

# OFFICE OF THE STATE AUDITOR

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# DIANA DIZOGLIO

Official Audit Report – Issued March 4, 2024

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## Dukes County Sheriff's Office—A Review of Inmates' Healthcare Services

For the period July 1, 2020 through June 30, 2022



OFFICE OF THE STATE AUDITOR

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**DIANA DIZOGLIO**

March 4, 2024

Sheriff Robert W. Ogden  
Dukes County Sheriff's Office  
9 Flight Path  
West Tisbury, MA 02575

Dear Sheriff Ogden:

I am pleased to provide to you the results of the enclosed performance audit of the Dukes County Sheriff's Office. As is typically the case, this report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2020 through June 30, 2022. As you know, my audit team discussed the contents of this report with agency managers. This report reflects those comments.

I appreciate you and all your efforts at the Dukes County Sheriff's Office. The cooperation and assistance provided to my staff during the audit went a long way toward a smooth process. Thank you for encouraging and making available your team. I am available to discuss this audit if you or your team have any questions.

Best regards,



Diana DiZoglio  
Auditor of the Commonwealth

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## LIST OF ABBREVIATIONS

CMR	Code of Massachusetts Regulations
CorEMR	Correctional Electronic Medical Records
DCJHOC	Dukes County Jail and House of Corrections
DCSO	Dukes County Sheriff's Office
OMS	Offender Management System

## EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of the Dukes County Sheriff's Office (DCSO) for the period July 1, 2020 through June 30, 2022. The purpose of our audit was to determine the following:

- whether DCSO provided its inmates with admission medical screenings<sup>1</sup> upon admission, in accordance with Section 932.06 of Title 103 of the Code of Massachusetts Regulations (CMR);
- whether DCSO provided health assessments to all sentenced inmates with a stay of over 30 days, in accordance with 103 CMR 932.07(1);
- whether DCSO provided mental health assessments to all inmates in custody<sup>2</sup> for 30 days or more, in accordance with 103 CMR 932.13;
- whether inmates at DCSO received medical care after the submission of a sick call request form and the medical care its inmates received was documented, in accordance with 103 CMR 932.18(2)(h), (j), and (k) and Section J10-09 of the *Massachusetts Statewide Records Retention Schedule*; and
- whether DCSO held quarterly meetings with the contracted healthcare provider and reviewed quarterly reports, in accordance with 103 CMR 932.01(3)(a) and (b).

Below is a summary of our findings and recommendations, with links to each page listed.

<b>Finding 1</b> <b>Page <a href="#">12</a></b>	DCSO did not complete health assessments for inmates on time.
<b>Recommendation</b> <b>Page <a href="#">12</a></b>	DCSO should implement policies and procedures over its health assessment process to ensure that the contracted healthcare provider completes the health assessments for DCSO inmates on time.
<b>Finding 2</b> <b>Page <a href="#">13</a></b>	DCSO did not retain copies of sick call request forms.
<b>Recommendations</b> <b>Page <a href="#">14</a></b>	<ol style="list-style-type: none"><li>1. DCSO should ensure that sick call request forms are scanned into the appropriate inmates' medical files in the Correctional Electronic Medical Records system.</li><li>2. DCSO should implement effective monitoring controls over its sick call process to ensure that all sick calls are documented and retained.</li></ol>

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1. An admission medical screening is an assessment of an inmate's health needs, including mental health and/or medical conditions. It is conducted upon an inmate's arrival at the Dukes County Correctional Facility.
  2. DCSO informed us that if an inmate is in custody, it means that DCSO has the authorization from a court to incarcerate an inmate until the court orders their release.

## OVERVIEW OF AUDITED ENTITY

The Dukes County Sheriff's Office (DCSO) was established as an independent state agency on August 6, 2009, pursuant to Sections 3 and 4 of Chapter 61 of the Acts of 2009. This legislation made the Sheriff an employee of the Commonwealth of Massachusetts; however, the Sheriff remains an elected official with administrative and operational control of the department.

According to DCSO's website,

*[DCSO] will consistently strive to improve the quality of life in our community. We pledge and commit to work together with local and state agencies through our specialized services. Our commitment includes the operation of a safe, secure rehabilitative Correctional Facility and a Regional Emergency Communications Center. Our beliefs will never be compromised in the pursuit to uphold the laws of the Commonwealth of Massachusetts and the Constitution of the United States of America. . . .*

- We dedicate ourselves to the highest standards of excellence.*
- We will be morally and ethically accountable in the performance of our duties and throughout the community. . . .*
- We are committed to providing quality service through well trained and innovative staff. . . .*
- We are committed to fair and impartial service within the Office Of The Sheriff and throughout the community.*
- We value cultural and ethnic diversity and ensure that all persons are treated with equality, courtesy, and dignity.*

As of June 30, 2022, DCSO had 42 employees, including 16 correctional officers. In fiscal years 2021 and 2022, DCSO's state appropriations were approximately \$3.9 million each year. DCSO's main administrative building is at 9 Flight Path in West Tisbury, and the Dukes County Jail and House of Corrections (DCJHOC), which was constructed in 1875, is at 149 Main Street in Edgartown. DCJHOC is used for the care and custody of female and male regionally arrested individuals,<sup>3</sup> male pretrial inmates, and male sentenced inmates. DCJHOC can house a maximum of 40 male inmates who are both awaiting trial and serving sentences of up to two and a half years. As of June 30, 2022, there were 13 inmates<sup>4</sup> in DCSO custody,

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3. A regionally arrested individual is a person who has been arrested by a local law enforcement department. DCSO's facility holds the individual before they appear in court.

4. For the purposes of this audit report, we use the term inmate to refer to regionally arrested individuals, pretrial inmates, and sentenced inmates (unless stated otherwise).

including 3 pretrial inmates; 8 sentenced inmates; and 2 regionally arrested individuals, all of whom were male.

According to its website, DCSO offers its inmates education programs and services, which include career counseling, literacy courses, and English courses for English-language learners. It also offers a labor program where inmates perform a variety of services, such as landscaping and construction for the Martha's Vineyard community.

### **Offender Management System**

DCSO uses a system called the Offender Management System (OMS) to track and manage information on inmates in its custody. The information maintained in the system includes inmates' names, genders, ethnicities, dates of birth, Social Security numbers, state identification numbers,<sup>5</sup> booking numbers,<sup>6</sup> booking dates, release dates, and in-custody housing assignments.<sup>7</sup> During the process of admitting an inmate, one of DCSO's booking officers enters information from a mittimus<sup>8</sup> into OMS.

### **Correctional Electronic Medical Records System**

DCSO uses the Correctional Electronic Medical Records (CorEMR) system, a web-based application, to record inmates' health information, such as medical history, ongoing and past treatments, mental health conditions, medications, and scheduled appointments.

### **Healthcare Services**

During the audit period, DCSO's in-house healthcare employee provided most healthcare services. DCSO's health service administrator was its health authority<sup>9</sup> during the audit period and was in charge of the in-house healthcare employee and healthcare service delivery for inmates. DCSO contracted with various local medical providers for dental, mental health, and vision services.

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5. A state identification number is a unique number assigned to each inmate in the criminal justice system.

6. A booking number is a unique number assigned by DCSO to an inmate upon their arrival to DCSO's facility. The booking number in OMS matches the personal identification number in the Correctional Electronic Medical Records system.

7. A housing assignment is an inmate's specific unit, cell, and bed within DCSO's facility.

8. A mittimus is a written, court-issued document that follows an inmate through their time in the criminal justice system.

9. According to Section 932.01 of Title 103 of the Code of Massachusetts Regulations, "The health authority may be a physician, health administrator, or health agency whose responsibility is pursuant to a written agreement, contract, or job description."

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## Quarterly Meetings

According to Section 932.01(3) of Title 103 of the Code of Massachusetts Regulations (CMR),

*The county correctional facility [in this case, DCJHOC] shall require that the health authority meet with the Sheriff/facility administrator or designee at least quarterly and submit the following:*

- (a) quarterly reports on the health care delivery system and health environment; and*
- (b) annual statistical summaries.*

Statistical summaries, as referenced in this regulation, contain data related to inmate health records and provide a comprehensive overview of medical services delivered to inmates during the year.

The health authority documents and maintains meeting minutes. These meetings cover quality improvement, emergency drills, mortality review findings, and other statistical reports used to monitor trends in the delivery of healthcare at DCSO.

## Admission Medical Screening

According to 103 CMR 932.06, DCSO's in-house healthcare employee is required to perform an admission medical screening for each inmate upon admission to DCJHOC before placement in its general population to ensure that each inmate's health needs are identified and addressed. An inmate's medical record should include a completed admission medical screening.

This admission medical screening consists of a questionnaire and observation to identify potential emergencies or any newly admitted inmates' illnesses, health needs, and medications for further assessment and continued treatment while in custody. Also, the admission medical screening determines whether the inmate can be assigned to the general population, isolated, or quarantined sections of the jail.

The in-house healthcare employee records all findings electronically in the CorEMR system. Upon each inmate's admission to DCJHOC, the in-house healthcare employee communicates (both verbally and in writing) to the inmate how they can access healthcare services. This communication can include special accommodations, such as the use of a translation service, to ensure that any inmate who may have difficulty communicating with employees understands how to access healthcare services. An inmate's admission medical screening is complete when a booking officer completes a medical



questionnaire, which is filed in OMS, and the in-house healthcare employee completes a nursing assessment, which is more in-depth and is maintained in the CorEMR system.

If the booking officer determines that an inmate is in emergency condition at the time of admission, the inmate is transported by either ambulance or DCSO transport vehicle to the Martha's Vineyard Hospital Emergency Department for evaluation and treatment. Any inmate who is determined to have a communicable or infectious disease (such as COVID-19 or influenza) is quarantined until they receive medical clearance.

In addition, an inmate has the right to refuse the admission medical screening by signing a Refusal of Medical Care form.

## **Health Assessments**

According to 103 CMR 932.07(1),

*Each inmate committed to the facility [in this case, DCJHOC] for 30 days or more shall receive a thorough physical examination. Said examination shall take place no later than seven days after admission. This time frame may be extended to within 14 days of admission for cases in which the admission screening was completed by a physician, physician's assistant or registered nurse.*

If the inmate's medical file indicates that they received a health assessment within the last 90 days at DCJHOC, the health assessment is not required. Otherwise, the in-house healthcare employee completes the health assessment, which includes, but is not limited to, reviewing the inmate's medical record, examining the inmate for any signs of trauma (mental or physical) or disease, conducting laboratory and/or diagnostic tests, and reviewing findings and any follow-up services with any inmate who requires further treatment. The in-house healthcare employee first documents the inmate's health assessment data in a health assessment form and then in the inmate's electronic medical record in the CorEMR system. In addition, inmates have the right to refuse the entire health assessment or any portion of it.

## **Mental Healthcare Services**

According to 103 CMR 932.13(1), "Written policy and procedure shall require post admission screening and referral for care of [inmates with mental illnesses or intellectual disabilities, or limitations,] whose adaptation to the correctional environment is significantly impaired."

A contracted healthcare provider provides mental healthcare services for DCSO inmates. This provider offers routine mental health services using mental health questionnaires. In addition, the mental health clinicians visit DCJHOC for in-person care as needed.

DCJHOC's mental healthcare services include evaluations, treatment, and advice in treating inmates with a history of mental health issues by conducting behavioral telehealth appointments, as well as prescribing psychiatric medications to inmates. These services are provided by mental health clinicians, including psychiatric nurse practitioners who focus on the treatment of severe mental disorders by applying the appropriate treatment with prescription medications. Mental health services are available at all times to address psychiatric emergencies and issues that may arise.

### **Sick Call Requests**

According to 103 CMR 932.09(1),

*Written policy and procedures shall provide for continuous response to health care requests and that sick call, conducted by a physician or other qualified health personnel, is available to each inmate as follows:*

*(a) In county correctional facilities with less than 200 inmates, sick call shall be held a minimum of three days per week.*

Inmates request access to healthcare by completing a sick call request form and including the type of service requested (medical, dental, or mental health), the date the inmate completes the form, and the nature of the problem or request. They submit the sick call request form by either putting it in a medical request box<sup>10</sup> or handing it directly to either the in-house healthcare employee or one of the correctional officers<sup>11</sup> during a medication pass, which occurs at least twice a day. The in-house healthcare employee or a correctional officer checks the medical request box daily to pick up and evaluate sick call request forms and triage the requests.

The inmate is required to be present for the in-house healthcare employee to assess the sick call request and determine the proper action to triage the inmate based on their condition. In instances

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10. A medical request box is a secure lockbox in each housing unit for inmates to place sick call request forms.

11. Correctional officers receive basic medical training annually by trained healthcare professionals through the sheriff's academy.

where the inmate's medical condition affects their mobility in a way that prevents them from being assessed at the designated DCSO medical area, the inmate is assessed in their cell.

The in-house healthcare employee provides treatment and schedules follow-up appointments according to clinical priorities. All requests that are triaged as emergencies are responded to immediately by the in-house healthcare employee or correctional officers; problems beyond their expertise are referred to the most appropriate contracted healthcare provider(s). According to DCSO management, the in-house healthcare employee obtains and reviews sick call requests forms at least three times a week and correctional officers obtain sick call requests forms during the other days of the week. Additional contracted healthcare providers are also ready to provide on-call services at all times to triage sick call requests. The in-house healthcare employee maintains medical records in the CorEMR system for each inmate.

## AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Dukes County Sheriff's Office (DCSO) for the period July 1, 2020 through June 30, 2022.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

Objective	Conclusion
1. Did DCSO provide admission medical screenings to its inmates upon admission, in accordance with Section 932.06 of Title 103 of the Code of Massachusetts Regulations (CMR)?	Yes
2. Did DCSO provide health assessments to all sentenced inmates with a stay of over 30 days, in accordance with 103 CMR 932.07(1)?	No; see Finding <u>1</u>
3. Did DCSO provide mental health assessments to all inmates in custody for 30 days or more, in accordance with 103 CMR 932.13?	Yes
4. Did inmates at DCSO receive medical care after submission of sick call request forms and the medical care its inmates received was documented, in accordance with 103 CMR 932.18(2)(h), (j), and (k) and Section J10-09 of the <i>Massachusetts Statewide Records Retention Schedule</i> ?	No; see Finding <u>2</u>
5. Did DCSO hold quarterly meetings with the contracted healthcare provider and review quarterly reports, in accordance with 103 CMR 932.01(3)(a) and (b)?	Yes

To accomplish our objectives, we gained an understanding of DCSO's internal control environment related to the objectives by reviewing DCSO's internal control plan and applicable agency policies and procedures, as well as by interviewing DCSO management. We evaluated the design and implementation of the internal controls related to our audit objectives. To obtain sufficient, appropriate audit evidence to address our audit objectives, we conducted the following audit procedures.

## **Admission Medical Screening**

To determine whether DCSO provided its inmates with admission medical screenings in accordance with 103 CMR 932.06, we examined the total population of 87 inmates who received an admission medical screening during the audit period. We examined the medical questionnaire in the Offender Management System (OMS) for each inmate in our population to verify the date and time the booking officer completed it. We examined the nurse's notes and assessments in the Correctional Electronic Medical Records (CorEMR) system to determine whether the in-house healthcare employee saw each inmate upon admission. We compared the date of the inmate's admission to the date the inmate's medical questionnaire was completed in OMS and the date the inmate's nursing assessment was completed in the CorEMR system to determine whether each inmate received the admission medical screening upon admission.

We noted no exceptions in our testing; therefore, we determined that DCSO provided admission medical screenings to its inmates upon admission during the audit period.

## **Health Assessments**

To determine whether DCSO provided its inmates with health appraisals in accordance with 103 CMR 932.07(1), we examined the total population of 14 sentenced inmates admitted for a duration of 30 days or more who received a health assessment during the audit period. We examined the health appraisal form for each inmate to verify the date the health assessment was completed and signed by the contracted DCSO medical director. We then compared the date of the inmate's admission to the Dukes County Jail and House of Corrections (DCJHOC) to identify the date the inmate received a health appraisal to determine whether the inmate received the health appraisal within 14 days.

Based on the results of the testing performed, we determined that DCSO did not complete health assessments for all inmates on time during the audit period. See Finding 1.

## **Mental Healthcare Services**

To determine whether DCSO provided its inmates with mental health assessments in accordance with 103 CMR 932.13, we examined the total population of 25 inmates in custody for 30 days or more during the audit period. We examined the mental health assessment for each inmate to verify the date the DCSO contracted mental health provider completed and signed the mental health assessment. We then

compared the date of the inmate's admission to DCJHOC to the date the inmate received a mental health assessment to determine whether each inmate received a mental health assessment within 30 days.

We noted no exceptions in our testing; therefore, we determined that DCSO provided mental health assessments to its inmates in custody for 30 days or more during the audit period.

## **Sick Call Requests**

Section 9.12 of the United States Government Accountability Office's Government Auditing Standards states, "Auditors should . . . report any significant constraints imposed on the audit approach by information limitations or scope impairments."

During our audit of DCSO, we experienced a scope limitation / constraint regarding our ability to obtain the information necessary to achieve Objective 4. Specifically, we asked DCSO management to provide us with sick call data for inmates who submitted sick call request forms during the audit period. DCSO was unable to extract data that would have allowed us to perform testing for Objective 4. Through our interviews and from all our prior audits of county sheriffs' offices, we learned that DCSO used the CorEMR system to maintain inmates' medical records. In the CorEMR system, there is a section labeled "sick calls" in which in-house healthcare employees can keep track of all sick calls requests made by inmates. However, DCSO did not use this function, as the in-house healthcare employee was unaware of the section labeled "sick calls." Instead, the in-house healthcare employee would log aspects of the sick call request into a general notes tab and shred the original sick call request form without creating an electronic copy. This resulted in DCSO not retaining copies of the sick call request forms that included the inmates' and the in-house healthcare employee's signatures, and the dates the sick calls were triaged. Without this information, we were not able to confirm how many sick call request forms were submitted, whether sick calls were triaged, and whether the in-house healthcare employee saw the inmates in a timely manner during the audit period. Additionally, without retaining sick call request forms, DCSO could not be sure that infectious diseases and medical conditions were addressed that could have caused a financial liability to DCSO and adversely impacted inmate health. By not using the section labeled "sick calls," DCSO lost functionality of its software, such as the ability to search sick call request forms and perform trend analysis. As a result, we had to limit the scope of our review for Objective 4, and we could not perform reliable substantive testing to determine whether inmates received medical care after submitting sick call request forms.

## **Quarterly Meetings**

To determine whether DCSO held quarterly meetings with the contracted healthcare provider and reviewed quarterly reports in accordance with 103 CMR 932.01(3)(a) and (b), we examined the minutes of 100% (eight) of the quarterly meetings that took place during the audit period between DCSO and its contracted healthcare provider. We also examined 100% (three) of the annual statistical summary reports that DCSO provided to the contracted healthcare provider during the audit period.

We noted no exceptions in our testing; therefore, we determined that DCSO held quarterly meetings with the contracted healthcare provider and reviewed quarterly reports during the audit period, in accordance with 103 CMR 932.01(3)(a) and (b).

## **Data Reliability Assessment**

To assess the reliability of the inmate data obtained from OMS, we interviewed information technology employees who were responsible for oversight of the system. We tested the general information technology controls, including access and account management controls. We selected a random sample of 10 inmates from the list of inmates in OMS and compared the information from this list (each inmate's full name, date of birth, booking date, sex, age, race, and facility) to the information in the original source document (the mittimus) for agreement. We also selected 10 random samples from hard copies of the mittimuses and compared the inmates' information from the mittimus (each inmate's full name, date of birth, and commitment date) to the information in the list of inmates in OMS for agreement.

Based on the results of the data reliability assessment procedures described above, we determined that the OMS data was sufficiently reliable for the purposes of our audit.

## DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

### 1. The Dukes County Sheriff's Office did not complete health assessments for inmates on time.

The Dukes County Sheriff's Office (DCSO) did not ensure that all inmates' health assessments were completed on time. During the audit period, there were 14 inmates sentenced to the Dukes County Jail and House of Corrections (DCJHOC) for 30 or more days, who were required to receive a health assessment. We found that the contracted healthcare provider did not complete health assessments for 6 of these 14 inmates within 14 days of admission to DCJHOC.

Because DCSO does not ensure that its contracted healthcare provider completes health assessments within the required timeframe, there is a higher-than-acceptable risk that inmates' medical issues may not be identified and treated, ultimately affecting the health and safety of all of DCSO's inmates.

### Authoritative Guidance

Section 932.07(1) of Title 103 of the Code of Massachusetts Regulations (CMR) states,

*Each inmate committed to the facility [in this case, DCJHOC] for 30 days or more shall receive a thorough physical examination. Said examination shall take place no later than seven days after admission. This time frame may be extended to within 14 days of admission for cases in which the admission screening was completed by a physician, physician's assistant or registered nurse.*

### Reasons for Noncompliance

DCSO did not implement effective monitoring controls (i.e., policies and procedures) over its health assessment process. Specifically, DCSO does not appear to conduct periodic reviews of its contracted healthcare provider to ensure that health assessments are completed on time. Also, DCSO management informed us that, during the audit period, they interpreted 103 CMR 932.07(1) to mean that health assessments should be completed within 30 days, not that it should complete the health assessment for inmates admitted for over 30 days.

### Recommendation

DCSO should implement policies and procedures over its health assessment process to ensure that the contracted healthcare provider completes the health assessments for DCSO inmates on time.



## Auditee's Response

*The goal of the Dukes County Sheriff's Office is always to be in complete compliance. Although the policy at the time of the audit did reflect that health assessments should be completed within 14 days of admission, the interpretation of policy was inaccurately applied. Immediately upon becoming aware of the discrepancy, in-house healthcare staff were reeducated on policy and procedure to ensure that all health assessments are completed within the 14-day period.*

## Auditor's Reply

Based on its response, DCSO has taken measures to address our concerns on this matter.

### **2. The Dukes County Sheriff's Office did not retain copies of sick call request forms.**

DCSO did not retain copies of any sick call request forms in inmates' medical records during the audit period. As a result, we were unable to identify whether DCSO had triaged, and/or met with inmates who submitted, sick call requests. DCSO's in-house healthcare employee immediately shredded the sick call request forms after reviewing them, without scanning the forms and saving them in the Correctional Electronic Medical Records (CorEMR) system.

If DCSO does not retain copies of sick call request forms, which contain all information that supports that the sick calls were triaged on time, then there is a higher-than-acceptable risk that some inmates may not have their healthcare issues properly resolved in a timely manner or at all.

## Authoritative Guidance

According to 103 CMR 932.18(2),

*The medical record file shall contain, but not be limited to, the following items . . .*

*(h) place, date and time of health encounters; . . .*

*(j) health service reports (e.g., dental, psychiatric, and other consultations); and*

*(k) all findings, diagnoses, treatments, dispositions.*

Section J10-09 of the *Massachusetts Statewide Records Retention Schedule* states that all sheriffs must "retain [health records] 5 years after release or termination of parole. This series is used to record physical exams of inmates."

## Reasons for Noncompliance

DCSO management stated that, during the audit period, the in-house healthcare employee did not have authorization to access to the section labeled "sick calls" to document and retain sick call request forms in the CorEMR system. Upon our discussion with DCSO, management immediately provided the in-house healthcare employee with access to the sick call tab in the CorEMR system.

In addition, DCSO has not implemented monitoring controls over its sick call process to ensure that all sick calls are documented and retained.

## Recommendations

1. DCSO should ensure that sick call request forms are scanned into the appropriate inmates' medical files in the CorEMR system.
2. DCSO should implement effective monitoring controls over its sick call process to ensure that all sick calls are documented and retained.

## Auditee's Response

*The goal of the Dukes County Sheriff's Office is always to be in complete compliance. At the time of the implementation of CorEMR, the vendor never provided permissions for the approved administrative staff to see the sick call tab. During the initial contact with the State Auditor's Office regarding this matter on February 13, 2023, the in-house healthcare staff were unaware of the requested information. While implementing a corrective action plan, the agency determined that the newly hired in-house healthcare staff did not have access to the requested sick call tab. Accordingly, permissions to the sick call tab were provided on February 21, 2023 and the in-house healthcare staff have since ensured that all sick call forms are scanned into the appropriate inmates' medical files in the CorEMR system.*

## Auditor's Reply

Based on its response, DCSO has taken measures to address our concerns on this matter.