

# OFFICE OF THE STATE AUDITOR

# DIANA DIZOGLIO

Official Audit Report – Issued November 25, 2025

## Franklin County Sheriff's Office

For the period July 1, 2022 through June 30, 2024

(When designing the audit plan for employee settlement agreements entered into by the auditee, we extended the audit period to July 1, 2019 through June 30, 2024)



# OFFICE OF THE STATE AUDITOR

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# DIANA DIZOGLIO

November 25, 2025

Lori M. Streeter, Sheriff  
Franklin County Sheriff's Office  
160 Elm Street  
Greenfield, MA 01301

Dear Sheriff Streeter:

I am pleased to provide to you the results of the enclosed performance audit of the Franklin 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, 2022 through June 30, 2024. When designing the audit plan for employee settlement agreements entered into by the Franklin County Sheriff's Office, we extended the audit period to July 1, 2019 through June 30, 2024.

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 Franklin 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 has any questions.

Best regards,



Diana DiZoglio  
Auditor of the Commonwealth

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## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>OVERVIEW OF AUDITED ENTITY .....</b>	<b>3</b>
<b>AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY .....</b>	<b>9</b>
<b>DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE .....</b>	<b>18</b>
1. The Franklin County Sheriff's Office should ensure that all inmates receive initial health assessments on time. ....	18
2. The Franklin County Sheriff's Office should have documented internal policies or procedures regarding state employee settlement agreements and supporting records, as would be best practice. ....	19

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## LIST OF ABBREVIATIONS

CMR	Code of Massachusetts Regulations
CTR	Office of the Comptroller of the Commonwealth
FCJHOC	Franklin County Jail and House of Correction
FCSO	Franklin County Sheriff's Office
OCME	Office of the Chief Medical Examiner
QHP	qualified healthcare professional

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## 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 certain activities of the Franklin County Sheriff's Office (FCSO) for the period July 1, 2022 through June 30, 2024. When designing the audit plan for employee settlement agreements entered into by FCSO, we extended the audit period to July 1, 2019 through June 30, 2024.

The purpose of our audit was to determine the following:

- Did FCSO handle the deaths of inmates in its custody in accordance with its Death Protocol Directive and with Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR)?
- Did FCSO hold internal quarterly meetings and submit quarterly reports regarding healthcare services for inmates in accordance with FCSO Policy JA-02 "Responsible Health Authority" and with 103 CMR 932.01(3)?
- Did FCSO provide its inmates with medical screenings upon admission and initial health assessments within 7 to 14 days after admission in accordance with FCSO Policies J-E-02 "Receiving Screening" and J-E-04 "Initial Health Assessment" and with 103 CMR 932.06 and 932.07?
- Did FCSO provide its inmates with medical care within 24 hours after submission of a sick call request in accordance with FCSO Policy J-E-07 "Nonemergency Health Care Requests and Services" and with 103 CMR 932.09?
- Did FCSO provide initial mental health assessments to all inmates within its custody within 14 days of admission in accordance with FCSO Policy J-E-05 "Mental Health Screening and Evaluation" and with 103 CMR 932.13?
- Did FCSO have internal policies and procedures in place for (a) the review and approval of employee settlement agreements, including the language used, and (b) the reporting of employee settlement agreements to the Office of the Comptroller of the Commonwealth (CTR)? For employee settlement agreements entered into from July 1, 2019 through June 30, 2024, did FCSO follow these policies, and did it abstain from using non-disclosure, non-disparagement, or similarly restrictive clauses as part of employee settlement agreement language?

Below is a summary of our findings, the effects of those findings, and our recommendations, with hyperlinks to each page listed.

<b>Finding 1</b> <b>Page 18</b>	FCSO should ensure that all inmates receive initial health assessments on time.
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<b>Effect</b>	Because FCSO did not ensure that all inmates' initial health assessments were completed within the required timeframe, there is a higher-than-acceptable risk that inmates' medical issues were not identified and treated, ultimately affecting the health and safety of all FCSO inmates and staff members.
<b>Recommendations</b> <b>Page <u>19</u></b>	<ol style="list-style-type: none"><li>1. FCSO should establish monitoring controls to ensure that it either completes initial health assessments on time or documents the reason for rescheduling them, especially for any outside the required timeframe.</li><li>2. FCSO should ensure that its healthcare department has enough staff members to complete the initial health assessments in the required timeframe.</li></ol>
<b>Finding 2</b> <b>Page <u>19</u></b>	FCSO should have documented internal policies or procedures regarding state employee settlement agreements and supporting records, as would be best practice.
<b>Effect</b>	A documented, written process to handle employee settlement agreements, especially for those containing non-disclosure, non-disparagement, or similarly restrictive clauses, can help ensure that employee settlement agreements are handled in an ethical, legal, and appropriate manner.
<b>Recommendation</b> <b>Page <u>21</u></b>	FCSO should develop, document, and implement a written policy related to employee settlement agreements, including prohibiting the use of non-disclosure, non-disparagement, or similarly restrictive clauses in its agreements, as recommended in the Governor's "Executive Department Settlement Policy," issued January 27, 2025.

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## OVERVIEW OF AUDITED ENTITY

The Franklin County Sheriff's Office (FCSO) was established as an independent state agency on September 1, 1998, after Section 12 of Chapter 34B of the Massachusetts General Laws abolished Franklin County as a form of government. The Sheriff became an employee of the Commonwealth but remained an elected official and retained administrative and operational control over FCSO.

According to its website, "The primary mission of the Franklin County Sheriff's Office shall be the protection of the public."

During the audit period, FCSO had 1,592 inmates in custody.<sup>1</sup> As of June 30, 2024, FCSO had 328 employees, including correctional officers, who supervised and cared for the inmates in FCSO's custody. In fiscal years 2023 and 2024, FCSO's annual state appropriations were approximately \$19,596,630 and \$19,910,176, respectively.

FCSO's main administrative building and the Franklin County Jail and House of Correction (FCJHOC) are located at 160 Elm Street in Greenfield.

FCSO offers various inmate programs to prepare inmates for life after incarceration. These programs include, but are not limited to, medication-assisted treatment for opioid use disorder, behavioral health support, and educational and vocational training.

On February 1, 2025, which was during our audit work, Christopher Donelan retired as the Franklin County Sheriff. Governor Maura Healey appointed Lori Streeter as Interim Franklin County Sheriff. Sheriff Streeter took office on February 2, 2025.

### Inmate Records

FCSO uses an information system to track and manage information on inmates in its custody. During the process of admitting an inmate, one of FCSO's booking officers enters information from a mittimus<sup>2</sup> into the system.

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1. For an inmate to be in the auditee's custody means that the auditee has the authorization from a court to incarcerate that inmate until the court orders their release.
  2. A mittimus is a written, court-issued document presented to a correctional facility, committing an individual to incarceration. It contains information on the offense and term of imprisonment and follows an inmate throughout their time in the criminal justice system.

## **Inmate Deaths**

Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR) requires county correctional facilities, such as FCSO, to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates or facility employees. According to FCSO's Death Protocol Directive, in the event of serious illness or injury of an inmate, the shift commander notifies the superintendent, assistant deputy superintendent of health services, and the assistant superintendent of security. In the event of an inmate's death, the health services director is also notified. If an inmate is found unresponsive while in FCSO's custody, FCSO employees immediately start life-saving measures, and the shift commander secures the area to ensure that only emergency response employees are allowed access until all investigations are completed, and the superintendent clears the scene. The superintendent then notifies the Sheriff, the State Police, and the Office of the Chief Medical Examiner (OCME).

In the event of an inmate's death, FCSO's superintendent notifies the inmate's next of kin, and the Victim Services Unit and/or the Criminal Offender Record Information petitioner,<sup>3</sup> if applicable. FCSO's medical director requests and maintains copies of OCME's report and the autopsy report.

FCSO conducts an investigation of any death that appears to be the result of homicide, suicide, substance overdose or misuse, injury related to occupation, or any other suspicious or unnatural causes. At the end of the investigation, a report is prepared and submitted to the Sheriff. Additionally, the superintendent of health services initiates a multidisciplinary mortality review, which is an internal meeting between FCSO's superintendent, assistant deputy superintendent of health services, medical director, director of psychology, and medical practitioners and nurses, as deemed appropriate. This review is conducted within 30 days of an inmate's death. The multidisciplinary review includes an administrative review, a clinical mortality review, and a psychological autopsy, if the death was a suicide.

## **Healthcare Services**

During the audit period, most healthcare services were provided by FCSO's in-house healthcare employees. During the audit period, FCSO's health services director was designated as its responsible health authority, who is in charge of ensuring accessible, quality, and timely healthcare services for inmates and employees. FCSO contracted with external healthcare providers for mental health services.

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3. In an email dated September 16, 2025, FCSO defined a Criminal Offender Record Information petitioner in this instance as "an individual who has access to the [decedents' Criminal Offender Record Information] as identified in the [victim notification registry]."



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## Quarterly Meetings

According to 103 CMR 932.01(3),

*The county correctional facility [in this case, FCSO] 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.*

The FCSO Continuous Quality Improvement Committee meets on a quarterly basis with the superintendent, health services director, assistant superintendent of security, assistant superintendent of programs/behavioral health, the designated mental health clinician, the assistant health services director, and the medical director. These meetings provide the Medical and Behavioral Health Departments with the opportunity to present statistical information and announcements to security staff members and jail administrative staff members. The health services director keeps the meeting minutes as records of all Continuous Quality Improvement Committee meetings held. FCSO's quarterly reports, as referenced in the above regulation, cover topics such as collaborative case planning sessions, monthly medical trips/healthcare visits, and admission trends.

Statistical summaries, also referenced in the above regulation, provide a comprehensive overview of medical services delivered to inmates throughout the year and report on the number of inmate bookings, initial evaluations, sick call requests, follow-up appointments, and mental health watch reviews.<sup>4</sup>

## Admission Receiving Screenings

According to 103 CMR 932.06, an admission medical screening, referred to as a receiving screening by FCSO, should be performed by a qualified healthcare professional (QHP)<sup>5</sup> on each inmate upon arrival at FCJHOC. When an inmate is newly admitted to FCJHOC, the booking officer conducts a basic suicide and medical screening. After the inmate has been booked, a medical staff member conducts a receiving screening, which includes, but is not limited to, a review of the inmate's medical history (including illnesses, mental health conditions, allergies, and substance use), their appearance, any dental issues, and their mental state. The

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4. In an email dated July 16, 2025, FCSO defined a mental health watch review as contact with an inmate who has been placed on a mental health watch to determine whether the watch should continue or end.

5. In an email dated July 3, 2025, FCSO defined a QHP as "a Medical provider with the credentials and authorization to perform a needed task. A QHP will be different depending on what task is being examined or performed and could include Medical Doctors, Dentists, Doctors of Psychology, Psychiatrists, Nurse Practitioners/Physicians Assistants, Registered Nurses, and Licensed Practical Nurses."

medical staff member records all findings of the receiving screening on the Intake Medical History and Screening form, the Intake Mental Health Screening and Assessment form, and the Dental Screening form. Additionally, the medical staff member makes recommendations for in-custody housing assignments and creates referrals to appropriate medical providers for follow-up appointments, if any issues are identified.

Upon each inmate's admission to FCSO, the medical staff member who conducted the receiving screening informs the inmate on how to access healthcare services and provides the inmate with a sick slip form, a grievance form, and the medical orientation handbook.

### **Initial Health Assessments**

According to 103 CMR 932.07, each inmate committed to FCJHOC for 30 or more days must receive a physical examination within either (1) 7 days of admission, if a licensed practical nurse completes the receiving screening, or (2) 14 days of admission, if a physician, physician assistant, or registered nurse completes the receiving screening.

FCSO Policy J-E-04 "Initial Health Assessment" requires that a QHP conduct an initial health assessment. This assessment includes a review of the receiving screening results, the collection of additional medical data to complete the medical history, follow-up on any issues identified during the screening, recording of vital signs (e.g., blood pressure and pulse), a physical examination, the conduction of laboratory and/or diagnostic tests, the review of the inmate's immunization history, and the ordering of vaccines, when needed. The treating clinician records the results on the Physical Assessment form and reviews any results that require further assessment or treatment. They also create an initial identified medical issues list, along with corresponding diagnostic and therapeutic plans. Referrals for dental, mental health, or chronic diseases are documented in inmates' medical records and ordered as appropriate.

### **Initial Mental Health Assessments**

According to FCSO Policy J-E-05 "Mental Health Screening and Evaluation," all inmates receive mental health screenings within 14 days of admission by qualified mental health professionals<sup>6</sup> or mental health staff members. During the audit period, these services were provided by FCSO's in-house mental healthcare employees. The screening includes, but is not limited to, an interview regarding the inmate's

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6. In an email dated July 3, 2025, FCSO defined a qualified mental health professional as "a mental health provider with the credentials and authorization to perform a needed task. Generally, at the FCSO, qualified mental health professionals will include Doctors of Psychology, and Psychiatrists."

history of psychiatric treatment, hospitalization related to substance use, detoxification and outpatient treatment, and suicidal and/or violent behavior, as well as a screening of the inmate's intellectual function and emotional response to incarceration. The qualified mental health professionals document the results of the mental health screenings in inmates' medical records, and inmates who screen positive for mental health disorders are referred for further assessment to qualified mental health professionals most appropriate to the inmates' needs. Inmates who are determined to require acute mental health services beyond those available at FCSO are transferred to an appropriate facility.

## **Sick Call Requests**

According to 103 CMR 932.09(1),

*Written policy and procedure shall provide for continuous response to health care requests and that sick call[s], conducted by a physician or other qualified health personnel, is available to each inmate.*

According to FCSO Policy J-E-07 "Nonemergency Health Care Requests and Services," QHPs pick up sick slips filled out by inmates requesting healthcare at least once per shift, and the requests are triaged within 24 hours. Once sick slips are retrieved by the QHPs, they are evaluated for the emergency of the request, and the date and time the slip was picked up is noted on the slip. The responding QHP documents that sick call visits are made in the inmates' medical records within FCSO's electronic record management system by the responding QHP.

## **Employee Settlement Agreements**

The Office of the Comptroller of the Commonwealth (CTR) has established policies and procedures for Commonwealth agencies processing settlements and judgments. CTR's "Settlements and Judgments Policy," dated January 10, 2022 and in effect during the audit period, states,

*A settlement or judgment results from a formal claim (grievance, complaint or law suit) against the Commonwealth that results in either a Settlement Agreement, or a court or administrative award, order or Judgment. . . .*

*A "claim" is considered any demand by any person for damages to compensate a wrong allegedly suffered, including but not limited to violation of civil rights, breach of contract, failure to comply with contract bidding laws, incorrect or improper personnel determinations regarding pay, promotion or discipline, failure to comply with statutory or constitutional provisions applicable to employment, an eminent domain taking, and attorney's fees, interest and litigation costs associated with these claims.*

For the purposes of our audit, we focused on settlement agreements resulting from claims brought by current or former state employees against FCSO for the extended audit period, July 1, 2019 through June 30, 2024.

The procedures for agencies to determine the availability of funds for the payment of settlements and judgments against the Commonwealth are described in 815 CMR 5.00, as are reporting requirements. The regulation requires agencies to prepare and submit a report to CTR's general counsel before making the payment. When reporting employee settlement agreements to CTR, state agencies use a Non-Tort Settlement/Judgment Payment Authorization Form (referred to in this report as the SJ Authorization Form) to document the following:

- whether the claim will be paid by the agency or through the Settlement and Judgment Reserve Fund;
- the type of claim;
- the agency's information;
- the employee's information;
- the type and amount of damages detailed in the settlement agreement;
- the amount of any attorney's fees awarded; and
- the amount of any interest awarded or accrued.

Additionally, agencies must also include a copy of the employee settlement agreement signed by authorized representatives of both parties when they submit the SJ Authorization Form.

## 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 Franklin County Sheriff's Office (FCSO) for the period July 1, 2022 through June 30, 2024. When designing the audit plan for employee settlement agreements entered into by FCSO, we extended the audit period to July 1, 2019 through June 30, 2024.

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 FCSO handle the deaths of inmates in its custody in accordance with its Death Protocol Directive and with Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR)?	Yes
2. Did FCSO hold internal quarterly meetings and submit quarterly reports regarding healthcare services for inmates in accordance with FCSO Policy JA-02 "Responsible Health Authority" and with 103 CMR 932.01(3)?	Yes
3. Did FCSO provide its inmates with medical screenings upon admission and initial health assessments within 7 to 14 days after admission in accordance with FCSO Policies J-E-02 "Receiving Screening" and J-E-04 "Initial Health Assessment" and with 103 CMR 932.06 and 932.07?	Not always; see Finding <u>1</u>
4. Did FCSO provide its inmates with medical care within 24 hours after submission of a sick call request in accordance with FCSO Policy J-E-07 "Nonemergency Health Care Requests and Services" and with 103 CMR 932.09?	Yes
5. Did FCSO provide initial mental health assessments to all inmates within its custody within 14 days of admission in accordance with FCSO Policy J-E-05 "Mental Health Screening and Evaluation" and with 103 CMR 932.13?	Yes

Objective	Conclusion
6. Did FCSO have internal policies and procedures in place for (a) the review and approval of employee settlement agreements, including the language used, and (b) the reporting of employee settlement agreements to the Office of the Comptroller of the Commonwealth (CTR)? For employee settlement agreements entered into from July 1, 2019 through June 30, 2024, did FCSO follow these policies, and did it abstain from using non-disclosure, non-disparagement, or similarly restrictive clauses as part of employee settlement agreement language?	No; see Finding 2

To accomplish our audit objectives, we gained an understanding of the FCSO internal control environment relevant to our objectives by reviewing FCSO's internal control plan, reviewing applicable policies and procedures, and conducting site visits and interviews with FCSO management. We evaluated the design and implementation of internal controls related to the internal quarterly meetings for healthcare services. We also tested the operating effectiveness of internal controls related to the internal quarterly meetings for healthcare services. In addition, to obtain sufficient, appropriate evidence to address our audit objectives, we performed the procedures described below.

## Inmate Deaths

We inspected a list of inmate deaths that occurred during the audit period, which FCSO provided to us. This list showed that one inmate died in FCSO's custody during the audit period.

To determine whether FCSO handled the deaths of inmates in its custody in accordance with its Death Protocol Directive and with 103 CMR 932.17(2), we took the following actions:

- We inspected FCSO's Death Protocol Directive to determine whether FCSO had guidelines that include the following requirements listed in 103 CMR 932.17(2):
  - (a) *internal notification to include medical and administrative staff;*
  - (b) *procedures when discovering body;*
  - (c) *disposition of [i.e., the possession of] the body;*
  - (d) *notification of next of kin;*
  - (e) *[Criminal Offender Record Information] notification [sent to victim(s) of an inmate] as soon as practicable [when such notification is necessary];*
  - (f) *investigation of causes;*
  - (g) *reporting and documentation procedures;*

*(h) procedure for review of incident by appropriate designated staff with a final report submitted to all appropriate parties.*

- We obtained and reviewed documentation (i.e., FCSO employee incident reports, administrative reviews, and the multidisciplinary mortality review reports) related to the one in-custody death to determine whether the following occurred:
  - life-saving measures were started upon finding the inmate unresponsive;
  - the shift commander notified the superintendent/special sheriff, assistant deputy superintendent of health services, assistant superintendent of security, and health services director upon the death of the inmate;
  - the superintendent or their designee notified the Sheriff, the State Police Crime Prevention and Control Unit, the Office of the Chief Medical Examiner (OCME), the next of kin on record, and the Victims Services Unit and/or the Criminal Offender Record Information petitioner, if applicable, upon the inmate's death;
  - the superintendent or their designee secured the deceased inmate's electronic medical records, mental health records, institution file, institution log, employee reports, and any other pertinent documentation;
  - FCSO's medical director requested and maintained copies of OCME's report and the autopsy report;
  - FCSO fully cooperated with any investigations initiated by OCME, the District Attorney, or State Police relative to the death of the inmate;
  - FCSO conducted an investigation and prepared and submitted a report to the Sheriff, if the death appeared to be the result of homicide, suicide, substance overdose or misuse, injury relating to occupation, or any other suspicious or unnatural circumstances; and
  - FCSO initiated a multidisciplinary mortality review with the superintendent or their designee, the assistant deputy superintendent of health services, the medical director, the director of psychology, and medical practitioners and nurses, as deemed appropriate, within 30 days of the inmate's death.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, FCSO handled the deaths of inmates in its custody in accordance with its Death Protocol Directive and with 103 CMR 932.17(2).

## **Quarterly Meetings**

To determine whether FCSO held internal quarterly meetings and submitted quarterly reports regarding healthcare services for inmates in accordance with FCSO Policy JA-02 "Responsible Health Authority" and with 103 CMR 932.01(3), we obtained the minutes corresponding to the population of the eight (100%)

quarterly meetings that took place during the audit period between FCSO and its responsible health authority. We reviewed the dates on which the meetings were held, who attended, and whether inmate healthcare services were discussed. In addition, we inspected all eight of the quarterly reports submitted throughout the audit period.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, FCSO held internal quarterly meetings and submitted all quarterly reports regarding inmate healthcare services.

## Receiving Screenings and Initial Health Assessments

### Receiving Screenings

To determine whether FCSO provided its inmates with medical screenings upon admission in accordance with FCSO Policy J-E-02 "Receiving Screening" and with 103 CMR 932.06, we took the following actions. First, we selected a random, statistical sample<sup>7</sup> of 60 inmates out of the population of 2,081 inmates who were admitted to the Franklin County Jail and House of Correction (FCJHOC) during the audit period, using a 95% confidence level,<sup>8</sup> a 0% expected error rate,<sup>9</sup> and a 5% tolerable error rate.<sup>10</sup> We then performed the following procedures:

- For each inmate in our sample, we inspected their Intake Medical History and Screening form to determine whether each required field in the form was completed upon admission.
- We determined whether the following were on file for each inmate in our sample: a Dental Screening, an Intake Mental Health Screening and Assessment, and a COVID-19 Test Consent form.
- We reviewed inmates' medical records to determine whether recommendations regarding housing were made when needed—for example, special housing assignments are made if an inmate presents a danger to themselves or to other inmates—and whether referrals were made

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7. Auditors use statistical sampling to select items for audit testing when a population is large (usually over 1,000) and contains similar items. Auditors generally use a statistics software program to choose a random sample when statistical sampling is used. The results of testing using statistical sampling, unlike those from judgmental sampling, can usually be used to make conclusions or projections about entire populations.

8. Confidence level is a mathematically based measure of the auditor's assurance that the sample results (statistic) are representative of the population (parameter), expressed as a percentage.

9. Expected error rate is the number of errors that are expected in the population, expressed as a percentage. It is based on the auditor's knowledge of factors such as prior year results, the understanding of controls gained in planning, or a probe sample.

10. Tolerable error rate is the maximum error in the population that auditors would be willing to accept and still conclude that the result from the sample has achieved the audit objective.



to medical, dental, or mental health services if issues that required follow-up care were identified during the screening.

For this aspect of our objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, FCSO provided its inmates with medical screenings upon admission in accordance with FCSO Policy J-E-02 "Receiving Screening" and with 103 CMR 932.06.

## **Initial Health Assessments**

To determine whether FCSO provided its inmates with initial health assessments within 7 to 14 days after admission in accordance with FCSO Policy J-E-04 "Initial Health Assessment" and with 103 CMR 932.07, we took the following actions. First, we selected a random, nonstatistical<sup>11</sup> sample of 50 inmates out of the population of 669 inmates who were admitted to FCJHOC and were in custody for 30 days or more during the audit period. We then performed the procedures described below:

- We inspected the Physical Assessment forms for each inmate in our sample to determine whether each field in the form was completed for each inmate.
- We used the date on each Physical Assessment form to calculate the number of days between each inmate's admission date and the date when their physical examination was completed to determine whether FCSO completed each physical examination in the required timeframe.
  - We determined whether the physical examination was completed within 7 days of admission if the receiving screening was completed by a licensed practical nurse.
  - We determined whether the physical examination was completed within 14 days of admission if the receiving screening was completed by a physician, physician's assistant, or registered nurse.
- We reviewed each inmate's medical records to determine whether a qualified healthcare professional (QHP) created diagnostic and therapeutic plans for each identified medical issue, as clinically indicated, and whether a QHP documented referrals for dental, mental health, or chronic diseases in each inmate's medical records and ordered follow-up appointments, as needed.

For this aspect of our objective, we found certain issues during our testing; namely, that FCSO did not consistently provide each inmate with an initial health assessment within the required timeframe of 7 to 14 days after admission. See [Finding 1](#) for more information.

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11. Auditors use nonstatistical sampling to select items for audit testing when a population is very small, the population items are not similar enough, or there are specific items in the population that the auditors want to review.

## **Sick Call Requests**

To determine whether FCSO provided its inmates with medical care within 24 hours after submission of a sick call request in accordance with FCSO Policy J-E-07 "Nonemergency Health Care Requests and Services" and with 103 CMR 932.09, we selected a random, statistical sample of 60 sick call requests from the population of 17,104 sick call requests made during the audit period, using a 95% confidence level, a 0% expected error rate, and a 5% tolerable error rate. We reviewed each inmate's medical records to determine whether they were seen by a QHP within 24 hours of submitting a sick call request.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, FCSO provided its inmates with medical care within 24 hours after submission of a sick call request in accordance with FCSO Policy J-E-07 "Nonemergency Health Care Requests and Services" and with 103 CMR 932.09.

## **Initial Mental Health Screenings**

To determine whether FCSO provided initial mental health assessments to all inmates within its custody within 14 days of admission in accordance with FCSO Policy J-E-05 "Mental Health Screening and Evaluation" and with 103 CMR 932.13, we took the following actions. We selected a random, statistical sample of 60 inmates out of the population of 2,081 inmates who were admitted to FCJHOC during the audit period, using a 95% confidence level, a 0% expected error rate, and a 5% tolerable error rate. We then performed the following procedures:

- For each inmate in our sample, we inspected their Initial Mental Health Screening form to determine whether each field in the form was completed.
- We used the date on the Initial Mental Health Screening form to calculate the number of days between each inmate's admission date and the date when their mental health screening was completed to determine whether FCSO completed each screening within 14 days of an inmate's admission to FCJHOC.
- For inmates in our sample who screened positive for mental health disorders, we determined whether they were referred to qualified mental health professionals for further evaluation.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, FCSO provided initial mental health assessments to all inmates within its custody within 14 days of admission in accordance with FCSO Policy J-E-05 "Mental Health Screening and Evaluation" and with 103 CMR 932.13.

## Employee Settlement Agreements

To determine whether FCSO had internal policies and procedures in place for (a) the review and approval of employee settlement agreements, including the language used, and (b) the reporting of employee settlement agreements to CTR, we inquired with the now-former FCSO Sheriff, who stated that, while they do not have policy over the process of entering into settlement agreements or the use of non-disclosure, non-disparagement, non-publication or confidentiality requests, it is their practice not to include these items. According to FCSO's general counsel, FCSO follows CTR's "Settlements and Judgments Policy" for any employee settlement agreements.

To determine whether FCSO entered into employee settlement agreements that included non-disclosure, non-disparagement, or similarly restrictive clauses, we reviewed the language in the one employee settlement agreement from the audit period.

To determine whether FCSO properly reported this monetary employee settlement agreement to CTR, we requested from FCSO, received, and reviewed a copy of the settlement agreement documentation (i.e., the settlement agreement, the SJ Authorization Form, and emails). We determined whether the employee settlement agreement was signed by authorized representatives of both the employee and FCSO. We determined whether the SJ Authorization Form detailed the terms of the settlement claim payment and was signed by FCSO's chief financial officer and general counsel. We also determined whether the emails between CTR and FCSO documented the review and approval of the settlement claim for payment. These emails served as evidence that FCSO reported the required documentation to CTR.

For the aspect of our objective regarding entering into employee settlement agreements that included non-disclosure, non-disparagement, or similarly restrictive clauses, we concluded that, based on our testing, FCSO abstained from using these clauses. For the aspect of our objective regarding the reporting of employee settlement agreements to CTR, we concluded that, based on our testing, FCSO appropriately reported the monetary employee settlement to CTR for approval, as required by 815 CMR 5.00. However, we found certain issues during our testing regarding FCSO's lack of policies over the use of employee settlement agreements. See [Finding 2](#) for more information.

We used a combination of statistical and nonstatistical sampling methods for testing, and we did not project the results of our testing to the corresponding populations.

## **Data Reliability Assessment**

### **Inmate Deaths**

To assess the reliability of the list of inmate deaths that occurred during the audit period, we interviewed FCSO staff members who were knowledgeable about the process following an inmate's death. We requested a list of all in-custody deaths that occurred during the audit period and were informed that there was one inmate death that occurred during the audit period. We also requested a list of inmate deaths that were processed by OCME during the audit period and compared this list to the deaths reported by FCSO for agreement.

### **Quarterly Health Care Meetings and Reports**

To assess the reliability of the list of quarterly healthcare meetings held during the audit period, we interviewed FCSO medical staff members who were involved in the meetings and responsible for providing the quarterly healthcare reports. We requested, and FCSO provided us with, copies of the meeting minutes and reports for all eight of the quarterly meetings that were held during the audit period.

### **Inmate Information System**

To assess the reliability of the inmate data we obtained from FCSO's inmate information system, we interviewed FCSO information technology employees who were knowledgeable about the system. We tested general information technology controls (i.e., access and security management controls). We selected a random sample of 20 inmates from the list of inmates in the system and compared the inmates' information from the list to the information in the original source documentation (i.e., the mittimus) for agreement. We also selected a random sample of 20 hard copies of the mittimuses and compared for agreement the inmates' information from the mittimuses to the information from the list of inmates in the system. In addition, we tested all 2,523 lines of inmate data to ensure that they did not contain certain dataset issues (i.e., duplicate records, missing values in necessary data fields, and data corresponding to dates outside the audit period).

### **Sick Calls**

To determine the reliability of the sick call logs for the audit period, we input the number of sick calls documented on each of the daily logs for both the day and evening shifts into a spreadsheet to

calculate the total number of sick calls during the audit period. We then selected a random sample of 20 sick call requests documented on the sick call logs and compared the sick call request information to PDF copies of the original sick call slips. Further, we selected a random sample of 20 sick call slips and compared the information from the sick call slips to the information documented on the sick call logs.

### **Employee Settlement Agreements**

To determine the population for the employee settlement agreements that occurred during the extended audit period, July 1, 2019 through June 30, 2024, we interviewed FCSO's general counsel and requested a list of all employee settlement agreements. According to FCSO's general counsel, FCSO entered into one employee settlement agreement during the extended audit period.

We requested all legal expenses that FCSO incurred during the extended audit period and reviewed the invoices associated with each legal expense to determine whether they were related to employee settlement agreements. We reviewed CTR's Settlements and Judgments data to determine whether there were any additional employee settlement agreements entered into by FCSO during the extended audit period. Further, we queried the Commonwealth Information Warehouse<sup>12</sup> for any settlements paid out to FCSO employees.

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

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12. The Commonwealth Information Warehouse contains budget, human resources, and payroll information as well as financial transaction data from the Massachusetts Management Accounting and Reporting System.

## DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

### 1. The Franklin County Sheriff's Office should ensure that all inmates receive initial health assessments on time.

The Franklin County Sheriff's Office (FCSO) should ensure that all inmates' initial health assessments are completed on time. During the audit period, there were 669 inmates admitted to the Franklin County Jail and House of Correction for 30 or more days. According to both 103 CMR 932.07 and FCSO Policy J-E-04 "Initial Medical Screening," FCSO was required to provide these inmates with initial health assessments within 7 days of admission, if the receiving screening was completed by a licensed practical nurse, or within 14 days of admission, if the receiving screening was completed by a physician, physician's assistant, or registered nurse. We found that 2 (4%) inmates out of 50 inmates in our sample whose receiving screenings were completed by a registered nurse had their initial health assessments rescheduled to a time after the allotted 14 days without a documented reason.<sup>13</sup>

Because FCSO did not ensure that all inmates' initial health assessments were completed within the required timeframe, there is a higher-than-acceptable risk that inmates' medical issues were not identified and treated, ultimately affecting the health and safety of all FCSO inmates and staff members.

### Authoritative Guidance

According to FCSO Policy J-E-04 "Initial Health Assessment,"

*All inmates receive an initial health assessment within 7 calendar days of the receiving screening. This time may be extended to 14 calendar days after admission if the staff member completing the receiving screening is a Registered Nurse. The Provider may re-schedule the health assessment if the inmate is unavailable, e.g. at court or in the hospital.*

### Reasons for Issue

FCSO management stated that, during the timeframe in which both of these instances took place, the physician's assistant who generally conducts inmate initial health assessments was unavailable, and that another medical provider who was covering for the physician's assistant rescheduled the appointments. FCSO was unsure why there was no documented reason as to why the appointments were rescheduled.

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13. According to FCSO Policy J-E-04 "Initial Medical Screening," an inmate's initial health assessment may be rescheduled if the inmate is unavailable because they are at court or in the hospital, which would be documented in the inmate's medical records as an acceptable reason for postponement.

## Recommendations

1. FCSO should establish monitoring controls to ensure that it either completes initial health assessments on time or documents the reason for rescheduling them, especially for any outside the required timeframe.
2. FCSO should ensure that its healthcare department has enough staff members to complete the initial health assessments in the required timeframe.

## Auditee's Response

*During the audit period, our Nurse Practitioner was on site once per week, and this schedule, while normally sufficient, did at times create instances where an assessment would be out of compliance. In the event that an assessment could not be completed, the earliest it would be addressed was the next week. This issue was known to us prior to the audit and we have already hired a Nurse Practitioner to be on site two days per week to ensure that this would not continue to be an issue. The medical department monitors the timeliness of the initial health assessments to ensure that we remain in compliance with the Department of Corrections, the National Commission for Correctional Healthcare, and our own policies.*

*Both of the inmates who had their initial health assessment completed outside the 14 day period did have it completed on day 15. While out of compliance, the Health Services Director requests that the time period they actually ended up being completed in be included in the finding. The way it is written [in the draft report] leaves the time they were actually completed ambiguous.*

## Auditor's Reply

We acknowledge that one of the two inmates in our sample whose receiving screening was completed by a registered nurse did have their initial health assessment on day 15. However, the other inmate did not receive a health assessment until day 20. While outside the allotted 14 days, these two health assessments were completed by FCSO.

Based on its response, FCSO is taking measures to address our concerns regarding this matter. We encourage FCSO to consider both of our recommendations to ensure that the issues identified in this finding do not reoccur in the future. As part of our post-audit review process, we will follow up on this matter in approximately six months.

## **2. The Franklin County Sheriff's Office should have documented internal policies or procedures regarding state employee settlement agreements and supporting records, as would be best practice.**

We found that FCSO properly reported all instances of state employee settlement agreements to the Office of the Comptroller of the Commonwealth (CTR). However, during the audit, FCSO did not have a

documented process to handle employee settlement agreements. We consider written policies to be best practice. We believe such policies and procedures should apply to the review, approval, processing, and reporting of employee settlement agreements, including the use of any non-disclosure, non-disparagement, or similarly restrictive clauses.

The table below details the date, amount, and payment method for the employee settlement agreements FCSO entered into during the extended audit period, July 1, 2019 through June 30, 2024.

Were Allegations Specified in the Agreement?	Settlement Date	Amount	Method of Payment	Did the Agreement Include Non-disclosure, Non-disparagement, or Similarly Restrictive Clauses?
No	December 27, 2021	\$2,350	Settlement and Judgements Reserve Fund	No

A documented, written process to handle employee settlement agreements, especially for those containing non-disclosure, non-disparagement, or similarly restrictive clauses, can help ensure that employee settlement agreements are handled in an ethical, legal, and appropriate manner.

## Authoritative Guidance

Section 5.09 of Title 815 of the Code of Massachusetts Regulations states,

*(1) Responsibility of assigned attorney or staff person: Preparation of Reports. When litigation involving a monetary claim against the Commonwealth covered by these regulation terminates in a final Settlement or judgment with regard to such a claim, the agency attorney or staff person assigned to handle or monitor the claim shall do the following:*

*(a) Prepare a report indicating:*

- 1. the principal amount of the settlement or judgment;*
- 2. the amount of any attorney's fee award;*
- 3. the amount of any interest award or accrued, and whether the interest continues to accrue post-judgment;*
- 4. a request for payment of the amount;*
- 5. a description of the basis for the request, (e.g., Court order or settlement agreement); and*
- 6. whether the assigned attorney desires to award the payment check to the claimant;*



*(b) Forward the report with a copy of the settlement or judgment just described to the General Counsel of [CTR] within the time frames set forth in [Section 5.09(2) of Title 815 of the Code of Massachusetts Regulations]. . . .*

*(2) Time for preparation of reports. The report . . . shall be sent by the agency attorney to the General Counsel of the Comptroller:*

*(a) if based on a settlement agreement, within 15 days of signing of the final settlement papers.*

## Reasons for Issue

During an interview, the now-former FCSO Sheriff stated that, while they did not have documented internal policies or procedures over the process of entering into settlement agreements or the use of non-disclosure, non-disparagement, non-publication, or confidentiality clauses, it was their practice not to include these items. For settlement agreements that result in monetary payments, FCSO uses CTR's "Settlements and Judgments Policy" as the default for handling settlement agreements.

## Recommendation

FCSO should develop, document, and implement a written policy related to employee settlement agreements, including prohibiting the use of non-disclosure, non-disparagement, or similarly restrictive clauses in its agreements, as recommended in the Governor's "Executive Department Settlement Policy," issued January 27, 2025.

## Auditee's Response

*As an agency of the Commonwealth, the FCSO is obligated to conform with settlement and judgment policies and procedures promulgated by relevant authorities, including the Office of the Comptroller and the Governor's Office. As found, during the audit period, the FCSO complied with such authorities, including not entering into Non-Disclosure, Non-Disparagement, or similarly restrictive clauses. On May 21, 2025, the FCSO implemented a Directive—Settlements and Judgments . . . which outlines the processes for handling employee settlement agreements and addresses Non-Disclosure, Non-Disparagement and related clauses in a manner that is consistent with the relevant authorities and, upon information and belief, the written policies of other Commonwealth agencies.*

## Auditor's Reply

Based on its response, FCSO is taking measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.