital. All medical and mental health staff have received specialized training in victim identification, interviewing, reporting and required

clinical interventions. Staff interviews, policy, training curriculum and acknowledgement of training documentation reviewed verify compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 19, pg. 14; Pre-Audit Questionnaire; Training Curriculum and acknowledgement of training completed; Interviews with Naphcare Medical Staff.

Standard 115.241 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy requires residents have an initial screening within 72 hours of arrival to assess for risk of victimization/abusiveness utilizing an objective screening instrument. Some of the 72 hours screeners reviewed were not completed within 72 hours of the resident’s arrival to facility. A reassessment is not conducted in 30 days. Currently there is no formalized process in place to complete a reassessment of residents. The facility does not meet this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 20, pgs. 14-15; Pre-Audit Questionnaire; Review of screeners for risk of victimization/abusiveness; Interviews with staff responsible for completing screeners, intake staff, PREA Coordinator and PREA Compliance Manager.

Corrective Action Required: The below action is needed in order to bring this standard into compliance:

1. Implementation of formalized processes to complete objective screenings on all residents within 72 hours of arrival and 30 day reassessments.

Update 1/20/16: ECPRC’s PREA has assigned a clerk who is now responsible for completing all of the PREA screeners. The clerk completes the screener with the residents in a private setting. Once the screener is completed it is then reviewed by the facility PREA Manager for accuracy and if follow up is needed. The facility has also revamped their screener to make it a more objective tool. The facility submitted samples of 72 hours and 30 day screeners to auditors. Auditors examined the samples provided and were satisfied with the screeners and the formalized process now in place.

Standard 115.242 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC does not meet this standard because 30day screeners are not being completed. The 72hour screeners were not consistently completed and no set process was in place for the use of the screeners.

Policy, Interviews and Other Documentation Reviewed

Policy 103 ECSD 981.00, Section 20, pgs. 14-18; Pre-Audit Questionnaire: Review of screener for use of screening information for housing, programming, and education. Interviews with staff responsible for completing screeners and PREA Coordinator.

Corrective Action Required:

1. Implementation of the 30 day screener and procedures for when residents are identified as a “high risk” victim/perpetrator.

Update 1/20/16: ECSD/ECPRC policy addresses this standard. All residents of ECPRC are screened at the sister facility Middleton House of Corrections prior to being referred and transferred to ECPRC. If during the residents’ stay at ECPRC it is revealed during the 30-day screener that he is a potential “high risk” for being a victim/perpetrator he will be returned to Middleton House of Corrections for proper housing. ECPRC is not designed to accommodate “high risk” residents. Auditors examined screeners of “high risk” residents who were returned to Middleton. The staff provided detailed documentation on the follow-up for residents who were found as “high risk” during the screening process.

Standard 115.251 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC provides residents with multiple ways to report sexual abuse and sexual harassment. PREA posters, handouts and resident handbooks (all in English and Spanish) outline the mandates of this standard and were observed throughout the facility detailing the reporting procedures. A review of documentation and staff / resident interviews indicated that there are multiple ways (in writing, verbally, anonymously, privately and from a third party) for residents and staff to report. There have been no reports of sexual abuse or sexual harassment in the past 12 months. ECPRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 23, pgs. 17-18; Resident education materials including Resident Handbook, PREA posters, PREA tri-fold brochures; Pre-Audit Questionnaire; Interviews with random staff

and residents; Memorandum Of Understanding (MOU) with Greater Lawrence YWCA; Facility tour.

Standard 115.252 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC written policy is compliant with this standard. Residents may file a grievance concerning allegations of sexual abuse or sexual harassment that would immediately result in an administrative or criminal investigation. All response and reporting time limits concerning the grievance process are written in ECPRC PREA policy. Based on the resident handbook, residents are not required to use the informal or formal grievance process and are allowed to submit a grievance alleging sexual abuse or sexual harassment without submitting it to the staff member who is the subject of the complaint. There have been no grievances filed regarding a PREA allegations in the past 12 months. Staff interviews and policy review proved compliance with this part of the standard; however residents are not informed of the specific policy regarding PREA related grievances. The facility does not meet this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 24, pgs. 18-19; Pre-Audit Questionnaire; Resident handbook; Interviews with staff

Corrective Action Required: The below action is needed in order to bring this standard into compliance:

1. Further define the resident handbook to include specific guidelines regarding PREA related grievances, i.e., emergency grievances and timeframes as defined by 115.252.

Update 1/20/16: The resident handbook was updated to include standard language and process. A copy of the handbook with the updated section was sent to auditors. Resident acknowledgements of the revised handbook were sent to the auditors as proof implementation. The update handbook detailed the process of filing a grievance. There is no time limitation given to residents for filing PREA related grievance.

Standard 115.253 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The residents of ECPRC are provided with access to outside victim advocates for emotional support services related to sexual abuse. At intake, the residents are given a PREA tri-fold brochure with appropriate telephone numbers. Mailing addresses are available and information is posted by the telephones. Additionally, the information is included in the resident handbook which all residents receive at intake. The Greater Lawrence YWCA is available to provide all requested services. There have been no reported allegations of sexual abuse and sexual harassment in the past 12 months. Staff and resident interviews and documentation reviewed support compliance to this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 25, pgs.19-20; Pre-Audit Questionnaire; Education Materials-PREA posters, PREA tri-fold brochures, Resident Handbook; Interviews with random staff, PREA Compliance Manager; Spoke with operator at the Greater Lawrence YWCA when checking phones; Facility tour.

Standard 115.254 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses third-party reporting procedures. During the tour, the auditors observed posted notifications throughout the housing areas that address the requirements of this standard. In addition, the Essex County Sheriff's Department website posts procedures for third-party reporting. Staff and resident interviews and a review of documentation support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 26, pg. 20; Pre-Audit Questionnaire; ECSD website; Interviews with random staff and residents; Facility tour.

Standard 115.261 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard and requires that relevant information is maintained in a confidential manner. Interviews with staff confirmed they are aware to immediately report allegations of sexual abuse, harassment or neglect relevant to PREA standards. All staff carry a first responder action card and were able to relay duties without looking at their card. There have been no reported allegations of sexual abuse or sexual harassment in the past 12 months. A review of policy and interviews with random staff support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 27, pg. 20; Pre-Audit Questionnaire; Staff First Responder Card; Interviews with random staff.

Standard 115.262 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses the requirement of this standard. Staff interviewed were knowledgeable of their responsibilities regarding if they become aware of a resident being at imminent risk of being sexually abused or sexually harrassed. The staff stated they would immediately act to protect the resident to include separation of the victim/perpetrator, secure the scene to protect possible evidence and report immediately to their supervisor. In the past 12 months, there have been no situations where the facility determined a resident was subject to substantial risk of imminent sexual abuse. A review of policy and staff and residents' interviews support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 28, pg. 20; Pre-Audit Questionnaire; Staff First Responder Card; Interviews with random staff.

Standard 115.263 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. According to policy, if a resident reports an allegation of sexual abuse or

sexual harassment while confined at previous confinement facility, an investigation will be initiated. During the past 12 months there were no allegations reported of sexual abuse or sexual harassment that occurred at another facility. Interviews with staff, residents and policy review support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 29, pgs.20-21; Pre-Audit Questionnaire; Interviews with Superintendent, PREA Coordinator and PREA Compliance Manager.

Standard 115.264 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. Staff interviewed were knowledgeable regarding their first responder responsibilities as they relate to allegations of sexual abuse or sexual harassment. Staff stated they would immediately act to protect the resident to include separation of the victim/perpetrator, secure the scene to protect possible evidence and report immediately to their supervisor. All staff carry a first responder card. There have been zero (0) allegations of sexual abuse or sexual harassment in the past 12 months. Interviews with staff and policy review support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 30, pg. 21; Pre-Audit Questionnaire; First Responder Card; Interviews with random staff (security and non-security staff).

Standard 115.265 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. Coordinated actions to be taken by first responders, medical staff, investigators and supervisors are described in policy. Additionally, these procedures are described in the first responder card. There have been no allegations made of sexual abuse or sexual harassment in the past 12 months. Interviews with staff and review of documentation support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 31, pg. 21; Pre-Audit Questionnaire; First Responder Card; Interviews with random staff, supervisors, Superintendent and PREA Compliance Manager.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses the requirements of this standard, however, the collective bargaining agreements between the Essex County Sheriff’s Department (ECSD), the Essex County Correctional Officers Association (ECCOA), and the International Brotherhood of Correctional Officers (IBCO) reviewed did not have specific PREA language as it relates to this standard. The bargaining agreements are not in compliance with the PREA standard. The facility does not meet this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 32, pgs. 21-22; Pre-Audit Questionnaire; Collective Bargaining Agreements (ECCOA and IBCO); Interview with PREA Coordinator.

Corrective Action Required: The below action is needed in order to bring this standard into compliance:

1. The collective bargaining agreements must be amended to be consistent with PREA Standard 115.266.

Update 1/20/16: Although there is no exact language of this standard in the union agreement, the union agreement does not preclude a staff from being terminated for violation of PREA. On 1/3/17, a meeting was held with the ECSD representatives and members of the Essex County Correctional Officers Association (ECCOA), and the International Brotherhood of Correctional Officers (IBCO) to review the PREA standards. All party members at the meeting signed an acknowledgment memorandum stating they were aware of the PREA standards, its intent, and ECSD responsibility to protect its residents. A copy of the signed memorandum was provided to the auditors as evidence.

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy prohibits any type of retaliation to any staff member or resident who has reported sexual abuse or sexual harassment or who has cooperated with such investigations. The agency PREA Coordinator and the facility PREA Compliance Manager are responsible for monitoring all possibilities of retaliation, and, at minimum, conduct and document checks with a resident who may have been victimized or reported victimization for at least 90 days following an allegation. There have been no cases of retaliation discovered or reported in the past 12 months. An interview with the with those assigned retaliation monitoring and policy review supports compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 33, pgs.22-23; Pre-Audit Questionnaire; Interview with Retaliation Monitor.

Standard 115.271 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. The Essex County Sheriff’s Department has a Security Investigations Department that conducts all administrative and criminal investigations. The Essex County District Attorney’s Office and Massachusetts State Police Department can be utilized for additional assistance when criminal investigations are warranted. There have been zero (0) allegations of sexual abuse or sexual harassment to warrant investigations. An interview with the Security Investigation Department staff and review of policy supports compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 35, pgs. 23-24; Pre-Audit Questionnaire; Interviews with Superintendent and investigative staff.

Standard 115.272 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses the evidence standard that requires “a preponderance of the evidence” when determining whether allegations of sexual abuse or sexual harassment are substantiated. During the past 12 months there have been zero (0) allegations of sexual abuse or sexual harassment reported. Interviews with staff and a review of policy support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 36, pg. 24; Pre-Audit Questionnaire; Interview with investigative staff.

Standard 115.273 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. During the last 12 months there have been no administrative or criminal investigations for PREA incidents. Policy review and interviews with staff confirm a practice that demonstrates compliance.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 37, pg. 24; Pre-Audit Questionnaire; Interview with investigative staff, PREA Coordinator and PREA Compliance Manager.

Standard 115.276 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy describes the required procedures necessary to support compliance with this standard. During the past 12 months there were no staff that have been disciplined, terminated (or resigned prior to termination), or reported to

law enforcement/licensing boards for violating the agency sexual abuse or sexual harassment policies. Policy review and interviews with staff supports compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 38, pg. 25; Pre-Audit Questionnaire; Interview with Superintendent and PREA Compliance Manager.

Standard 115.277 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy complies with all required actions and reporting regarding contractors and volunteers as it relates to this standard. In the past 12 months, there have not been any contractors/volunteers accused of sexual abuse or sexual harassment of a resident. Policy review and staff interviews support the practice that demonstrates compliance.

Policy, Interviews and Other Documents Reviewed

- Policy 103 ECSD 981.00, Section 39, pg. 25; Pre-Audit Questionnaire; Interview with Naphcare Medical Staff and PREA Compliance Manager.

Standard 115.278 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. Therapy services are available through the Greater Lawrence YWCA and through the community. Residents may be disciplined for sexual contact with staff that is not consensual. ECPRC does not discipline residents for making reports in “good faith” which may be found later to be unsubstantiated or unfounded. During the past 12 months there have been zero (0) reports of resident-on-resident sexual abuse. Policy review and staff and residents’ interviews support the practice that demonstrates compliance.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 40, pgs. 25-26; Pre-Audit Questionnaire; Interview with PREA Compliance Manager.

Standard 115.282 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. In the past 12 months there were zero (0) residents that were in need of access to emergency medical or mental health treatment pursuant to the PREA standard, if needed. The resident would be sent to the Lawrence General Hospital where required services would be provided. Policy review and interviews with medical staff support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 42, pgs. 26-27; Pre-Audit Questionnaire; Memorandum Of Understanding with Lawrence General Hospital; Interview with Naphcare Medical Staff and telephone interview with SAFE/SANE Nurse Debbie Perry.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. In the past 12 months there have been zero (0) victims of sexual abuse. Policy review showed provision for the services required by this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00 Section 43 pg. 27; Pre-Audit Questionnaire; Interview with Naphcare Medical Staff.

Standard 115.286 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. During the past 12 months, there have been no administrative and/or criminal investigations of alleged sexual abuse needed. Interviews with staff confirm that at the end of an investigation of sexual abuse, a committee would review all allegations other than those determined to be unfounded. Any issues of weaknesses identified during the review would be addressed, resolved and documented. ECRC is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 44, pgs. 27-28; Pre-Audit Questionnaire; Interviews with Superintendent, PREA Coordinator and PREA Compliance Manager.

Standard 115.287 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. In the past 12 months there have been zero (0) allegations of sexual abuse. A review of policy, documentation and an interview with PREA Coordinator confirmed compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00, Section 45, pgs. 28-29; Pre-Audit Questionnaire; Annual PREA Report; Department of Justice (DOJ) Survey of Sexual Violence Report for 2014; Interviews with Superintendent and PREA Coordinator; Essex County Sheriff’s Department website www.eccf.com.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. The agency PREA Coordinator and the facility PREA Compliance Manager collect the data to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and to identify problem areas to take corrective action measures. An annual report of disclosable data is prepared and approved by the Superintendent. This report is submitted to the Sheriff and is published on the Essex County Sheriff’s Department website. The most recent annual report was reviewed and the PREA Coordinator was interviewed to confirm compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00 Section 46 pg. 29; Pre-Audit Questionnaire; PREA Annual Report (most recent); Interview with PREA Coordinator.

Standard 115.289 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ECPRC policy addresses this standard. An annual report of disclosable data is prepared and approved by the Superintendent. This report is submitted to the Sheriff and is published on the Essex County Sheriff’s Department’s website. The data shall be retained in a secure file for over 10 years. The most recent annual report was reviewed and the PREA Coordinator and the Superintendent were interviewed to confirm compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

- Policy 103 ECSD 981.00 Section 47 pgs. 29-30; Pre-Audit Questionnaire; PREA Annual Report (most recent); Interviews with Superintendent and PREA Coordinator.

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.

Savitre Bettencourt

Savitre Bettencourt

1/30/2017

Auditor Signature

Date