

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

Date of report: January 30, 2017

Auditor Information			
Auditor name: Leah Michele Coffin			
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Email: michele.coffin@cecintl.com			
Telephone number: 832-707-9454			
Date of facility visit: August 4, 2016			
Facility Information			
Facility name: Women in Transition (WIT)			
Facility physical address: 197 Elm Street., Salisbury, MA 01952			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
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: Aaron Eastman, Superintendent			
Number of staff assigned to the facility in the last 12 months: 18			
Designed facility capacity: 24			
Current population of facility: 21			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: Adult 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> Click here to enter text.			
Telephone number: 978-750-1900			
Agency Chief Executive Officer			
Name: Frank G. Cousins, Jr.		Title: Sheriff	
Email address: sheriff@eccf.com		Telephone number: 978-750-1900	
Agency-Wide PREA Coordinator			
Name: Jason Ebacher		Title: Assistant Superintendent III	
Email address: jebacher@eccf.com		Telephone number: 978-750-1900	

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Women in Transition Facility was conducted on August 4, 2016 by Leah Michele Coffin with the assistance of DOJ Certified PREA Auditor Savitre Bettencourt. The standards used for this audit became effective August 20, 2012. Prior to the on-site visit, the facility submitted documentation that included data from the Pre-Audit Questionnaire to support PREA compliance. The documentation reviewed included agency policies, procedures, education materials, forms, training curriculum, organizational charts and other PREA related materials to demonstrate PREA compliance. Some questions arose during the documentation review that were discussed by telephone with the PREA Coordinator and PREA Compliance Manager and then followed-up in writing.

Upon arrival to the facility, the auditors met with the Superintendent, PREA Coordinator, PREA Compliance Manager and other Supervisors for introductions and to explain the audit process. The auditors toured the facility and observed facility schematics, camera location, staff supervision of residents, housing unit layouts, toilet and shower areas, placement of PREA information, intake area, security monitoring and PREA audit notices. Areas of operations that were observed during this tour included the following: intake, office space, multi-purpose area, food service, laundry and all housing units. The auditors noted that residents have sufficient privacy when showering, dressing and using the toilet. Staff of the opposite gender announced their presence when entering resident housing areas. During the on-site visit, the auditors reviewed and observed unannounced rounds by staff, intake risk assessments and PREA posters. Earlier in the week at the Essex County House of Corrections, training procedures, Human Resources and Investigations Department was interviewed, reviewed and observed.

The Women in Transition (WIT) is a program of the Essex County Sheriff's Department. The female residents are transfers from the a Massachusetts Department of Corrections (DOC) Facility MCI-Framingham. Residents are screened within 72 hours of arrival to determine high risk victimization and abusiveness. If the resident is screened as high risk victim/perpetrator, they are immediately returned to MCI-Framingham (refer to 115.241 and 115.242 later in this report). During the interview with PREA Coordinator, he explained that the facility is not equipped to house residents who are screened as high risk victims/perpetrators due to the facility layout.

The auditors requested a list of staff and residents present during the audit to randomly select for interviews. The auditors interviewed three (3) random staff at the facility, two (2) specialized staff (intake staff and staff who perform screening for risk of victimization/abusiveness) assigned to the facility. Earlier in the week, specialized staff including the Superintendent, PREA Coordinator, PREA Compliance Manager, Investigative Staff, Administrative Human Resource Staff, Medical/Mental Health Staff, SAFE/SANE Nurse at local hospital (telephone interview) and local advocate crisis center (telephone interview) were interviewed. One (1) contractor from AdCare was interviewed. The auditors interviewed four (4) random residents. There were no disabled/limited English proficient, transgender, gay, lesbian or bi-sexual or residents who had reported sexual abuse at the facility. In the past 12 months, there have been zero (0) allegations/reports of sexual abuse or sexual harassment.

Staff interviewed indicated they had received PREA training and could address the meaning of the agency's zero-tolerance policy. Staff was knowledgeable regarding their roles and responsibilities in the prevention, detection, responding and reporting to allegations of sexual abuse and sexual harassment. The auditors determined through interviews and observation that staff were well trained on first responder duties for PREA related allegations.

Residents interviewed were aware of the multiple reporting mechanisms that are in place at WIT. Residents indicated that they received sufficient education materials to include the video/power point during orientation which occurs upon arrival or the next day and the posted information that was observed throughout the facility. The residents indicated what they would do and who they would tell if they were sexually abused or sexually harassed while at the WIT. They also indicated they felt very safe at the WIT.

During the audit process, staff showed knowledge of PREA Standards and appeared to be committed to the PREA effort. On August 4, an exit meeting was held with the PREA Coordinator and key staff members.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Essex's County Sheriff's Department's (ECSD) Women in Transition (WIT) Facility opened on January 8, 2001. Located in Salisbury, Massachusetts, the pre-release facility is a single floor building located in a wing of the Maris House Treatment Facility and serves 24 women with drug and alcohol addictions. The facility has recently expanded to placing 14 women out on the Electronic Monitoring Program. The women placed are non-violent offenders with minimum criminal history. Prior to its opening, there was no such facility for women offenders in the county. The facility has a kitchen, laundry area, a multi-purpose area, housing units and staff office spaces. The residents also have a garden.

Group and individual treatment, continuing education, community service and work release are some of the programs the facility's administrators use to assist offenders as they transition back into their communities. Offenders are brought to WIT from the Massachusetts Correctional Institute at Framingham after they have been classified as eligible following meetings with WIT staff.

Upon arrival, offenders are tested and if they are found to be lacking their high school diploma or equivalent, they are automatically placed in an educational program. All offenders are required to participate in three staff-facilitated treatment groups per day. Participation in additional self-help meetings outside the facility is also required. Offenders are driven to and from those sessions by staff.

All participants are required to attend at least one counseling session with a Maris House clinician for an hour a week. Most attend for 90 minutes. Other programs include: Literacy, Work Release, Creative Arts, Life Skills, HIV/STD Awareness, Smoking Cessation, Anger Management, Parenting Tutoring, Mentoring, Creative Writing and Women's Health Education.

After care planning and assistance may include, but is not limited to: securing a halfway house or sober house placement; setting up an educational program; employment assistance; post-release counseling; and establishing a supportive self-help network.

SUMMARY OF AUDIT FINDINGS

In summary, after reviewing all submitted documentation and conducting staff and resident interviews, the auditors concluded that staff understood responsibilities as it relates to PREA and residents were aware of PREA and felt safe in the facility. All areas of the facility were observed to be clean and well maintained. The facility met the requirements of thirty-four standards (34) standards, four (4) that did not meet requirements of the standards and one (1) standard that was not applicable. This should be considered an interim report with a final report to follow within 180 days.

Overall Compliance as reflected in the Interim Compliance Report:

Number of standards exceeded: 0
Number of standards met: 34
Number of standards not met: 4
Number of standards not applicable: 1

January 2017 Update Since the Audit: Corrective actions taken by Essex County Women in Transition (WIT) to achieve full compliance

The interim compliance report reflected there were five (5) standards that were in non-compliance at the Essex County Women in Transition (WIT). On September 12, 2016 the Corrective Action Plan (CAP) was initiated via phone conference between the auditors and facility administration. On January 20, 2017 the final CAP phone conference was held to review and finalize all corrective action plans. There were a total of five (5) formal CAP calls between auditors, the PREA Coordinator Jason Ebacher and PREA Managers Jamie Forcino and Karen Paluzzi. During these calls auditors offered guidance to WIT's PREA Coordinator in order to establish full compliance. The following standards were found in non-compliance during the initial audit process: 115.241, 115.242, 115.252, 115.266. During the corrective action period the facility worked diligently to bring all of these standards into full compliance by providing proof of practice. After reviewing the documentation the auditors determined that the Essex County Women in Transition had demonstrated and achieved full compliance with the PREA standards as of the date of this final report.

Final Compliance:

Number of standards exceeded: 0
Number of standards met: 38
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.

The Women in Transition (WIT) program implemented a zero-tolerance policy as detailed in policy 103 ECSD 981.00 Section 05 that addresses prevention, detection and responding to all forms of sexual abuse and sexual harassment. There is a designated PREA Coordinator and facility PREA Compliance Manager who oversees compliance to zero-tolerance. The PREA Coordinator, Jason Ebacher, was interviewed and discussed with the auditor that monthly PREA meetings are held with key staff and that he has sufficient time to manage all the PREA-related responsibilities. He also revealed that if there was an issue complying with a PREA standard he meets with the Superintendent to discuss the issue and resolution. He also meets with the facility PREA Compliance Manager to guide her in bringing the issue into compliance. Mr. Ebacher was appointed as the PREA Coordinator June 14, 2016. The facility PREA Compliance Manager, Jamie Forcino, was also interviewed and confirmed the monthly PREA meetings conducted and the guidance received from Mr. Ebacher. Mr. Forcino stated that he has sufficient time to manage all PREA-related responsibilities. Residents interviewed stated they received sufficient information, such as resident handbooks, PREA handouts and PREA posters displayed regarding zero-tolerance and procedures on how to report sexual abuse and sexual harassment. Interviews with staff and residents and a review of the resident handbook, PREA handouts, signed acknowledgements of receipt of information and PREA posters observed throughout the facility support compliance with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 05; Essex County Sheriff's Department WIT Organizational Chart; Interviews with PREA Coordinator Jason Ebacher and PREA Compliance Manager Jamie Forcino; Pre-Audit Questionnaire; Facility tour; Resident handbook, PREA handouts; PREA posters and signed acknowledgements.

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. The auditors reached out to the PRC to get more information and clarification regarding this standard. The WIT is directly operated by ECSD. The WIT 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 pg. 3

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 WIT has developed and maintains a staffing plan compliant with this standard. The agency is responsible for three (3) facilities. Initially, one (1) staffing plan for all three (3) facilities was submitted. After a discussion with the PREA Coordinator, each facility created a separate staffing plan specific to their operations, layout and population for review prior to the on-site audit. The staffing plan reviewed was developed by examining staffing levels for hours that needed to be covered, and reviewing the number of hours available based on the number of employees and hours each works. The staffing plan addresses the four (4) elements as required by 115.213 (a) 1-4 and also addresses elements required by 115.13 (a) specifically 1-4 and 9. The Vulnerability Assessment reviewed is the annual review completed by Essex County Administration as required by 115.213 (c) 1-3 that includes a review of the established staffing plan, deployment of video monitoring systems and other use of technology and resources available to commit to compliance to staffing plan. The plan was predicated on a resident population of twenty-four (24). No deviations from the staffing plan were noted based on facility self reporting and logs documenting that overtime staff is utilized to cover mandatory staffing requirements. Staffing is complemented with the deployment of sixteen (16) video cameras inside and outside of the facility. During the facility tour the auditor noted one blind spot in the laundry room that did not have a camera. Mr. Forcino, PREA Compliance Manager, had already identified the area on his vulnerability assessment. A camera was ordered prior to the audit and was awaiting installation. The on-site audit included an examination of resident access to phones, staffing rosters and housing assignments. The WIT 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; WIT staffing rosters and resident population reports; Staffing plan and Vulnerability Assessment.

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.

WIT PREA policy prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by a medical practitioner. The policy also 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 and 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. Male staff announced their presence verbally when entering all areas holding residents during the facility tour. Interviewed residents confirmed they were afforded privacy from all staff when showering, dressing and using the toilet and that staff announce their presence when opposite gender staff entered the housing units or other areas holding residents. Staff announcements and privacy for showering, dressing and using the toilet was observed during the facility tour. The WIT 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.
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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.

The WIT 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 handouts and PREA posters throughout the facility written in English and Spanish were reviewed prior to and during on-site visit. Essex County Sheriff's Department (ECSD) has a contract for interpreter services with Language Line to address any language need to assist residents. The language line services assist residents by interpreting orientation materials (resident handbooks, PREA handouts, PREA posters) and for the assistance of reporting PREA related issues. Residents with learning disabilities or other impairments would receive assistance with orientation materials and reporting PREA related issues from staff, interpreters or Language Line Services. Staff interviewed were aware that resident interpreters or assistants are not utilized in handling any PREA related matter. It was determined that through resident interviews, staff go over orientation materials with all residents. There were no residents at the facility who fit this category to conduct an interview. This was confirmed by asking staff and review of records for the residents that were available at the facility to interview. In the past 12 months, there have been no instances where resident interpreters have been utilized. The WIT 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/WIT policy prohibits the hiring, promoting or enlisting services of contractors who has engaged in sexual abuse in an institutional setting, convicted or attempted to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual activity in the community. The facility has an extensive new hire process to include a personality assessment completed by an outside company. The new hire process was reviewed during the interview with the Human Resources Manager. During the hire process, the Internal Affairs Department or Human Resources Manager makes its best efforts to contact all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Internal Affairs Department completes an Employment References check. All new potential applications and background information received are reviewed by two (2) staff members. All employees, contractors and volunteers receive criminal background checks through NCIC and CJIS according to this standard. Five year backgrounds are completed utilizing the aforementioned services on employees and contractors who have contact with inmates. Employment Standards for PREA is disclosed on the pre-employment PREA Audit Report

application, evaluation forms and a standardized form is utilized for promotions labeled Promotion PREA Waiver. All these forms were reviewed prior to and during the on-site review. Interviews with the Human Resource Manager, Internal Affairs Department 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 and Internal Affairs Department; 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/WIT policy addresses the requirements of this standard. The WIT has sixteen (16) video cameras inside and outside of the facility. During the facility tour the auditor noted one blind spot in the laundry room that did not have a camera. Mr. Forcino, PREA Compliance Manager, had already identified the area on his vulnerability assessment. A camera was ordered prior to the audit and was awaiting installation. 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.

The WIT 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 for criminal prosecution, to the Essex County District Attorney’s Office or the Massachusetts State Police. The aforementioned departments 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 WIT has Memorandums Of Understanding (MOUs) with Lawrence General Hospital to provide SAFE/SANE services. A telephone interview was conducted with SAFE/SANE Nurse Deb Perry. Ms. Perry confirmed that all forensic medical examinations are completed at the Lawrence General Hospital, without financial cost to the resident, and that there are twenty (20) SAFE/SANE Nurses on staff. She also stated that if a SAFE/SANE Nurse was unavailable to conduct examinations that the Emergency Room (ER) Nurses are all trained to conduct forensic medical examinations. Essex County has an MOU with The Greater Lawrence YWCA to provide victim advocacy services. Several operators were interviewed by telephone when telephones were checked. The operators confirmed that services were

available to residents 24 hours, are confidential and would provide advocacy services at the hospital upon request. No SAFE/SANE exams were conducted in the past 12 months. The WIT 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.

The WIT 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. There have been no allegations of sexual abuse or sexual harassment in the past 12 months. The WIT 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.

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.

The WIT PREA policy requires all new employees receive training relative to their PREA responsibilities. All current employees shall be trained with refresher training every two years to ensure that all employees know 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. Training curriculum reviewed supports compliance with the ten elements required in the standard. Training documents were reviewed to support that all staff with resident contact have been trained. All staff sign an acknowledgement that they understood the training received. Interviews with staff confirmed understanding of training as it pertains to zero-tolerance, prevention, detection and responding to PREA allegations. All staff carry a card outlining required actions as a first responder. The WIT 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)

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ECSD/WIT policy addresses this standard. All contractors/volunteers who have contact with residents receive training as to their responsibilities pertaining to PREA. The zero-tolerance, prevention, detection, reporting and responding requirements are covered in training. The contractor interviewed stated they had been trained on their responsibility regarding sexual abuse and sexual harassment, steps to take when reporting (chain of command) and how to separate the alleged victim and alleged perpetrator. A sample of acknowledgement receipts signed by volunteers/contractors of the ECSD Prevention, Elimination of Harassment in the Workplace, Prohibition of Domestic Violence and Prison Rape Elimination Act (PREA) Policies were reviewed to confirm compliance 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.

ECSD/WIT 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) that explains the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents (115.233(a)). In addition to written materials, a video/power point orientation is completed either upon arrival or the next day that also details the facility's policies on PREA and standard 115.233 (a). PREA posters with hotline numbers and addresses were observed throughout the facility to call or write to report violations of PREA. Language Line assistance is available for residents who have difficulty communicating in English. Interpreters or facility staff is available for residents with learning disabilities or other impairments. Interviews with staff determined that staff are aware that resident interpreters are not utilized for any resident education or PREA related matters. Residents interviewed stated they received sufficient education and information, such as resident handbooks, PREA handouts and PREA posters displayed regarding zero-tolerance, procedures on how to report sexual abuse and sexual harassment, rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The residents were aware of access to hotlines and that information was confidential. The resident handbook, PREA pamphlets and resident orientation curriculum and a sample of acknowledgement for receipts of resident handbook and other orientation materials was reviewed to confirm residents were educated as required by this standard. 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)

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The WIT 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 discussed that training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral. This curriculum and completion of training was verified through review prior to facility and during on-site visit. All investigators in department have received specialized investigator training. The WIT 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.

ECSD/WIT policy address the requirement of this standard. Forensic examinations are only conducted at a local hospital. According to interviews with Naphcare Medical staff, training is completed prior to assignment, through Relias Learning and courses are based on job titles. A review of the training curriculum and medical staff interviews supports that training addresses the four (4) elements as required by standard 115.235 (a) 1-4). A sample of staff training and attendance logs were reviewed to ensure that staff received the training as required by this standard. Staff interviewed, policy and 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.

ECSD/WIT policy requires residents have an initial screening within 72 hours of arrival to assess for risk of victimization/abusiveness utilizing an objective screening instrument. A review of screeners supported that the facility is completing initial screener within 72 hours of arrival, however, a reassessment is not consistently conducted in 30 days. The facility only completes 30 day assessments if they feel there is a need for the screening. The PREA Coordinator, Mr. Ebacher, discussed with the auditors that females housed at WIT are transferred from MCI-Framingham (Department of Corrections-Massachusetts). If the resident's screening is deemed high risk victim/perpetrator the resident is immediately transferred back to MCI-Framingham. Through interview and on-site visit it was determined the WIT is not equipped to house high risk victim/perpetrators due to being unable to separate all movement as it happens at the same time on one hallway. The policy does not address the process of how residents are received from MCI-Framingham and how they are transferred immediately if they are as screened high risk. An on-site review of screeners did not produce any high risk victim/perpetrator residents currently housed. There is currently 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.

1. Implementation of a formalized process to complete objective screenings on all residents for 30-day reassessments.
2. Addition of screening process when residents are received and process if residents are screened high risk victim/perpetrator.

Implementation and training on policy.

Verification of Corrective Action

The WIT has staff who is responsible for completing all of the PREA screeners in a private setting. Once the screener is completed it is then reviewed by the facility PREA Manager or PREA Coordinator for accuracy. The facility revised their screener by adding a rating system with specific guidelines to make it a more objective tool. The facility submitted samples of 72 hour and 30-day screeners to the auditors to demonstrate corrective actions taken regarding this standard in December 2016 and January 2017.

The Women in Transition is now fully compliant with this standard.

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.

ECSD/WIT policy addresses this standard. During the on-site visit, the PREA Coordinator, Mr. Ebacher, discussed with the auditors that females housed at WIT are transferred from MCI-Framingham (Department of Corrections-Massachusetts). If the resident's screening is deemed high risk victim/perpetrator the resident is immediately transferred back to MCI-Framingham. Through interview and on-site visit it was determined the WIT is not equipped to house high risk victim/perpetrators due to layout of facility (unable to separate all movement as it happens at the same time on one hallway). The policy does not address the process of how residents are received from MCI-Framingham and how they are transferred immediately if they are screened as high risk. An on-site review of screeners did not produce any high risk victim/perpetrator residents currently housed. 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 use of screening information for housing, programming and education; Interviews with staff responsible for completing screeners; PREA Coordinator.

Corrective Action Required.

1. Addition of screening process when residents are received and procedures if residents are screened high risk victim/perpetrator. Implementation and training on policy.

Verification of Corrective Action

ECSD/WIT policy addresses this standard. All residents of WIT are screened by a Classification Board prior to being transferred from MCI-Framingham to WIT. The WIT conducts an initial 72 hour screener and a 30-day screener. If it is revealed during either screeners that the resident is a potential "high risk" for being a victim/perpetrator she will be returned to MCI-Framingham for proper housing. WIT is not designed to accommodate "high risk" residents. The auditors examined the screener of a "high risk" resident who was returned to MCI-Framingham that demonstrates corrective action regarding this standard.

The Women in Transition is now fully compliant with this standard.

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.

WIT provides residents with multiple ways to report sexual abuse and sexual harassment. PREA posters, handouts and resident handbooks (all in English and Spanish) outlines the mandates of this standard and were observed throughout the facility explaining 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. The WIT is compliant with this standard.

Policy, Interviews and Other Documentation Reviewed

-Policy 103 ECSD 981.00 Section 23 pg. 17-18; Education materials-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.

ECSD/WIT policy addresses compliance 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. Residents are not required to use the informal or formal grievance process and are allowed to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. All response and reporting time limits concerning the grievance process are required by policy. There have been no grievances filed reporting PREA in the past 12 months. Staff interviews and policy review prove compliance with this part of the standard, however the process for PREA grievances to include reporting and response time limits are not communicated to residents.

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

1. A process for communicating PREA Grievances including reporting and response time limits must be established and documented.

Verification of Corrective Action

The resident handbook was updated to include standard language and process. The section detailed the process for filing a grievance and response time limits for filed grievances. A copy of the handbook with the updated section was submitted to the auditors and reviewed October 20, 2016. Acknowledgements of revised handbook by residents was sent to auditors as proof of implementation.

The Women in Transition is now fully compliant with this standard.

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 WIT provides residents with access to outside victim advocates for emotional support services related to sexual abuse. PREA tri-fold brochures with appropriate telephone numbers are provided at intake. Mailing addresses are available and information is posted by the telephones. This information is also in the resident handbook that is received at intake. Essex County has an MOU with The Greater Lawrence YWCA to provide victim advocacy services. Several operators were interviewed by telephone when telephones were checked. The operators confirmed that services were available to residents 24 hours, are confidential and would provide advocacy services at the hospital upon request. Residents interviewed were aware of the access to outside confidential support and were able to relay to the auditor that the information is provided through orientation materials (resident handbook, PREA brochure, power point) and posters on the walls. There have been no reported allegations of sexual abuse in the past 12 months. Staff and resident interviews and documentation review 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.

ECSD/WIT policy addresses third-party reporting procedures. Posted notifications (English and Spanish) throughout the facility (observed by the auditors) address the requirements of this standard. Residents interviewed were aware they could make reports of sexual abuse or sexual harassment utilizing a third-party method and were able to confirm that information is posted throughout the facility and is located in orientation materials (resident handbook, power point). Third-parties are also notified of reporting procedures on the Essex County Sheriff's Department website. 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.

ECSD/WIT policy addresses this standard and requires that relevant information must be 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. 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.

ECSD/WIT policy addresses the requirement of this standard. Staff interviewed were aware of their duties and responsibilities as it relates to having knowledge of a resident being at imminent risk of being sexually abused or sexually harassed. Staff indicated they would immediately act to protect the resident to include separation of the victim/perpetrator and secure the scene to protect possible evidence. 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 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.

ECSD/WIT policy meets this standard. According to the Superintendent, Aaron Eastman, investigators would be sent to the facility to open an investigation if an allegation was received from another agency or facility that an incident of sexual abuse or sexual harassment had occurred at the WIT. In the past 12 months, zero (0) allegations of sexual abuse or sexual harassment that occurred at another facility was reported to WIT staff. Interviews with staff 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.

ECSD/WIT policy describes procedures for staff to comply with this standard. Staff interviewed were knowledgeable concerning their first

responder duties and responsibilities as it pertains to allegations of sexual abuse or sexual harassment. Staff indicated they would immediately act to protect the resident to include separation of the victim/perpetrator and secure the scene to protect possible evidence. 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.

ECSD/WIT policy addresses the requirements of this standard. Staff interviewed were able to describe their responsibilities regarding coordinated actions to be taken by first responders, medical staff, investigators and supervisors as it pertains to allegations of sexual abuse and sexual harassment. First responders interviewed were able to identify steps to immediately act to protect the resident to include separation of the victim/perpetrator, secure the scene to protect possible evidence and notify the shift supervisor immediately. Medical staff interviewed indicated that as soon as they are notified, medical will provide immediate service and mental health will be notified. If mental health staff is not present when incident is reported, the victim will be protected and notification shall be made for a mental health professional to respond. Investigator interviewed indicated that investigations of reported incidents of alleged sexually abusive behavior between residents shall be initiated by the Superintendent. The Superintendent shall review and assess all reports of allegations and determine the appropriate course of action to be taken. Investigations are initiated within 72 hours of an allegation. Supervisors interviewed stated that they assist the first responders and ensure the Superintendent is notified of the allegations. All staff carry a first responder card to utilize in response to an incident of sexual abuse or sexual harassment. There have been zero (0) allegations 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.

ECSD/WIT 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 allow for the protection of victims from abusers. The agreements are not in compliance with the PREA 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

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

Verification of Corrective Action

Although there is no exact language of this standard in the union agreement, the union agreement does not preclude a staff member from being terminated for violation of PREA. On January 3, 2017 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 acknowledgement memorandum stating they were aware of the PREA standards, their intent and ECSD responsibility to protect its inmates. The auditors were provided a copy of the signed memorandum to demonstrate corrective actions were taken regarding this standard.

The Women in Transition is now fully compliant with this standard.

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.

ECSD/WIT 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 PREA Coordinator and PREA Compliance Manager interviewed indicated they 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. The Superintendent indicated that if an allegation is reported by a resident against staff, the staff member is immediately assigned to another post to prevent contact between the resident and staff member. He also stated that if the case involves a staff member allegedly retaliating against a resident, the facility would immediately notify Internal Affairs and request they investigate the matter. Further, Administrators would ensure that the resident and staff member has no further contact while the investigation is occurring. There have been no cases of retaliation discovered or reported in the past 12 months. Interview with the Retaliation Monitor(s) 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(s) and Superintendent.

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.

ECSD/WIT policy addresses the procedures to comply with 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. The aforementioned departments 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. Investigator interviewed indicated that investigations of reported incidents of alleged sexually abusive behavior between residents shall be initiated by the Superintendent. The Superintendent shall review and assess all reports of allegations and determine the appropriate course of action to be taken. Investigations are initiated within 72 hours of an allegation. The investigator also addressed that is not required for a resident to submit to a polygraph as a condition to move forward to conduct an investigation. If an investigation were initiated, the investigator stated that a written report would be completed to include a description of the allegation, physical evidence and any other information obtained during the interview process. The report describes the reasoning in regards to credibility assessments of those interviewed, facts determined during the investigation and findings. Criminal investigations are documented detailing a description of physical, testimonial and documentary evidence. Interview with the Superintendent confirmed that once an allegation is received it is forwarded to the investigators. There have been zero (0) allegations of sexual abuse or sexual harassment to warrant investigations. Interviews with 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.

ECSD/WIT policy addresses the evidence standard that requires “a preponderance of the evidence” when determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigator interviewed indicated that investigations of reported incidents of alleged sexually abusive behavior between residents shall be initiated by the Superintendent. The Superintendent shall review and assess all reports of allegations and determine the appropriate course of action to be taken. Investigations are initiated within 72 hours of an allegation. The investigator also addressed that is not required for a resident to submit to a polygraph as a condition to move forward to conduct an investigation. If an investigation were initiated, the investigator stated that a written report would be completed to include a description of the allegation, physical evidence and any other information obtained during the interview process. The report describes the reasoning in regards to credibility assessments of those interviewed, facts determined during the investigation and findings. There have been no allegations of sexual abuse or sexual harassment reported in the past 12 months. Interviews with staff and 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.

ECSD/WIT policy is consistent with this standard. Through interviews with the investigative staff, PREA Coordinator and PREA Compliance Manager, when an allegation has been determined to be substantiated, unsubstantiated or unfounded the institution notifies the resident who made the allegation utilizing 103 DOC 519 Attachments I, II & III- Resident Notification Letters. There have been zero (0) administrative or criminal investigations of alleged resident sexual abuse in the past 12 months. 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.

ECSD/WIT policy outlines the the required procedures to be taken to be in compliance with this standard. Interviews addressed that Internal Affairs would be notified immediately to conduct an investigation and the resident and the staff member would not have contact during the investigation process. Zero (0) staff have been disciplined, terminated (or resigned prior to termination), or reported to law enforcement/licensing boards in the past 12 months for violating the agency sexual abuse or sexual harassment policies. Policy review and interviews with staff support 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.

ECSD/WIT policy complies with all required actions and reporting concerning contractors and volunteers as it pertains to this standard. Interviews with the Superintendent and PREA Coordinator described that Internal Affairs would be notified immediately and the contractor/volunteer would not have contact with the resident during the investigation. 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 Superintendent and PREA Coordinator.

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.

ECSD/WIT policy addresses the mandates of this standard. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following criminal finding of guilt for resident-on-resident sexual abuse. The Superintendent indicated that the resident would be subject to the disciplinary board hearing. Therapy services would be available through the Greater Lawrence YWCA and through the community. Several operators were interviewed by telephone when telephones were checked. The operators confirmed that services were available to residents 24 hours, are confidential and would provide advocacy services at the hospital upon request. Residents may be disciplined for sexual contact with staff that is not consensual. The WIT does not discipline residents for making reports in "good faith" which may be found later to be unsubstantiated or unfounded. There have been no reports of resident-on-resident sexual abuse. Policy review and staff 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 Superintendent and telephone interview with YWCA operators.

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.

ECSD/WIT policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and

crisis intervention services. No residents were in need of access to emergency medical or mental health treatment pursuant to the PREA standard in the past 12 months. Medical staff interviewed indicated that the facility would ensure free services, documentation of services, mental health services, information about sexually transmitted diseases and confidentiality if treatment were needed. Also, the resident would be sent to the Lawrence General Hospital where required services would be provided. A telephone interview was conducted with SAFE/SANE Nurse Deb Perry. Ms. Perry confirmed that all forensic medical examinations are completed at the Lawrence General Hospital, without financial cost to the resident, and that there are twenty (20) SAFE/SANE Nurses on staff. She also stated that if a SAFE/SANE Nurse was unavailable to conduct examinations that the Emergency Room (ER) Nurses are all trained to conduct forensic medical examinations. Policy review and interview with medical staff support compliance with this standard.

Policy, Interviews and Other Documentatioin 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.

ECSD/WIT policy addresses this standard. There have been no victims of sexual abuse in the past 12 months. Medical staff interviewed stated that services would be made available to residents to include medical and mental health services, treatment plans and post or transfer follow up care. 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.

ECSD/WIT policy describes procedures for sexual abuse incident reviews required by this standard. In the past 12 months, there have been zero (0) administrative and/or criminal investigations of alleged sexual abuse completed at the facility. Interviews with Superintendent, PREA Coordinator and PREA Compliance Manager confirm that at the conclusion of an investigation of sexual abuse there would be a review by a committee of all allegations other those determined to be unfounded, as required by this standard. Identified weaknesses found during the review would be addressed, resolved and documented. A review of policy and interviews with staff support compliance 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.

ECSD/WIT policy addresses this standard. There have been zero (0) allegations of sexual abuse in the past 12 months. If allegations occurred, the facility will collect accurate uniform data for every allegation of sexual abuse by using a standardized form. Data collected is utilized for facility to submit the mandatory annual Department of Justice (DOJ) Survey of Sexual Violence in a timely fashion, prepare an annual PREA report, monitor trends and take corrective action when indicated. A review of policy, documentation and 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.

ECSD/WIT policy addresses this standard. The PREA Coordinator and PREA Compliance Manager collects the data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action. An annual report of disclosable data is prepared and approved by the Superintendent. This report is submitted to the Sheriff and 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

PREA Audit Report

- 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/WIT 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 published on the Essex County Sheriff’s Department website. The data is retained in a secure file for over 10 years. The most recent annual report was reviewed and the PREA Coordinator and the Superintendent was 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.

Leah Michele Coffin 

January 30, 2017

Auditor Signature

Date